

**SCHEDULE A
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Insurance Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA).▶ **File as an attachment to Form 5500.**▶ Insurance companies are required to provide the information
pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022**This Form is Open to Public
Inspection**For calendar plan year 2022 or fiscal plan year beginning SCH_A_PLAN_YEAR_BEGIN_DATE and ending SCH_A_PLAN_YEAR_END_DATE**A** Name of plan**B** Three-digit
plan number (PN) ▶SCH_A_PLAN_NUM**C** Plan sponsor's name as shown on line 2a of Form 5500**D** Employer Identification Number (EIN)SCH_A_EIN**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.**1** Coverage Information:**(a)** Name of insurance carrierINS_CARRIER_NAMEINS_CARRIER_NAIC_CODEINS_PRSN_COVERED_EOY_CNT**(b)** EIN**(c)** NAIC
code**(d)** Contract or
identification number**(e)** Approximate number of
persons covered at end of
policy or contract year

Policy or contract year

(f) From**(g)** ToINS_CARRIER_EININS_CONTRACT_NUMINS_POLICY_FROM_DATEINS_POLICY_TO_DATE**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in
descending order of the amount paid.**(a)** Total amount of commissions paidINS_BROKER_COMM_TOT_AMT**(b)** Total amount of fees paidINS_BROKER_FEES_TOT_AMT**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paidSee Next Page**(b)** Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount**(d)** Purpose**(e)** Organization code**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid**(b)** Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount**(d)** Purpose**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Table: Efast_09.F_Sch_A_part1_2009

ACK_ID
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ROW_ORDER

ROW_ORDER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INS_BROKER_NAME	INS_BROKER_US_ADDRESS1	INS_BROKER_US_STATE	INS_BROKER_FOREIGN_ADDRESS2
INS_BROKER_FOREIGN_CNTRY	INS_BROKER_US_ADDRESS2	INS_BROKER_US_ZIP	INS_BROKER_FOREIGN_CITY
INS_BROKER_FOREIGN_POSTAL_CD	INS_BROKER_US_CITY	INS_BROKER_FOREIGN_ADDRESS1	INS_BROKER_FOREIGN_PROV_STATE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_AMT	INS_BROKER_FEES_PD_AMT	INS_BROKER_FEES_PD_TEXT	INS_BROKER_CODE

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **PENSION_EOY_GEN_ACCT_AMT**

5 Current value of plan's interest under this contract in separate accounts at year end **PENSION_EOY_SEP_ACCT_AMT**

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **PENSION_BASIS_RATES_TEXT**

b Premiums paid to carrier **PENSION_PREM_PAID_TOT_AMT** **6b**

c Premiums due but unpaid at the end of the year **PENSION_UNPAID_PREMIUM_AMT** **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **PENSION_CONTRACT_COST_AMT** **6d**

Specify nature of costs ▶

ALLOC_CONTRACTS_INDIV_IND **PENSION_COST_TEXT**

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity **ALLOC_CONTRACTS_GROUP_IND**

(3) ☐ other (specify) ▶ **ALLOC_CONTRACTS_OTHER_TEXT**

ALLOC_CONTRACTS_OTHER_IND

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐ **PENS_DISTR_BNFT_TERM_PLN_IND**

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarant **UNAL_CONTRAC_IMM_PART_GUAR_IND**

(3) ☐ guaranteed investment (4) ☐ other **UNALLOC_CONTRACTS_OTHER_IND**

UNAL_CONTRACTS_GUAR_INVEST_IND

UNALLOC_CONTRACTS_OTHER_TEXT

UNALLOC_CONTRACTS_DEP_ADM_IND

b Balance at the end of the previous year **PENSION_END_PREV_BAL_AMT** **7b**

c Additions: (1) Contributions deposited during the year **7c(1)** **PENSION_CONTRIB_DEP_AMT**

(2) Dividends and credits **7c(2)** **PENSION_DIVND_CR_DEP_AMT**

(3) Interest credited during the year **7c(3)** **PENSION_INT_CR_DUR_YR_AMT**

(4) Transferred from separate account **7c(4)** **PENSION_TRANSFER_FROM_AMT**

(5) Other (specify below) **7c(5)** **PENSION_OTHER_AMT**

▶ **PENSION_OTHER_TEXT**

(6) Total additions **PENSION_TOT_ADDITIONS_AMT**

d Total of balance and additions (add lines **7b** and **7c(6)**) **PENSION_TOT_BAL_ADDN_AMT**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** **PENSION_BNFTS_DSBRSD_AMT**

