2026 Summary Annual Report (SAR) Instructions

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Line 1a. Plan Name Top

Indicate the Plan Name. This entry will be pre-populated from the Form 5500 or Form 5500-SF at the time the SAR checklist is added. If you change the Plan Name in the Form 5500 or Form 5500-SF *after* the SAR has been added, you can delete and re-add the SAR checklist to see your changes.

Line 1b. Plan Type Top

Indicate the plan type. This entry will be pre-populated from the pension or welfare benefit codes entered on the Form 5500 or Form 5500-SF at the time the SAR checklist is added. **Note:** Welfare plans default to 'Welfare - Unfunded'. If the plan is funded, select 'Welfare - Funded' and be sure to select the source of financial information on Line 4.

Line 2a. SAR Instructions Top

Indicate whether to print a cover page as the first page of the SAR. Selecting 'Yes' will generate a cover page with the following text:

> **SUMMARY ANNUAL REPORT INSTRUCTIONS**
> Attached is a copy of the Summary Annual Report for the [Plan Name].
> A copy of this report must be distributed to all plan participants. It is not filed with the Department of Labor when you submit your 5500 filing.
> If you have any questions regarding this report please call us.
>
> [Brand Name within Account Profile]
> [Company Phone Number within Account Profile]

Note: If you wish to customize the text that appears on the cover page, select 'Custom' and go to Line 2b.

Line 2b. Custom SAR Instructions Top

If **Line 2a** is 'Custom', insert text to print on the cover page as the first page of the SAR. The cover page will update with the following text:

> **SUMMARY ANNUAL REPORT INSTRUCTIONS**
> [Custom Text]

Line 3a. SAR contact name Top

If 'No' is selected, the following phrase in bold will appear under "Your Rights to Additional Information" in the SAR:

> To obtain a copy of the full annual report, or any part thereof, write or call the**plan administrator**, at [address] and phone number, [phone number].

If 'Yes' is selected, see the instructions for Line 3b below.

Line 3b. SAR contact name default Top

If 'Yes' is selected for Line 3a and Line 3b is blank, the following will update from the Form 5500/SF Line 2a or Line 3a under "Your Rights to Additional Information" in the SAR:

> To obtain a copy of the full annual report, or any part thereof, write or call**[_____]**, the plan administrator, at [address] and phone number, [phone number].

If 'Yes' is selected for Line 3a and Line 3b is not blank (i.e. Jane Doe), the following phrase in bold will appear under "Your Rights to Additional Information" in the SAR:

> To obtain a copy of the full annual report, or any part thereof, write or call**Jane Doe**, the plan administrator, at [address] and phone number, [phone number].

Line 3c. Contact info from Line 1 - Line 6 on Edit Company screen Top

If 'No' is selected, the plan administrator's address and phone number will default from the Form 5500/SF. If 'Yes' is selected, the plan administrator's address and phone number will default from the Edit Company screen. The following text in bold will update based on your selection under "Your Rights to Additional Information" in the SAR:

> To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at**[address]** and phone number, **[phone number]**. You also have the legally protected right to examine the annual report at the main office of the plan: **[address]**, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Line 4. Source of Financial Information Top

If Line 1b is not "Welfare - Unfunded", indicate the source of financial information that will appear in the SAR: Schedule H, Schedule I, or Form 5500-SF.

Line 5. Participants rights to benefits Top

Indicate whether all participants have earned the right to receive benefits.

If 'Yes' is selected, the following phrase will appear under "Basic Financial Statement" in the SAR:

> A total of [_____] persons were participants in or beneficiaries of the plan at the end of the plan year.

If 'No' is selected, the following phrase in bold will appear under "Basic Financial Statement" in the SAR:

> A total of [_____] persons were participants in or beneficiaries of the plan at the end of the plan year,**although not all of these persons had yet earned the right to receive benefits.**

Copying Charges Return to Top

Line 10a. Copy costs full report. Top

Enter the copying charges that will appear in the SAR for the full report. You can leave blank or enter 0 (zero) if there are no fees. You can also enter this information for all plans within the WK Logo > Administrative Tasks > Defaults > SAR/AFN 8955-SSA Defaults.

Line 10b. Copy costs per page. Top

Enter the copying charges that will appear in the SAR per page of the report. You can leave blank or enter 0 (zero) if there are no fees. You can also enter this information for all plans within the WK Logo > Administrative Tasks > Defaults > SAR/AFN 8955-SSA Defaults.

Pension Plan Information Return to Top

Lines 15a-c. Allocated insurance contracts Top

If Line 1b indicates a pension plan and if 'Yes' is selected for Line 15a, the following language will appear under "Basic Financial Statement" in the SAR:

> The plan has [a contract OR contracts] with **[Schedule A, Line 1(a) insurance carrier(s) OR SAR, Line 15c when Form 5500-SF]** which allocate funds toward **[SAR Line 15b]**. The total premiums paid for the plan year ending **[Form 5500, Plan Year End]** were **[sum of all Schedule As, Line 6b]**.

Note: SAR, Line 15c is only applicable if the plan is reporting on a Form 5500-SF since this information is normally taken from Schedule A, Line 1(a).

Line 16a. Audit waiver Top

If Line 1b and Line 4 indicate a small pension plan, but the plan is not eligible for the waiver, select 'No' for Line 16a.

More **Frequently Asked Questions** regarding the ***Small Pension Plan Audit Waiver Regulation*** may be found by clicking here, which will direct you to the DOL's site. A sample of the model notice can be found below.

If Line 1b and Line 4 indicate a small pension plan and the plan is eligible for the waiver, select 'Yes' for Line 16a and the following text will appear for the small plan audit addendum:

> **Information Regarding Plan Assets**
> The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning [Form 5500, Plan Year Begin] and therefore has not had an audit performed. [If Line 16b and Line 16c are not blank] Instead, the following information is provided to assist you in verifying that the assets reported on the Form 5500 were actually held by the plan.

