

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1987</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1987</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HEALTH NEW ENGLAND, INC.</u> <u>280 CHESTNUT STREET</u> <u>SPRINGFIELD, MA 01199</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-2864973</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>413-794-7700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524140</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-2864973</u>	2c Plan Sponsor's telephone number <u>413-794-7700</u>	2d Business code (see instructions) <u>524140</u>	
2b Employer Identification Number (EIN) <u>04-2864973</u>					
2c Plan Sponsor's telephone number <u>413-794-7700</u>					
2d Business code (see instructions) <u>524140</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2022	SUZANA ORTIZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2022	SUZANA ORTIZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	519
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	379
a(2) Total number of active participants at the end of the plan year		6a(2)	398
b Retired or separated participants receiving benefits.....		6b	14
c Other retired or separated participants entitled to future benefits		6c	132
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	544
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	544
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	533
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2F 2G 2K 3D 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department 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 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH NEW ENGLAND, INC.	D Employer Identification Number (EIN) 04-2864973

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 carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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) To
04-1590850	65935	MR 60677	544	01/01/2021	12/31/2021

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 paid	(b) Total amount of fees paid
0	0

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 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	

(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	

(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 **4** 8157475**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **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. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**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 guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 8909058**c** Additions: (1) Contributions deposited during the year **7c(1)** 265165
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 156994
(4) Transferred from separate account..... **7c(4)** 0
(5) Other (specify below) **7c(5)** 61455
▶ LN INT, LN PRIN, LOAN DEFAULT, ROLL(6) Total additions **7c(6)** 483614**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 9392672**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1031604
(2) Administration charge made by carrier..... **7e(2)** 3730
(3) Transferred to separate account..... **7e(3)** 193107
(4) Other (specify below) **7e(4)** 6756
▶ LN DISTRIB(5) Total deductions **7e(5)** 1235197**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 8157475

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) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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 I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH NEW ENGLAND, INC.	D Employer Identification Number (EIN) 04-2864973	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 60 62 64 72	CONTRACT ADMINISTRATOR	32525	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

INVESCO

93-6305075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PIMCO FUNDS

95-2632339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

T. ROWE PRICE

52-1151266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

THE HARTFORD

41-6009937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VANGUARD

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

VANGUARD

23-1999755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

VANGUARD

23-1899003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VANGUARD

23-2311358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

WESTWOOD

04-1983910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAPITAL PRESERVATION ACCOUNT 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WESTWOOD QUALITY SMALLCAP FUND 04-1983910	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSMUTUAL TOTAL RETURN BOND FUND 27-2377446	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MILLENNIUM TRUST COMPANY, LLC 36-4400066	REFERRAL FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MARKETS FUND 93-6305075	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO ALL ASSET FUND 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP INSTL LRG CAP CORE GR F D 52-1151266	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE HARTFORD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD SCHRODER INTL MLTCP VAL FD 41-6009937	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD EQUITY-INCOME FUND	BASIS POINTS * PLAN ASSETS	
23-1945930		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INSTITUTIONAL INDEX FUND	BASIS POINTS * PLAN ASSETS	
23-1945930		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TOTAL BOND MRKT INDEX FUND	BASIS POINTS * PLAN ASSETS	
23-1945930		

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TOTAL INTL STOCK INDEX FD 23-1945930	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SMALL CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INFLATION-PROTECTD SECS FD 23-1899003	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED VANGUARD INSTL TARGET R 23-2311358	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLOSED VANGUARD INSTL TRGT RET 23-2311358	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT 2015 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT 2020 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT 2025 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT 2030 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TARGET RETMNT 2035 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TARGET RETMNT 2040 FD 23-2311358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD TARGET RETMNT 2045 FD 23-2311358	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT 2050 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT 2055 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TARGET RETMNT INCM FD 23-2311358	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WESTWOOD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WESTWOOD QUALITY SMALLCAP FUND 04-1983910	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH NEW ENGLAND, INC.	D Employer Identification Number (EIN) 04-2864973	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1012843	908070
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68428424	80435059
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8909058	8157475
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	78350325 89500604
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	166565
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 166565
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	78350325 89334039

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1940674
	(B) Participants	2a(1)(B)	3136769
	(C) Others (including rollovers).....	2a(1)(C)	939681
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6017124
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	61753
	(F) Other	2b(1)(F)	157864
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	219617
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	0
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2431733
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2431733
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6570337
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		15238811
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4221303	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4221303
f Corrective distributions (see instructions).....	2f		1269
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	30459	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	2066	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32525
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4255097
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		10983714
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MEYERS BROTHERS KALICKA, P.C.