(2) Administration charge made by carrier **7e(2)** **PENSION_ADMIN_CHRG_AMT**

(3) Transferred to separate account **7e(3)** **PENSION_TRANSFER_TO_AMT**

(4) Other (specify below) **7e(4)** **PENSION_OTH_DED_AMT**

▶ **PENSION_OTH_DED_TEXT**

(5) Total deductions **7e(5)** **PENSION_TOT_DED_AMT**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** **PENSION_EOY_BAL_AMT**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- ☐ **a** Health (other than dental or vision) ☐ **b** Dental ☐ **c** Vision ☐ **d** Life insurance
☐ **e** Temporary disability (accident and sickness) ☐ **f** Long-term disability ☐ **g** Supplemental unemployment ☐ **h** Prescription drug
☐ **i** Stop loss (large deductible) ☐ **j** HMO contract ☐ **k** PPO contract ☐ **l** Indemnity contract
☐ **m** Other (specify) ▶ **WLFR_TYPE_BNFT_OTH_TEXT**

9 Experience-rated contracts:

- a** Premiums: (1) Amount received..... **9a(1)** **WLFR_PREMIUM_RCVD_AMT**
 (2) Increase (decrease) in amount due but unpaid **9a(2)** **WLFR_UNPAID_DUE_AMT**
 (3) Increase (decrease) in unearned premium reserve **9a(3)** **WLFR_RESERVE_AMT**
 (4) Earned ((1) + (2) - (3)) **9a(4)** **WLFR_TOT_EARNED_PREM_A**
- b** Benefit charges (1) Claims paid..... **9b(1)** **WLFR_CLAIMS_PAID_AMT**
 (2) Increase (decrease) in claim reserves..... **9b(2)** **WLFR_INCR_RESERVE_AMT**
 (3) Incurred claims (add (1) and (2))..... **9b(3)** **WLFR_INCURRED_CLAIM_AMT**
 (4) Claims charged..... **9b(4)** **WLFR_CLAIMS_CHRGD_AMT**
- c** Remainder of premium: (1) Retention charges (on an accrual basis) --
 (A) Commissions **9c(1)(A)** **WLFR_RET_COMMISSIONS_AMT**
 (B) Administrative service or other fees **9c(1)(B)** **WLFR_RET_ADMIN_AMT**
 (C) Other specific acquisition costs..... **9c(1)(C)** **WLFR_RET_OTH_COST_AMT**
 (D) Other expenses **9c(1)(D)** **WLFR_RET_OTH_EXPENSE_AMT**
 (E) Taxes..... **9c(1)(E)** **WLFR_RET_TAXES_AMT**
 (F) Charges for risks or other contingencies **9c(1)(F)** **WLFR_RET_CHARGES_AMT**
 (G) Other retention charges..... **9c(1)(G)** **WLFR_RET_OTH_CHRG_AMT**
 (H) Total retention..... **9c(1)(H)** **WLFR_RET_TOT_AMT**
 (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)..... **9c(2)** **WLFR_REFUND_AMT**
- d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... **9d(1)** **WLFR_HELD_BNFTS_AMT**
 (2) Claim reserves..... **9d(2)** **WLFR_CLAIMS_RESERVE_AMT**
 (3) Other reserves..... **9d(3)** **WLFR_OTH_RESERVE_AMT**
- e** Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... **9e** **WLFR_DIVNDS_DUE_AMT**

10 Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier..... **10a** **WLFR_TOT_CHARGES_PAID_AMT**
- b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy other than reported in Part 1, line 2 above, report amount. **10b** **WLFR_ACQUIS_COST_AMT**
 Specify nature of costs. **WLFR_ACQUIS_COST_TEXT**

Part IV Provision of Information**INS_FAIL_PROVIDE_INFO_IND**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

INS_FAIL_PROVIDE_INFO_TEXT, specify the information not provided. ▶

WLFR_BNFT_HEALTH_IND	WLFR_BNFT_LIFE_INSUR_IND	WLFR_BNFT_UNEMP_IND	WLFR_BNFT_HMO_IND
WLFR_BNFT_DENTAL_IND	WLFR_BNFT_TEMP_DISAB_IND	WLFR_BNFT_DRUG_IND	WLFR_BNFT_PPO_IND
WLFR_BNFT_VISION_IND	WLFR_BNFT_LONG_TERM_DISAB_IND	WLFR_BNFT_STOP_LOSS_IND	WLFR_BNFT_INDEMNITY_IND
			WLFR_BNFT_OTHER_IND