Line 16b. Audit waiver surety Top

If Line 16a is 'Yes', then you should enter the name(s) of the surety company issuing enhanced fidelity bonding - if the plan has more than five percent of its assets in "non-qualifying plan assets."

More **Frequently Asked Questions** regarding the ***Small Pension Plan Audit Waiver Regulation*** may be found by clicking here, which will direct you to the DOL's site.

If **Line 16b** is not blank and **Line 16c** is blank, the following will be added to the SAR:

> The remainder of the plan's assets were other assets covered by a fidelity bond at least equal to the value of the assets issued by [Name(s) of Surety], an approved surety company.

If **Line 16b** is blank and **Line 16c** is blank, the following will be added to the SAR:

> The plan's assets were [pulled from return/report].

If **Line 16b** is blank and **Line 16c** is not blank, the following will be added to the SAR:

> The remainder of the plan's assets were [pulled from the return/report].

If **Line 16b** is not blank and **Line 16c** is not blank, the following will be added to the SAR:

> The remainder of the plan's assets were [pulled from the return/report] and other assets covered by a fidelity bond at least equal to the value of the assets issued by [Name(s) of Surety], an approved surety company.

Line 16c. Audit waiver financial information Top

If **Line 16c** is not blank, the following will be added to the SAR:

> At the end of the plan year, the plan had qualifying plan assets at the following institution(s):
> **[text from Line 16c]**

Note: The name of each regulated financial institution holding (or issuing) qualifying plan assets and the amount of such assets reported by the institution as of the end of the plan year should be entered in Line 16c. Enter in text in the following format, if applicable:

> [(insert $ amount) in assets held by (insert name of bank)],
> [(insert $ amount) in securities held by (insert name of registered broker-dealer)],
> [(insert $ amount) in shares issued by (insert name of registered investment company)],
> [(insert $ amount) in investment or annuity contract issued by (insert name of insurance company)].
> The plan receives year-end statements from these regulated financial institutions that confirm the above information.

The following information will also appear if at least one of the assets types are used in the plan.

> The remainder of the plan's assets were []:
>
> - (if applicable pension codes are used and **Line 16e** is 'Yes') held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually
> - (if indicated in SF/I/H) qualifying employer securities
> - (if indicated in SF/I/H) loans to participants
> - (if **Line 16b** of the SAR checklist is not blank) other assets covered by a fidelity bond at least equal to the value of the assets issued by [**Line 16b**], an approved surety company.

Line 16d. Pension - Include Additional Model Language Top

If **Line 16b** and **Line 16c** are blank and **Line 16d** is 'Yes', the following will be added to the SAR:

> Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements and evidence of the fidelity bond. If you want to examine or get copies of the

> financial institution year-end statements or evidence of the fidelity bond, please contact [pulled from return/report], who is a representative of the plan administrator, at [pulled from return/report] and phone number, [pulled from return/report].
>
> If you are unable to obtain or examine copies of the evidence of the fidelity bond, you may contact the regional office of the U.S. Department of Labor's Employee Benefit Security Administration (EBSA) for assistance by calling toll-free 866-444-EBSA (3272). A listing of EBSA regional offices can be found at https://www.dol.gov/agencies/ebsa.
>
> General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at https://www.dol.gov/agencies/ebsa under the heading "Frequently Asked Questions."

If **Line 16b** is not blank and **Line 16c** is blank, the following will be added to the SAR:

> Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the fidelity bond. If you want to examine or get copies of the evidence of the fidelity bond, please contact [pulled from return/report], who is a representative of the plan administrator, at [pulled from return/report] and phone number, [pulled from return/report].
>
> If you are unable to obtain or examine copies of the evidence of the fidelity bond, you may contact the regional office of the U.S. Department of Labor's Employee Benefit Security Administration (EBSA) for assistance by calling toll-free 866-444-EBSA (3272). A listing of EBSA regional offices can be found at https://www.dol.gov/agencies/ebsa.
>
> General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at https://www.dol.gov/agencies/ebsa under the heading "Frequently Asked Questions.

If **Line 16b** is blank and **Line 16c** is not blank, the following will be added to the SAR:

> Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements. If you want to examine or get copies of the financial institution year-end statements, please contact [pulled from return/report], who is a representative of the plan administrator, at [pulled from return/report] and phone number, [pulled from return/report].
>
> If you are unable to obtain or examine copies of the evidence of the fidelity bond, you may contact the regional office of the U.S. Department of Labor's Employee Benefit Security Administration (EBSA) for assistance by calling toll-free 866-444-EBSA (3272). A listing of EBSA regional offices can be found at https://www.dol.gov/agencies/ebsa.
>
> General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at https://www.dol.gov/agencies/ebsa under the heading "Frequently Asked Questions.

If **Line 16b** is not blank, **Line 16c** is not blank the following will be added to the SAR:

> Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements and the fidelity bond. If you want to examine or get copies of the financial institution year-end statements, please contact [pulled from return/report], who is a representative of the plan administrator, at [pulled from return/report] and phone number, [pulled from return/report].

> If you are unable to obtain or examine copies of the evidence of the fidelity bond, you may contact the regional office of the U.S. Department of Labor's Employee Benefit Security Administration (EBSA) for assistance by calling toll-free 866-444-EBSA (3272). A listing of EBSA regional offices can be found at https://www.dol.gov/agencies/ebsa.
>
> General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at https://www.dol.gov/agencies/ebsa under the heading "Frequently Asked Questions.

Line 16e. Audit waiver participant directed accountsTop

If **Line 16a** is 'Yes' and pension codes 2G or 2H are used on the Form 5500/SF (Line 8a of the Form 5500 and Line 9a of the Form 5500-SF), are the assets held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually?

Note: If this item is 'No' - you generally should be entering financial information in **Line 16c** and/or surety information in **Line 16b** in order to qualify for the audit waiver.