(2) EIN: 04-2713795

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HEALTH NEW ENGLAND 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH NEW ENGLAND, INC.		D Employer Identification Number (EIN) 04-2864973
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**Web Client Plan Sponsor Guide
for
Form 5500/Form 8955-SSA**

Index

Overview.....	Page 2
Browser Support	Page 2
Notification of Form 5500/Form 8955-SSA Availability	Page 2
Web Client Log On	Page 3
Sample Notification E-mails.....	Page 3
Profile Settings	Page 6
Navigating to Your 5500 and Form 8955-SSA on Web Client	Page 7
Plan Summary Page	Page 7
Viewing and Editing Form 5500 and Schedules and/or Form 8955-SSA.....	Page 9
Locked Forms	Page 10
Editing Form 5500/Form 8955-SSA	Page 12
Uploading Attachments	Page 13
Viewing Attachments	Page 15
E-Filing Form 5500 Steps	Page 16
Form 5500 Status History	Page 18
Form 5500 Status	Page 21
Amending EFAST Form 5500	Page 22
Late Form 5500 Filing-Delinquent Filer Voluntary Compliance Program- DFVCP.....	Page 22
E-Filing Form 8955-SSA Steps	Page 23
Form 8955-SSA Filing Status on Web Client	Page 25
Printing Form 5500 and Form 8955-SSA	Page 26
Business Codes	Appendix A
Registering for EFAST Credentials	Appendix B
Summary Annual Report (SAR)	Appendix C

Overview

Web Client is a web based application you will use to access your Form 5500, including all schedules, Form 5558-Extension, Form 8955-SSA (if applicable), and the Summary Annual Report (SAR). You will be able to make revisions to forms and schedules, add attachments, and E-File both the Form 5500 and Form 8955-SSA right from Web Client. You will receive an email notification, from Web Client, once the filings have been published to the website and are available for your review.

Browser support

Google Chrome

Notification of Form 5500/Form 8955-SSA Availability

Once the Form 5500 and Form 8955-SSA (if applicable) are published to Web Client, you will receive an email notification from Web Client, informing you that your Form 5500 and Form 8955-SSA, if applicable, is available for review. All contact email addresses, previously provided by you, will be sent this notification to access the Form 5500 and Form 8955-SSA on Web Client. Please note the Social Security Numbers, which appear on the Form 8955-SSA, will be masked on the website for confidentiality. When the Form 8955-SSA is submitted to the IRS, they will receive the information in the appropriate format. Email notifications will be sent, from Web Client, in the event that you have not yet filed your Form 5500 and Form 8955-SSA (if applicable), reminding you of the approaching deadline.

To ensure the email notification is successfully received in your inbox, add Messaging@sgc02.com email address to your contact list.

Web Client Log on

In the email notifications you will be provided with a link to access Web Client. Click on or copy and paste that link into your internet browser. The email notifications will also provide you with a unique User ID. If you have previously used Web Client, your User ID and Password will remain the same year to year. If you forgot your password, click on the Forgot Password link. You will receive an e-mail with instructions on how to reset your password.

Below is a sample notification of the e-mail that you will receive:

Dear Valued Client:

We are pleased to provide you with the Form 5500 and all applicable schedules as well as the Form 8955-SSA, if applicable, for the plan year beginning 01/01/2019 and ending 12/31/2019 for ABC Plan. We have published the forms and schedules on a secure website (i.e. Web Client) where you can view, edit, print, and electronically file (E-File) with the appropriate agency. We have prepared the most appropriate Form and/or Schedules based on your plan's characteristics

The URL listed below is the link to Web Client. Click or cut and paste the URL into your browser to access Web Client.

<https://www.sgc02.com/5500Client/Home.aspx?id=323337-2885C9478C2D2EBA>

Enter your User Name: [UserName] and Password

If you are new to Web Client, you will receive a second email providing a secure link so that you may establish your password and security questions.

Please note if the Web Client application was used last year, your User Name and Password are the same. If you have forgotten your password, please click "Forgot your password?" on the login page. You will receive a second email with a secure link where you will be directed to a site to answer your security questions and reset your new password.

