

DO NOT MAIL TO PBGC

Approved OMB: 1212-0009

2023 PBGC Comprehensive Premium Filing

Vendor Code: MyPAA

My PAA Conf #: 526028

Amended filing ☐Attachment ☐Disaster Relief ☐

Submittal Date: 10/11/2023

Part I - General Plan Information

1 Plan Sponsor information

a Name Board of Trustees Operating Engineers Pension Trust Fundb Six-digit business code 236200

c First six digits of CUSIP number _____

2 Plan administrator information

a Name Board of Trustees Operating Engineers Pension Trust Fundb Address line 1 8400 Corporate Drivec Address line 2 Suite 430d City Landover e State MD f Zip 20785 g Country (if not U.S.) _____

h Contact person

(1) Name (for "attention" line of mailings) David Jensen(2) e-mail address davidj@associated-admin.com (3) Phone number: (410) 254-9469 ext _____

i Alternative phone number for Insured Plans List on pbgc.gov: _____ ext _____

3 Additional plan contact (optional)

(1) Name Kathy Phillips(2) e-mail address kathyp@associated-admin.com (3) Phone number: (410) 683-6500 ext _____

4 Plan information

a Plan name OPERATING ENGINEERS PENSION TRUST FUND

b Premium payment year information:

(1) This filing is for the premium payment year commencing 01/01/2023 and ending 12/31/2023(2) For the premium payment year, is the plan a "small plan" (see definitions section of instructions)? ☐ Yes ☒ No

(3) If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted _____.

(4) ☐ Check box if plan qualifies to pay a prorated premium for this premium payment year.

c Employer Identification Number and Plan Number information:

(1) EIN and PN: EIN 526038506 PN 001(2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____ Otherwise, skip to item 4c(3).(3) If the EIN and PN are not **both** the same as on the 2022 Form 5500, enter EIN and PN from 2022 Form 5500 and provide explanation: Otherwise, skip to item 4d. EIN _____ PN _____ Explanation _____d Plan effective date 11/30/1961e Plan type: ☒ Multiemployer ☐ Single-employer other than CSECs (including multiple-employer plans) ☐ CSEC Planf ☐ Check box if plan is a new or newly covered plan and provide the following information:

(1) Adoption date _____ (2) Date coverage began on _____

(3) Is the plan a "continuation plan" (see definitions section of instructions)? ☐ Yes ☐ No

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Part II - Flat-Rate Premium Information**5 Flat-rate premium**a Participant count date: Month 12 Day 31 Year 2022**b Flat-rate premium calculation**

(1) Applicable rate (Single-employer plans other than CSECs, enter \$96; Multiemployer plans, enter \$35; CSEC plans, enter \$19)

\$35.00

(2) Participant count as of participant count date

Active: 1270 Terminated vested: 564 Retirees and beneficiaries: 996 Total: 2830(3) Flat-rate premium (item 5b(1) x item 5b(2)) \$99,050.00**Part III - Variable-rate Premium Information****Multiemployer plans - Skip to Part IV**

Complete item 6 only if the plan is electing, or revoking an election, to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target; otherwise skip to item 7. CSEC plans may not make this election

6 Alternative Premium Funding Target Election or Revocationa ☐ Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target.

The election will be effective - and the plan will be required to use the Alternative Premium Funding Target - beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.

b ☐ Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective - and the plan will be required to use the Standard Premium Funding Target - beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note - Elections or Revocations must remain in place for at least five years.

7 Variable-rate premium (VRP)

a VRP exemptions - If an exemption applies, check applicable box and skip to item 8.