See sample SAR language above and the audit waiver regulation below for more information.

Line 17. Deemed/corrective distributionsTop

Indicate whether the SAR should include deemed/corrective distributions in the SAR. The model SAR provided by the DOL lacks this information (see Pension Plan 5500 Cross Reference) and can cause numbers not to add up on the SAR. If 'Yes' is selected, the following phrase in bold will appear in the SAR:

> Plan expenses were ___. These expenses included ___ in administrative expenses and ___ in benefits paid to participants and beneficiaries, **__ in certain deemed and/or corrective distributions,** and ___ in other expenses.

Line 18. Other/rollover contributions and other incomeTop

Indicate whether the SAR should include other/rollover contributions and other income in the SAR. The model SAR provided by the DOL (see Pension Plan 5500 Cross Reference) lacks this information from schedules I and H and can cause numbers not to add up on the SAR (not applicable to the Form 5500-SF). If yes is selected, the following phrase in bold will appear in the SAR:

> During the plan year the plan experienced a change in its net assets of ___. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of ___, including employer contributions of ___, employee contributions of ___, **other contributions/other income of ___,** gains/(losses) of ____ from the sale of assets, and earnings from investments of ____."

Note: This item is not applicable to a Form 5500-SF since the Pension Plan 5500 Cross Reference **does** include rollover information from a Form 5500-SF.

Welfare Plan Information Return to Top

Lines 25a/b. Uninsured Top

If Line 1b indicates a welfare plan and Line 25a is 'Yes', complete Line 25b. The following language will appear at the beginning of the SAR:

> [Form 5500/SF, Line 2a Sponsor Name] has committed itself to pay all/certain [Line 25b] claims incurred under the terms of the plan.

Line 25c. All or certain claims Top

If Line 1b indicates a welfare plan and Line 25a is 'Yes', select whether the plan sponsor will pay all or certain claims. We recommend selecting 'certain' as we assume the plan has some limits on claims it will pay (copays, deductibles, etc.). The following text in bold will appear in the SAR depending upon your response for Line 25c:

> [Form 5500/SF, Line 2a Sponsor Name] has committed itself to pay **[all/certain]** [Line 25b] claims incurred under the terms of the plan.

Lines 26a/b. Insured Top

If Line 1b indicates a welfare plan and Line 26a is 'Yes', complete Line 26b. The following language will appear under "Insurance Information" in the SAR:

> The plan has insurance contracts with [Schedule A name of insurance carrier(s)] to pay all/certain [Line 26b] claims incurred under the terms of the plan. The total premiums paid for the plan year ending [Form 5500 Plan Year End] were [sum of Schedule As, Line 9a(1)].

Note: If using a Form 5500-SF, see Line 26d below.

Line 26c. All or certain claims Top

If Line 1b indicates a welfare plan and Line 26a is 'Yes', select whether the insurance carrier will pay all or certain claims. We recommend selecting 'certain' - as we assume the plan has some limits on claims it will pay (copays, deductibles, etc.). The following text in bold will appear in the SAR depending upon your response for Line 26c:

> The plan has contracts with [Schedule A name of insurance carrier(s) OR SAR, Line 26d when Form 5500-SF] to pay **[all/certain]** [Line 26b] claims incurred under the terms of the plan. The total premiums paid for the plan year ending [Form 5500 Plan Year End] were [sum of Schedule As, Line 9a(1)].

Line 26d. Insurance Carriers Top

If Line 1b indicates a welfare plan, Line 26a is 'Yes', and the return is filing on a Form 5500-SF, then enter the names of the Insurance Carrier(s) that would typically be included on the Schedule A. The following language will appear under "Insurance Information" in the SAR:

> The plan has insurance contracts with [Line 26d] to pay all/certain [Line 26c] claims incurred under the terms of the plan.

Note: See instructions for Line 26c above.

In addition, we recommend manually adding the following text to the SAR when the return is filing on a Form 5500-SF:

> Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending [date from 5500], the premiums paid under such "experience-rated" contracts were [amount from Schedule A] and the total of all benefit claims paid under these "experience-rated" contracts during the plan year was [amount from Schedule A].

Line 27a. Include the type of welfare planTop

The welfare plan type is included in the DOL's model Form for Summary Annual Report Relating to Welfare Plans. If 'No' is selected, the SAR will not include a welfare benefit code description. If 'Custom' is selected, go to Line 27b to enter a description. If 'Yes' is selected, the welfare benefit codes entered on the Form 5500/SF will be used in the following bold text:

> This is a summary of the annual report of the [Plan Name],**[welfare benefit code(s)]** plan (Employer Identification Number [EIN], Plan Number [PN]), for the plan year [Plan Year Begin] through [Plan Year End]. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Note: You can also enter this information for all plans within the WK Logo > Administrative Tasks > Defaults > SAR/AFN 8955-SSA Defaults.

Line 27b. Custom welfare plan typeTop

If Line 27a is 'Custom', then enter a description in Line 27b. Instead of using the welfare plan codes from the Form 5500/SF, you can insert a plan type description for use in the first sentence of the SAR. The following in bold is where the description will appear:

> This is a summary of the annual report of the [Plan Name],**[Line 27b]** plan (Employer Identification Number [EIN], Plan Number [PN]), for the plan year [Plan Year Begin] through [Plan Year End]. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Note: You can also enter this information for all plans within the WK Logo > Administrative Tasks > Defaults > SAR/AFN 8955-SSA Defaults.