If you have further questions, please refer to your Web Client User Guide, located on our Plan Sponsor website or contact your representative.

Thank you.

Below is a sample notification of the e-mail that new users and users that forgot their password will receive:

You recently requested a reset of your password, in order to access your account to review, sign, and e-File your annual return (Form 5500). If you did not request this action, please contact your Form 5500 Preparer.

You may reset your password by clicking on the following link (or cutting and pasting this link in your browser):

https://urldefense.proofpoint.com/v2/url?u=https-3A_www.sgc02.com_5500Client_site_security_resetpassword-3Fuid-3D383830333235-2D822C39293CD7B34E-26id-3D323337-2D2885C9478C2D2EBA-26info-3DCYJBXKiEzB0Ep-252BpgJ51GQ4ICKzhK62ib2ATnBH9jtc-252B9Mt2EVVE560FMqfWvTCfgOObcEQqbiE-252BTXRs7t-252FRLU4dJ1D9ockusArQvSG4trCHVIFJgze36ZEdErucB8q6VSWEGxReEfBhFpPEQqTAjLyIXCo-253D&d=DwIFAg&c=BX7Y4KpGhcDnlsrgHKqkbfoiiDvjhxwuYUpcrPD7xrE&r=pcDChwVyzB5gSl3z9cRSsxyqXb6UKk8ahLd2PEN84s&m=Z8R7Ryc6k4NNtw0mazlbyYW7WbhtKti83G4aHcg7DaM&s=70-8FycVo82lM11Ik6LFm6oo58JRXQTE3c_AoKQYt9g&e=

This e-mail is coming from an unattended e-mail account, but if you have questions regarding your annual return please contact your Form 5500 Preparer.

Thank you.

Enter your User Name and Password and click the “Log In” button.

FIS | Relius Government Forms

User Name Password Log In

Relius Government Forms ASP is an interactive online solution for the completion of Form 5500 and other related government forms and schedules.

- ✓ Secure e-delivery of your documents
- ✓ Easy collaboration with your service provider
- ✓ EFAST2 Certified
- ✓ Electronic Filing Enabled

www.fisglobal.com

© 2016 FIS

Trademark information FIS, the FIS logo and Relius are registered trademarks of FIS or its subsidiaries in the U.S.

You will be required to complete the below security questions:

Web Client

Update Your Password

Password: *

Verify Password: *

Security Questions

Security Question 1

What is your favorite color?

*

Security Question 2

What is the name of your favorite sports team?

*

Security Question 3

What is the name of your favorite movie?

*

[Privacy/Legal
Notice](#)

Profile Settings

If you need to make changes to your User Profile, select the Welcome link on the top of the screen.



There will be 4 tabs displayed:

User Profile - Update E-mail address, First Name and Last Name

User Settings - Not applicable

Security Settings - Change password and security questions

I REG Credentials - This tab will allow the Plan Administrator and/or Plan Sponsor to save their EFAST credentials so they will be available when electronically signing the Form 5500. Please note, saving EFAST credentials, to Web Client, is optional.

The image shows a screenshot of the 'User Information' form. At the top, there are four tabs: 'User Profile', 'User Settings', 'Security Settings', and 'I REG Credentials'. These tabs are circled in red. Below the tabs, the form is titled 'User Information'. It contains four input fields: 'Username:', 'Email Address:', 'First Name:', and 'Last Name:'. Each field has an asterisk (*) to its right, indicating it is a required field. Below the fields, there is a red italicized note: '* Fields denoted with an asterisk are required'. At the bottom of the form, there are two buttons: 'Update' and 'Close'.

To save any changes made to any tab, click the “Update” button.

Navigating to Your Form 5500 and Form 8955-SSA on Web Client

Once logged into Web Client, the Plan Selection page will be displayed. Plan Selection is displayed as the first page whenever logging into Web Client.

To view the details of the Form 5500 and/or your Form 8955-SSA, click the name of your plan (in blue) to proceed to the Plan Summary for the selected plan.

To view plans for a certain form year, click the “Form Year” dropdown in the upper right of the screen and select the desired form year. The form year is the year the Form 5500 and Form 8955-SSA (if applicable) is being filed.