☐ New or newly covered small plan other than a continuation plan☐ No vested participants☐ Standard termination with a final distribution during the premium payment year☐ 412(e)(3) plan☐ Standard termination with a proposed termination date in a prior year (proposed termination date: _____)

b VRP small employer cap qualification - ☐ Check box if this plan qualifies for the small employer cap applicable to certain plans of small employers (those with 25 or fewer employees). If box is checked, items 7c through 7g may, but need not, be omitted.

c Assumptions and methods used to determine premium funding target

(1) Premium funding target method: ☐ Standard ☐ Alternative ☐ NA, CSEC(2) Discount rate(s): 1st segment _____ 2nd segment _____ 3rd segment _____ ☐ N/A, full yield curve used CSEC plan rate _____

(3) UVB valuation date: Month _____ Day _____ Year _____

d Premium funding target as of UVB valuation date ☐ Check box if the reported premium funding target information is an estimate.

(1) Attributable to active participants _____

(2) Attributable to terminated vested participants _____

(3) Attributable to retirees and beneficiaries receiving payment _____

(4) Total premium funding target (item 7d(1) + item 7d(2) + item 7d(3)) _____

e Market value of assets as of UVB valuation date _____

f Unfunded vested benefits (excess, if any, of item 7d(4) over item 7e, rounded up to the next \$1,000) _____

g Uncapped variable-rate premium (CSECs item 7f x 0.009. Other plans, item 7f x 0.052) _____

h Maximum VRP

(1) MAP-21 cap (\$652 x item 5b(2)) _____

(2) Small employer cap, if applicable (\$5 x item 5b(2) x item 5b(2)) - Omit this item if plan is not eligible for this cap _____

(3) Maximum variable-rate premium - If the plan qualifies for the small employer cap, the lesser of item 7h(1) and 7h(2). Otherwise, item 7h(1). _____

i Variable-rate premium - If the plan qualifies for the small employer cap and item 7g was omitted, item 7h(3). Otherwise, the lesser of item 7g and item 7h(3). _____

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Part IV - Total Premium Information**8 Premium proration (If the plan does not qualify for premium proration, skip to item 9).**

- a Number of months (complete and partial) in the short plan year or short coverage year _____
- b Total premium before reflecting proration (item 5b(3) + item 7i, if applicable) _____

9 Total premium - If the plan does not qualify for premium proration, item 5b(3) + item 7i, if applicable.
If the plan qualifies for premium proration, item 8b x item 8a ÷ 12.

\$99,050.00**Part V - Payment Information****10 Premium credit**

- a Payments made previously for this premium payment year _____ **\$0.00**
- b Outstanding credit from the prior premium payment year _____ **\$0.00**
- c Total (item 10a + item 10b) _____ **\$0.00**

11 Amount due (excess, if any, of item 9 over item 10c) _____**\$99,050.00****12 Treatment of overpayment**

- a Excess, if any, of item 10c over item 9 _____
- b Treatment of balance (select one): ☐ Credit towards next year's premium ☐ Refund by check
☐ Refund by electronic funds transfer (ACH). If you select this option, complete item 12c.
- c Information for ACH refund: Type of account ☐ Checking ☐ Savings Bank routing number _____
Account number _____

Part VI - Miscellaneous Information

13 Final filing - If this is the last filing for this plan, enter the date of event and check box that best describes why filing obligation is ceasing:
_____ and check box that best describes why filing obligation is ceasing:

☐ Merger/Consolidation ☐ Trusteeship ☐ Distribution pursuant to termination ☐ Cessation of covered status (enter explanation) _____

14 Transfers from other plans - If this plan transferred some, or all assets or liabilities to another plan (or vice versa) since the most recent comprehensive premium filing, provide the following information with respect to the plan to (or from) which assets or liabilities were transferred (if transfer involved a new or newly covered plan or if more than one transfer needs to be reported, see instructions).

a Check box for (1) or (2), whichever is applicable box: ☐ (1) This plan is the transferor plan. ☐ (2) This plan is the transferee plan.

b Employer Identification numbers and plan numbers: Transferor Plan: EIN _____ PN _____
Transferee Plan EIN _____ PN _____

c Type of transfer: ☐ Merger ☐ Consolidation ☐ Spinoff to/from another plan ☐ Other d Date of transfer _____

e Additional information for certain transactions. Complete this item only if the transfer occurred on the first day of the plan year and the plan is not a new plan.