Your Rights to Additional Information Return to Top

The following table is a description of what conditions must be met in order for them to default to 'Yes'. You are able to modify these defaults, which will appear under "Your Rights to Additional Information" in the SAR:

SAR Item	Conditions
Line 30. an accountant's report	**Schedule H** • Schedule H, Line 3(d) is blank • SAR Checklist, Line 4 = Schedule H **Schedule I** • Schedule I, Line 4k = No • SAR Checklist, Line 4 = Schedule I

Line 31. financial information and information on payments to service providers	**Form 5500**, Line 10b(4) is checked
Line 32. assets held for investment	• Schedule H, Line 4i = Yes • SAR Checklist, Line 4 = Schedule H
Line 33. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan.	**Schedule H** • Schedule H, Line 4d = Yes • SAR Checklist, Line 4 = Schedule H **Schedule I** • Schedule I, Line 4d = Yes • SAR Checklist, Line 4 = Schedule I **Form 5500-SF** • Form 5500-SF, Line 10b = Yes • SAR Checklist, Line 4 = Schedule SF
Line 34. loans or other obligations in default or classified as uncollectible	**Schedule H** • Schedule H, Line 4b = Yes • SAR Checklist, Line 4 = Schedule H **Schedule I** • Schedule I, Line 4b = Yes • SAR Checklist, Line 4 = Schedule I
Line 35. leases in default or classified as uncollectible	**Schedule H** • Schedule H, Line 4c = Yes • SAR Checklist, Line 4 = Schedule H **Schedule I** • Schedule I, Line 4c = Yes • SAR Checklist, Line 4 = Schedule I
Line 36. transactions in excess of 5 percent of the plan assets	• Schedule H, Line 4j = Yes • SAR Checklist, Line 4 = Schedule H
Line 37. insurance information including sales commissions paid by insurance carriers; and	**Form 5500** • Active Schedule A **Form 5500-SF** • Form 5500-SF, Line 10e = Yes • SAR Checklist, Line 4 = Schedule SF
Line 38. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates	• Form 5500, Line 10b(5) is checked

Line 39. actuarial information regarding the funding of the plan Note: Not applicable for Welfare Plans.	• Form 5500, Pension Codes = 1 (defined benefit)
Line 40. a Schedule DCG for plans participating in a consolidated group Form 5500 filing that includes your plan sponsor's name, EIN, plan administrator's name, EIN and telephone number, total number of participants in your plan, and basic financial information about the plan.) **Note:** Not applicable for Welfare Plans.	• Form 5500, Part I Line A, DFE Code = D
Line 41. a Schedule MEP, including name and EIN of the employers participating in the MEP, each participating employer's percentage of the total contributions (employer and employee) made by all employers participating in the MEP and, for defined contribution pension plans only, the aggregate account balance for each of the employers participating in the MEP.) **Note:** Not applicable for Welfare Plans.	• Form 5500, Part I Line A = Multiple-Employer Plan • Form 5500-SF, Part I Line A = Multiple-Employer Plan

Custom Language Return to Top

Line 50. Custom Language. Top

Enter any optional, custom language you would like to appear at the end of the SAR under "Additional Explanation", as is required by 2520.104b-10(d)(2).

Print Settings Return to Top

Plan Level Changes:

Individual plan-level print settings can be adjusted, including:

- Font type
- Font size
- Line spacing
- Margins

These settings apply only to the specific plan being edited.

Global Changes:

At the top of the SAR Checklist, there's an option to update the SAR/AFN Print Settings for all plans going forward.

Only the Master user or users with Designated Admin access can change these settings. When updated, these settings will apply only to newly added SARs or AFNs.

NOTE:

- Existing SARs/AFNs will keep their original print settings unless you delete and re-add them.
- If a prior year SAR/AFN exists and the SAR/AFN/8955-SSA Defaults are set to bring forward prior year defaults, the new global print settings will not apply. Instead, the system will use the prior year's print settings.

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(a) Obligation to furnish. Except as otherwise provided in paragraph (g) of this section, the administrator of any employee benefit plan shall furnish annually to each participant of such plan and to each beneficiary receiving benefits under such plan (other than beneficiaries under a welfare plan) a summary annual report conforming to the requirements of this section. Such furnishing of the summary annual report shall take place in accordance with the requirements of sec. 2520.104b-1 of this part.

(b) [Reserved]

(c) When to furnish. Except as otherwise provided in this paragraph (c), the summary annual report required by paragraph (a) of this section shall be furnished within nine months after the close of the plan year.

(1) In the case of a welfare plan described in sec. 2520.104-43 of this part, such furnishing shall take place within 9 months after the close of the fiscal year of the trust or other entity which files the annual report under sec. 2520.104a-6 of this part.

(2) When an extension of time in which to file an annual report has been granted by the Internal Revenue Service, such furnishing shall take place within 2 months after the close of the period for which the extension was granted.

(d) Contents, style and format. Except as otherwise provided in this paragraph (d), the summary annual report furnished to participants and beneficiaries of an employee pension benefit plan pursuant to this section shall consist of a completed copy of the form prescribed in paragraph (d)(3) of this section, and the summary annual report furnished to participants and beneficiaries of an employee welfare benefit plan pursuant to this section shall consist of a completed copy of the form prescribed in paragraph (d)(4) of this section. The information used to complete the form shall be based upon information contained in the most recent annual report of the plan which is required to be filed in accordance with section 104(a)(1) of the Act.

(1) Any portion of the forms set forth in this paragraph (d) which is not applicable to the plan to which the summary annual report relates, or which would require information which is not required to be reported on the annual report of that plan, may be omitted.

(2) Where the plan administrator determines that additional explanation of any information furnished pursuant to this paragraph (d) is necessary to fairly summarize the annual report, such explanation shall be set forth following the completed form required by this paragraph (d) and shall be headed, "Additional Explanation."

(3) Form for Summary Annual Report Relating to Pension Plans. Return to top

Summary Annual Report for (Name of Plan)

This is a summary of the annual report [insert as applicable either Form 5500 Annual Return/Report of Employee Benefit Plan or Form 5500-SF Annual Return/Report of Small Employee Benefit Plan] of [insert name of plan and EIN/PN] for [period covered by this report]. The [insert as applicable either Form 5500 or

Form 5500-SF] annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a [insert a brief description of the plan based on the plan characteristic codes listed for the plan on the Form 5500, including whether it is a defined contribution or defined benefit plan, and whether the plan is a pooled employer plan, another type of multiple-employer plan or a single-employer plan].