Plan Name	EIN	Plan #	Plan Year End Date	Form Status	EFAST Filing Status	8955-SSA Status
Cellphone Repair Company 401(k) Profit Sharing	129999987	001	12/31/2016	Published	Not Filed	Not Filed

Plan Summary Page

A copy of the Plan Summary page is below. The page is divided into 4 sections.

Status Information provides the Form Status and Filing Status of the Form 5500 and the Form 8955-SSA, if applicable.

Instructions provide additional information for each page in Web Client.

E-File will bring you to filing wizards to guide you through the electronic signing and filing. Do not click on these links until you are ready to file your plan’s Form 5500 or Form 8955-SSA, when applicable. Please note the only E-File options listed will be the filings that are currently available to be electronically submitted.

Links allows you to view, which includes editing the plan, print, and view the status history.

You may always return to the Plan Selection page by clicking on the picture of this icon , located right the top left side of the screen. You may also click on the picture of this icon  to bring up the guide from Web Client. That icon is located on the top right of the screen.



Web Client

Plan Summary Cellphone Repair Company 401(k) Profit Sharing

EIN: 12-9999987 Plan #: 001 Plan ID: 9999-9 Plan Year End: 12/31/2016 Form Year: 2016 Plan Year: 2016

Status Information

Form	Form Status	Filing Status
5500 Package	Published	Not Filed

Instructions

This is the Plan Summary page. To the right of this page you will see several features you may access.

E-File Section

If you are ready to file your Form 5500 and/or your Form 8955-SSA, if applicable, select the appropriate item in the E-File section.

Selecting "File EFAST Forms" will start the filing wizard to file your Form 5500.

Selecting "File 8955-SSA" will start the filing wizard to file your Form 8955-SSA.

Links Section

View Plan - Click on this link to view all of the forms and attachments included with your Plan's Form 5500. You may edit the Form 5500 schedules and attachments, as well as the Form 8955-SSA from this link

Print Plan - Click on this link to print any or all forms and attachments. The print function is also available when filing or viewing the form and schedules.

View Status History - This is for informational purposes only. It provides the current status of the Form 5500 and Form 8955-SSA, if applicable.

E-File

File EFAST Forms

Electronically file your 5500 return (EFAST)

Links

View Plan

View forms and attachments in the filing

Print Plan

Print forms and attachments in the filing

Review Complete

Locks forms and sends email to preparer that forms are finished

View Status History

View history of the plan

Viewing-Editing your Form 5500, Schedules and/or Form 8955-SSA

Under the Links section, click on “View Plan” to review your plan’s 5500 forms, schedules and attachments included in the plan, as well as the Form 8955-SSA.

The screen below will be displayed. Under the “Actions” column click “View” on the desired form to load it for your review.

Choosing “Edit” under the “Actions” column will load the form for your review and will also allow you to make any necessary changes.

If any attachments have been uploaded, those will also be displayed in the Attachment section of this document. Uploading Attachments is addressed on page 13.

Plan Details The ABC Company 401(k) Plan

EIN: 12-3456789 Plan #: 001 Plan Year End: 12/31/2013 Form Year: 2013 Plan Year: 2013

Forms

☐ Print	Forms	Name	Actions
☐	Plan Info		View Edit
☐	5500		View Edit
☐	5500 Sch. I		View Edit
☐	8955-SSA		View Edit

Attachments [Add New EFAST Attachment](#) [Add Other Attachment](#)

Select	Type	Form/Schedule	Item #	Description	Size
No records to display.					

Instructions

This screen is used to view, print, and edit all of the Forms and attachments in the plan. You can view and edit your filing using the links in the Actions column. You can also print the forms by selecting them in the first column and clicking on the Print button.

To view the attachments, select the attachment and click on the View button in the Attachments section. The attachment will open in the appropriate application on your computer. You can view it, save it to your computer, and print it. To replace one of the EFAST or Other attachments, click on the attachment to select it, click the Update button, and click OK in the dialog box to confirm you want to replace the attachment. In the next screen, go to the bottom section and click on the Choose File button to browse to the document you want to use. Select the document and click on the Open button. Finally, click on the Upload button to replace the original file with the selected file and return to the Plan Details screen. You can delete EFAST2 and Other attachments by selecting the attachment and then clicking on the Delete button.