1 Was transfer de minimis? ☐ Yes ☐ No

2 If plan is the transferee plan in a de minimis merger, was plan smaller than transferor plan (see instructions)? ☐ Yes ☐ No

15 Participation freeze - If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants _____

16 Accrual freeze - If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective _____ and check box that best describes the nature of the freeze

- ☐ For all participants, both pay and service are frozen ☐ For all participants, service is frozen, pay is not
- ☐ For some participants, both pay and service are frozen ☐ For some participants, service is frozen, pay is not
- ☐ Other (enter explanation) _____

17 Risk transfer activity - Do not complete this item if this is the last filing for this plan

a Lump Sum Windows: If the plan provided one or more lump sum windows during the prior premium payment year, report the number of participants eligible to elect a lump sum under all such windows and the number participants who elected a lump sum:

(1) Participants not in pay status when lump sum was offered: Eligible to elect lump sum _____ Elected lump sum _____

(2) Participants in pay status when lump sum was offered: Eligible to elect lump sum _____ Elected lump sum _____

b Annuity purchases: If the plan purchased annuities for a group of participants during the prior premium payment year, report the number of participants for whom an annuity was purchased:

(1) Participants not in pay status when annuity was purchased: _____

(2) Participants in pay status when annuity was purchased: _____

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18 Amended filing - Complete this item only if this is an amended filing.

- a If either the first or last day of the premium payment year reported in this amended filing (item 4b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing:
(1) Date premium payment year commenced _____ (2) Date premium payment year ended _____
- b If the EIN and PN reported in this amended filing (item 4c(1)) are not **both** the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing: EIN _____ PN _____
- c If the reason for amending the filing is other than reconciling an estimated Variable-rate Premium and the total premium reported in this amended filing (item 9) is less than the amount reported in the filing that is being amended, provide an explanation of why an amended filing is necessary:

19 Disaster Relief - Complete this item only if this filing is subject to an extended due date per PBGC's disaster relief announcement.

- a Identifying number of applicable IRS Disaster Relief News Release (e.g., CA-2021-01): _____
- b Is the plan administrator's address (i.e., address reported in item 2) in the disaster area covered by the applicable IRS News Release? ☐ Yes ☐ No
- c Complete this item only if item 19b is "No". Enter the information below as it relates to the person affected by the disaster.
(1) Name _____ (2) Role _____
(3) Address line 1 _____
(4) Address line 2 _____
(5) City _____ (6) State _____ (7) Zip _____

Part VII - Certifications

20 Certification of Plan Administrator - The plan administrator must sign and complete this item

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in the filing is true, correct and complete and has been determined in accordance with PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name DAVID JENSEN Last name _____
davidj@associated-admin.com (410) 254-9469 ext _____
E-mail address Telephone
ELECTRONICALLY SIGNED 10/11/2023
Signature Date

21 Certification of Enrolled Actuary - An enrolled actuary must sign and complete this item unless the plan is (1) a multiemployer plan, (2) exempt from the variable-rate premium, or (3) eligible for the small employer cap, paying the maximum VRP and not reporting the uncapped VRP.

I certify under penalty of perjury, to the best of my knowledge and belief, that the variable-rate premium information in the filing is true, correct and complete and has been determined in accordance with PBGC's premium regulations and instructions; except that if the premium funding target is estimated, the estimate is reasonable, takes into account the most current information available to me and has been determined in accordance with generally accepted actuarial principles and practices.

Name of person signing: First name _____ Last name _____
_____ ext _____
Firm Telephone
_____ Enrollment number
E-mail address
_____ Date
Signature

Appendix

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General Plan Information: Form 5500 Explanation

Miscellaneous Information: Explanation for cessation of covered status

Miscellaneous Information: Accrual Freeze Explanation

Miscellaneous Information: Amended Filing Explanation

Appendix

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