[If the plan is participating in a DCG reporting arrangement]:

Your plan participates in an annual reporting arrangement that files a consolidated Form 5500 Annual Report for all the separate plans in the arrangement. This summary includes aggregate information on all the participating plans from the consolidated Form 5500. The consolidated Form 5500 also includes a separate schedule (Schedule DCG) that provides specific plan level information for each individual plan, as well as an accountant's report regarding your individual plan, unless the plan is eligible for a small plan audit waiver under Department of Labor regulations. As noted below regarding your rights to additional information, you have a right to receive a copy of the Schedule DCG relating to your plan on request from the plan administrator.

Basic Financial Statement

Benefits under the plan are provided by (indicate funding arrangements). Plan expenses were ($). These expenses included ($) in administrative expenses and ($) in benefits paid to participants and beneficiaries, and ($) in other expenses. A total of ( ) persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

[If the plan is funded other than solely by allocated insurance contracts:]

The value of plan assets, after subtracting liabilities of the plan, was ($) as of (the end of the plan year), compared to ($) as of (the beginning of the plan year). During the plan year the plan experienced an (increase) (decrease) in its net assets of ($). This (increase) (decrease) includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of ($), including employer contributions of ($), employee contributions of ($), (gains) (losses) of ($), from the sale of assets, and earnings from investments of ($).

[If any funds are used to purchase allocated insurance contracts:]

The plan has (a) contract(s) with (name of insurance carrier(s)) which allocate(s) funds toward (state whether individual policies, group deferred annuities or other). The total premiums paid for the plan year ending (date) were ($).

Minimum Funding Standards

[If the plan is a defined benefit plan:]

An actuary's statement shows that (enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA) (not enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA. The amount of the deficit was

$).

[If the plan is a defined contribution plan covered by funding requirements:]

(Enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA) (Not enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA. The amount of the deficit was $).

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report: [Note - list only those items which are actually included in the latest annual report.]

1. an accountant's report;

2. financial information and information on payments to service providers;

3. assets held for investment;

4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);

5. loans or other obligations in default or classified as uncollectible;

6. leases in default or classified as uncollectible;

7. transactions in excess of 5 percent of the plan assets;

8. insurance information including sales commissions paid by insurance carriers;

9. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

10. actuarial information regarding the funding of the plan;

11. a Schedule DCG for plans participating in a consolidated group Form 5500 filing that includes your plan sponsor's name, EIN, plan administrator's name, EIN and telephone number, total number of participants in your plan, and basic financial information about the plan.); and

12. a Schedule MEP, including name and EIN of the employers participating in the MEP, each participating employer's percentage of the total contributions (employer and employee) made by all employers participating in the MEP and, for defined contribution pension plans only, the aggregate account balance for each of the employers participating in the MEP.).

To obtain a copy of the full annual report, or any part thereof, write or call the office of (name), who is (state title: e.g., the plan administrator), (business address and telephone number). The charge to cover copying costs will be ($) for the full annual report, or ($) per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (address), (at any other location where the report is available for examination), and at the U.S. Department of Labor in Washington, DC, or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. The annual Report is also available online at the Department of Labor website www.efast.dol.gov.

(4) Form for Summary Annual Report Relating to Welfare Plans. Return to top

Summary Annual Report for (Name of Plan)

This is a summary of the annual report of the (name of plan, EIN and type of welfare plan) for (period covered by this report). The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

[If any benefits under the plan are provided on an uninsured basis:]

(Name of sponsor) has committed itself to pay (all, certain) (state type of) claims incurred under the terms of the plan.

[If any of the funds are used to purchase insurance contracts:]

Insurance Information

The plan has (a) contract(s) with (name of insurance carrier(s)) to pay (all, certain) (state type of) claims incurred under the terms of the plan. The total premiums paid for the plan year ending (date) were ($___).

[If applicable add:]

Because (it is a) (they are) so called "experience-rated" contract(s), the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending (date), the premiums paid under such "experience-rated" contract(s) were ($) and the total of all benefit claims paid under the(se) experience-rated contract(s) during the plan year was ($).

[If any funds of the plan are held in trust or in a separately maintained fund:]

Basic financial statement

The value of plan assets, after subtracting liabilities of the plan, was ($) as of (the end of plan year), compared to ($) as of (the beginning of the plan year). During the plan year the plan experienced an (increase) (decrease) in its net assets of ($). This (increase) (decrease) includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of ($) including employer contributions of ($), employee contributions of ($), realized (gains) (losses) of ($) from the sale of assets, and earnings from investments of ($). Plan expenses were ($). These expenses included ($) in administrative expenses, ($) in benefits paid to participants and beneficiaries, and ($) in other expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report: [Note-list only those items which are actually included in the latest annual report].

1. an accountant's report;

2. financial information and information on payments to service providers;

3. assets held for investment;

4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);

5. loans or other obligations in default or classified as uncollectible;

6. leases in default or classified as uncollectible;

7. transactions in excess of 5 percent of the plan assets;

8. insurance information including sales commissions paid by insurance carriers; and

9. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of (name), who is (state title: e.g., the plan administrator), (business address and telephone number). The charge to cover copying costs will be ($) for the full annual report, or ($) per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (address), (at

any other location where the report is available for examination), and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210.

(e) Foreign languages. In the case of either - Return to top

(1) A plan which covers fewer than 100 participants at the beginning of a plan year in which 25 percent or more of all plan participants are literate only in the same non-English language; or
(2) A plan which covers 100 or more participants in which 500 or more participants or 10 percent or more of all plan participants, whichever is less, are literate only in the same non-English language

The plan administrator for such plan shall provide these participants with an English-language summary annual report which prominently displays a notice, in the non-English language common to these participants, offering them assistance.

The assistance provided need not involve written materials, but shall be given in the non-English language common to these participants. The notice offering assistance shall clearly set forth any procedures participants must follow to obtain such assistance.

(f) Furnishing of additional documents to participants and beneficiaries. A plan administrator shall promptly comply with any request by a participant or beneficiary for additional documents made in accordance with the procedures or rights described in paragraph (d) of this section.

(g) Exemptions. Notwithstanding the provisions of this section, a summary annual report is not required to be furnished with respect to the following:

(1) A totally unfunded welfare plan described in 29 CFR 2520.104-44(b)(1)(i);
(2) a welfare plan which meets the requirements of 29 CFR 2520.104-20(b);
(3) An apprenticeship or other training plan which meets the requirements of 29 CFR 2520.104-22;
(4) A pension plan for selected employees which meets the requirements of 29 CFR 2520.104-23;
(5) A welfare plan for selected employees which meets the requirements of 29 CFR 2520.104-24;
(6) A day care center referred to in 29 CFR 2520.104-25;
(7) A dues financed welfare plan which meets the requirements of 29 CFR 2520.104-26; and
(8) A dues financed pension plan which meets the requirements of 29 CFR 2520.104-27; and
(9) A plan to which title IV of the Act applies.

Table 1 to Sec. 2520.104b-10 The Summary Annual Report (SAR) Under ERISA: A Cross-Reference to the Annual Report

A. PENSION PLAN Return to top

SAR Item	Form 5500 Large Plan Filer Line Items	Form 5500 Small Plan Filer Line Items	Form 5500-SF Filer Line Items
1. Funding arrangement	Form 5500-9a	Same	Not applicable.
2. Total plan expenses	Sch. H - 2j	Sch. I - 2j	Line 8h

3. Administrative expenses	Sch. H - 2i(12) (previously 2i(5) on 2022 and prior)	Sch. I - 2h	Line 8f
4. Benefits paid	Sch. H - 2e(4)	Sch. I - 2e.	Line 8d
5. Other expenses	Sch. H - Subtract the sum of 2e(4) & 2i(12) [previously 2i(5) on 2022 and prior] from 2j	Sch. I - 2i	Line 8g
6. Total participants	Form 5500 - 6f	Same	Line 5b
7. Value of plan assets (net):			
a. End of plan year	Sch. H - 1l [Col. (b)]	Sch. I - 1c [Col. (b)]	Line 7c [Col. (b)]
b. Beginning of plan year	Sch. H - 1l [Col. (a)]	Sch. I - 1c [Col. (a)]	Line 7c [Col. (a)]
8. Change in net assets	Sch. H - Subtract 1l [Col. (a)] from 1l [Col. (b)]	Sch. I - Subtract 1c [Col. (a) from 1c [Col. (b)]	Line 7c - Subtract Col. (a) from Col. (b)
9. Total income	Sch. H - 2d	Sch. I - 2d	Line 8c
a. Employer contributions	Sch. H - 2a(1)(A) & 2a(2) if applicable	Sch. I - 2a(1) & 2b if applicable	Line 8a(1) if applicable
b. Employee contributions	Sch. H - 2a(1)(B) & 2a(2) if applicable	Sch. I - 2a(2) & 2b if applicable	Line 8a(2) & 8a(3) if applicable
c. Participating employer's percentage of the total contributions (employer and employee) made by all employers participating in a MEP	Sch. MEP Line 2c	Sch. MEP Line 2c	Not applicable
d. Aggregate account balance of the employer participating in a defined contribution MEP (determined as the sum of the account balances of the employees of such employer (including the beneficiaries of such employees))	Sch. MEP Line 2d	Sch. MEP Line 2d	Not applicable
e. Gains (losses) from sale of assets	Sch. H - 2b(4)(C)	Not applicable	Not applicable
f. Earnings from investments	Sch. H - Subtract the sum of 2a(3), 2b(4)(C) and 2c from 2d	Sch. I-2c	Line 8b
10. Total insurance premiums	Total of all Schs. A - 6b	Total of all Schs. A - 6b	Not applicable
11. Unpaid minimum required contribution (S-E plans) or Funding deficiency (ME plans):			
a. S-E Defined benefit plans	Sch. SB - 39	Same	Same
b. ME Defined benefit plans	Sch. MB - 10	Same	Not applicable
c. Defined contribution plans	Sch. R - 6c, if more than zero	Same	Line 12d

B. WELFARE PLAN Return to top

SAR Item	Form 5500 Large Plan Filer Line Items	Form 5500 Small Plan Filer Line Items	Form 5500-SF Filer Line Items
1. Name of insurance carrier	All Schs. A - 1(a)	Same	Not applicable
2. Total (experience rated and non-experienced rated) insurance premiums	All Schs. A - Sum of 9a(1) and 10a	Same	Not applicable
3. Experience rated premiums	All Schs. A - 9a(1)	Same	Not applicable
4. Experience rated claims	All Schs. A - 9b(4)	Same	Not applicable
5. Value of plan assets (net):			
a. End of plan year	Sch. H - 1l [Col. (b)]	Sch. I - 1c [Col. (b)]	Line 7c [Col. (b)]
b. Beginning of plan year	Sch. H - 1l [Col. (a)]	Sch. I - 1c [Col. (a)]	Line 7c [Col. (a)]
6. Change in net assets	Sch. H - Subtract 1l [Col. (a)] from 1l [Col. (b)]	Sch. I - Subtract 1c [Col. (a)] from 1c [Col. (b)]	Line 7c - Subtract [Col. (a)] from 7c [Col. b]
7. Total income	Sch. H - 2d	Sch. I - 2d	Line 8c
a. Employer contributions	Sch. H - 2a(1)(A) & 2a(2) if applicable	Sch. I - 2a(1) & 2b if applicable	Line 8a(1) if applicable
b. Employee contributions	Sch. H - 2a(1)(B) & 2a(2) if applicable	Sch. I - 2a(2) & 2b if applicable	Line 8a(2) if applicable
c. Gains (losses) from sale of assets	Sch. H - 2b(4)(C)	Not applicable	Not applicable
d. Earnings from investments	Sch. H - Subtract the sum of 2a(3), 2b(4)(C) and 2c from 2d	Sch. I - 2c	Line 8b
8. Total plan expenses	Sch. H - 2j	Sch. I - 2j	Line 8h
9. Administrative expenses	Sch. H - 2i(12) (previously 2i(5) on 2022 and prior)	Sch. I - 2h	Line 8f
10. Benefits paid	Sch. H - 2e(4)	Sch. I - 2e	Line 8d
11. Other expenses	Sch. H - Subtract the sum of 2e(4) & 2i(12) [previously 2i(5) on 2022 and prior] from 2j	Sch. I - 2i	Line 8g

Sec. 2520.104-46 Waiver of examination and report of an independent qualified public accountant for employee benefit plans with fewer than 100 participants. Return to Top

(a) General Return to top

(1) Under the authority of section 103(a)(3)(A) of the Act, the Secretary may waive the requirements of section 103(a)(3)(A) in the case of a plan for which simplified annual reporting has been prescribed in accordance with section 104(a)(2) of the Act.

(2) Under the authority of section 104(a)(3) of the Act the Secretary may exempt any employee welfare benefit plan from certain annual reporting requirements.

(b) Application. Return to top

(1)

(i) The administrator of an employee pension benefit plan for which simplified annual reporting has been prescribed in accordance with section 104(a)(2)(A) of the Act and sec. 2520.104-41 is not required to

comply with the annual reporting requirements described in paragraph (c) of this section, provided that with respect to each plan year for which the waiver is claimed-

(A) Return to top

(1) At least 95 percent of the assets of the plan constitute qualifying plan assets within the meaning of paragraph (b)(1)(ii) of this section, or

(2) Any person who handles assets of the plan that do not constitute qualifying plan assets is bonded in accordance with the requirements of section 412 of the Act and the regulations issued thereunder, except that the amount of the bond shall not be less than the value of such assets;

(B) The summary annual report, described in sec. 2520.104b-10, includes, in addition to any other required information: Return to top

(1) Except for qualifying plan assets described in paragraph (b)(1)(ii)(A), (B) and (F) of this section, the name of each regulated financial institution holding (or issuing) qualifying plan assets and the amount of such assets reported by the institution as of the end of the plan year;

(2) The name of the surety company issuing the bond, if the plan has more than 5% of its assets in non-qualifying plan assets;

(3) A notice indicating that participants and beneficiaries may, upon request and without charge, examine, or receive copies of, evidence of the required bond and statements received from the regulated financial institutions describing the qualifying plan assets; and

(4) A notice stating that participants and beneficiaries should contact the Regional Office of the U.S. Department of Labor's Employee Benefits Security Administration if they are unable to examine or obtain copies of the regulated financial institution statements or evidence of the required bond, if applicable; and

(C) in response to a request from any participant or beneficiary, the administrator, without charge to the participant or beneficiary, makes available for examination, or upon request furnishes copies of, each regulated financial institution statement and evidence of any bond required by paragraph (b)(1)(i)(A)(2).

(ii) For purposes of paragraph (b)(1), the term "qualifying plan assets" means: Return to top

(A) Qualifying employer securities, as defined in section 407(d)(5) of the Act and the regulations issued thereunder;

(B) Any loan meeting the requirements of section 408(b)(1) of the Act and the regulations issued thereunder;

(C) Any assets held by any of the following institutions

(1) A bank or similar financial institution as defined in sec. 2550.408b-4(c);

(2) An insurance company qualified to do business under the laws of a state;

(3) An organization registered as a broker-dealer under the Securities Exchange Act of 1934; or

(4) Any other organization authorized to act as a trustee for individual retirement accounts under section 408 of the Internal Revenue Code.

(D) Shares issued by an investment company registered under the Investment Company Act of 1940;

(E) Investment and annuity contracts issued by any insurance company qualified to do business under the laws of a state; and,

(F) In the case of an individual account plan, any assets in the individual account of a participant or beneficiary over which the participant or beneficiary has the opportunity to exercise control and with respect to which the participant or beneficiary is furnished, at least annually, a statement from a

regulated financial institution referred to in paragraphs (b)(1)(ii)(C), (D) or (E) of this section describing the assets held (or issued) by such institution and the amount of such assets.

(iii)

(A) For purposes of this paragraph (b)(1), the determination of the percentage of all plan assets consisting of qualifying plan assets with respect to a given plan year shall be made in the same manner as the amount of the bond is determined pursuant to secs. 2580.412-11, 2580.412-14, and 2580.412-15.

(B) Examples. Plan A, which reports on a calendar year basis, has total assets of $600,000 as of the end of the 1999 plan year. Plan A's assets, as of the end of year, include: investments in various bank, insurance company and mutual fund products of $520,000; investments in qualifying employer securities of $40,000; participant loans, meeting the requirements of ERISA section 408(b)(1), totaling $20,000; and a $20,000 investment in a real estate limited partnership. Because the only asset of the plan that does not constitute a "qualifying plan asset" is the $20,000 real estate investment and that investment represents less than 5% of the plan's total assets, no bond would be required under the proposal as a condition for the waiver for the 2000 plan year. By contrast, Plan B also has total assets of $600,000 as of the end of the 1999 plan year, of which $558,000 constitutes "qualifying plan assets' and $42,000 constitutes non-qualifying plan assets. Because 7%-more than 5%-of Plan B's assets do not constitute "qualifying plan assets," Plan B, as a condition to electing the waiver for the 2000 plan year, must ensure that it has a fidelity bond in an amount equal to at least $42,000 covering persons handling non- qualifying plan assets. Inasmuch as compliance with section 412 requires the amount of bonds to be not less than 10% of the amount of all the plan's funds or other property handled, the bond acquired for section 412 purposes may be adequate to cover the non-qualifying plan assets without an increase (i.e., if the amount of the bond determined to be needed for the relevant persons for section 412 purposes is at least $42,000). As demonstrated by the foregoing example, where a plan has more than 5% of its assets in non-qualifying plan assets, the bond required by the proposal is for the total amount of the non-qualifying plan assets, not just the amount in excess of 5%.

(2) The administrator of an employee welfare benefit plan that covers fewer than 100 participants at the beginning of the plan year is not required to comply with annual reporting requirements described in paragraph (c) of this section.

(c) Waiver. The administrator of a plan described in paragraph (b) (1) or (2) of this section is not required to:
Return to top

(1) Engage an independent qualified public accountant to conduct an examination of the financial statements of the plan;
(2) Include within the annual report the financial statements and schedules prescribed in section 103(b) of the Act and secs. 2520.103-1, 2520.103-2, and 2520.103-10; and
(3) Include within the annual report a report of an independent qualified public accountant as prescribed in section 103(a)(3)(A) of the Act and sec. 2520.103-1.

(d) Limitations. Return to top

(1) The waiver described in this section does not affect the obligation of a plan described in paragraph (b)(1) or(2) of this section to file a Form 5500 "Annual Return/Report of Employee Benefit Plan," including any required schedules or statements prescribed by the instructions to the form. See sec. 2520.104-41.
(2) For purposes of this section, an employee pension benefit plan for which simplified annual reporting has been prescribed includes an employee pension benefit plan which elects to file a Form 5500 as a small plan

pursuant to sec. 2520.103-1(d) with respect to the plan year for which the waiver is claimed. See sec. 2520.104-41.

(3) For purposes of this section, an employee welfare benefit plan that covers fewer than 100 participants at the beginning of the plan year includes an employee welfare benefit plan which elects to file a Form 5500 as a small plan pursuant to sec. 2520.103-1(d) with respect to the plan year for which the waiver is claimed. See sec. 2520.104-41.

(4) A plan that elects to file a Form 5500 as a large plan pursuant to sec. 2520.103-1(d) may not claim a waiver under this section.

(e) Model notice. Return to top The appendix to this section contains model language for inclusion in the summary annual report to assist plan administrators in complying with the requirements of paragraph (b)(1)(i)(B) of this section to avail themselves of the waiver of examination and report of the independent qualified public accountant for employee benefit plans with fewer than 100 participants. Use of the model language is not mandatory. In order to use the model language in the plan's summary annual report, administrators must, in addition to any other information required to be in the summary annual report, select among alternative language and add relevant information where appropriate in the model language. Items of information that are not applicable to a particular plan may be deleted. Use of the model language, appropriately modified and supplemented, will be deemed to satisfy the notice content requirements of paragraph (b)(1)(i)(B) of this section.

Appendix to § 2520.104–46—Model Summary Annual Report Notice (Plan Administrators Will Need to Modify the Model to Omit Information That Is Not Applicable to the Plan)

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning (insert year) and therefore has not had an audit performed. Instead, the following information is provided to assist you in verifying that the assets reported on the (Form 5500 or Form 5500-SF—select as applicable) were actually held by the plan.

At the end of the (insert year) plan year, the plan had (include separate entries for each regulated financial institution holding or issuing qualifying plan assets):

[Set forth amounts and names of institutions as applicable where indicated], [(insert $ amount) in assets held by (insert name of bank)], [(insert $ amount) in securities held by (insert name of registered broker-dealer)], [(insert $ amount) in shares issued by (insert name of registered investment company)], [(insert $ amount) in investment or annuity contract issued by (insert name of insurance company)].

The plan receives year-end statements from these regulated financial institutions that confirm the above information. [Insert as applicable—The remainder of the plan's assets were (1) qualifying employer securities, (2) loans to participants, (3) held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually, or (4) other assets covered by a fidelity bond at least equal to the value of the assets and issued by an approved surety company.]

Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements and evidence of the fidelity bond. If you want to examine or get copies of the financial institution year-end statements or evidence of the fidelity bond, please contact [insert mailing address and any other available way to request copies such as e-mail and phone number].

If you are unable to obtain or examine copies of the regulated financial institution statements or evidence of the fidelity bond, you may contact the regional office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) for assistance by calling toll-free 1.866.444.EBSA (3272). A listing of EBSA regional offices can be found at http://www.dol.gov/ebsa.

General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at http://www.dol.gov/ebsa under the heading "Frequently Asked Questions."

Paperwork Reduction Act Statement Top

OMB Control Number 1210-0040; expires 03/31/2026

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number.

The Summary Annual Report is a collection of information instrument subject to the Paperwork Reduction Act. Collection of this information is authorized by 29 USC § 1024(b)(3), 29 USC § 1029(c) and 29 CFR § 2520.104b-10. The obligation to respond to this collection of mandatory. The Department of Labor estimates that it will take less than one minute per notice (approximately 1 hours and 19 minutes per plan) to complete the form. Please send comments regarding the burden estimates or any other aspect of this collection of information, including suggestions for reducing burden to: US Department of Labor, Office of Research and Analysis, Attention: PRA Officer, 200 Constitution Avenue, NW, Room N-5718, Washington, DC 20210 or by email to ebsa.opr@dol.gov, and reference OMB Control Number 1210-0040. The disclosure requirements in 29 CFR § 2520.104b-10(d), referenced above, are also a collection of information under the PRA.

Note: Please do not return the completed Summary Annual Report to this address.

Do not include this Paperwork Reduction Act banner in notices to participants and beneficiaries.