You will see an Add New Attachment button on the right. Click this button if you need to add attachments to the plan and a new screen will open. Select the EFAST radio button if the attachment is one of the predefined EFAST attachments (i.e. Accountant's Opinion). Click on the Select EFAST Attachment dropdown box to see a list of available EFAST attachments for this plan and select the appropriate attachment. Go to the bottom section to choose the file to attach and upload it.

Once you have finished working with the Forms and attachments, click on the Close button in the bottom right corner of this page to return to the Plan Summary page.

Locked Forms

Please note: A closed red lock (🔒) indicates that a form is locked and someone else is viewing this Form. Forms are locked to prevent multiple people from editing a single form at the same time. The open yellow lock (🔓) indicates that a form is unlocked and can be viewed and/or edited.

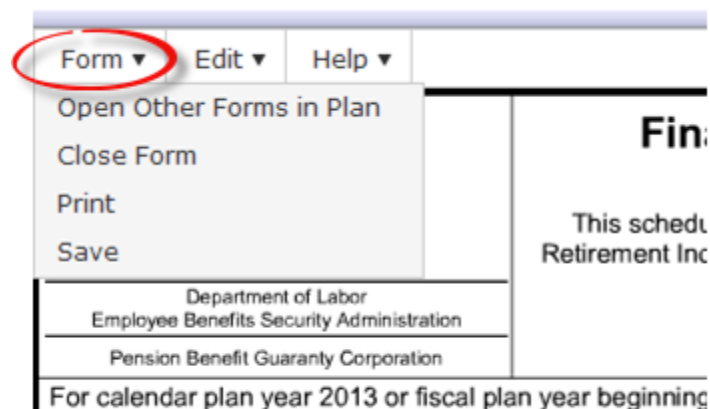
Forms					
☐ Select	Form Type	Name	Plan Year		Published
☐	5500		2013	🔓	Yes
☐	5500 Sch. A	multiple 5500 schedule a 001	2013	🔓	Yes
☐	5500 Sch. D		2013	🔒	Yes
☒	5500 Sch. I		2013	🔓	Yes
☐	5500 Sch. R		2013	🔓	Yes

Click on Form Type to open form

When the form/schedule loads, three tabs will be shown on the top left side of the document (see below), Form, Edit, and Help. The lists can be accessed by hovering over the tab. Whether in “View” mode or “Edit” mode these tabs are the same. Below is the list of dropdowns and a brief explanation of their function.

Form

- Open Other Forms in Plan-will bring you back to the previous screen, to open a different form.
- Close Form-this action will bring you back to the home page, Plan Summary.
- Print - Print the Form or Schedule
- Save Form - Allows you to save any edits made to the specific Form type



Edit:

- View Flagged Fields- this will not be used
- Go To/Line Page-a pop-up box will appear where you will be able to direct where on the form you would like to go

A screenshot of a software interface showing a menu bar with 'Form', 'Edit', and 'Help'. The 'Edit' menu is open, displaying two options: 'View Flagged Fields' and 'Go to Line/Page'. The 'Edit' menu item is circled in red. Below the menu bar, the text '(Form 5500)' is visible, followed by 'Department of the Treasury Internal Revenue Service' and 'Department of Labor Employee Benefits Security Administration'. To the right, the text 'This Retiree' is partially visible.

Help:

- User Guide (TOC) –Guide from Web Client
- IRS/PBGC Instructions
- IRS/PBGC Instructions for Current Field- if you have a question about a particular line item
- Form Specific Notes- notes that may pertain to the particular schedule you are trying to edit.

A screenshot of a software interface showing a menu bar with 'Form', 'Edit', and 'Help'. The 'Help' menu is open, displaying four options: 'User Guide (TOC)', 'IRS/PBGC Instructions', 'IRS/PBGC Instructions for Current Field', and 'Form Specific Notes'. The 'Help' menu item is circled in red. Below the menu bar, the text 'SCHE (Form' is visible, followed by 'Department of Internal Revenue' and 'Department of Labor Employee Benefits Security Administration'. To the right, the text 'Inform' is partially visible. Below the menu bar, the text 'For calendar plan year 2013 or fiscal plan year beginning' is visible, followed by a blue box containing '01/01/2013'. At the bottom, the text 'A Name of plan' is visible.

Editing Form 5500/Form 8955-SSA

Please follow the instructions below to make your changes.

The screen shot below shows an example of a Form 5500 in edit mode. Information that is highlighted may only be revised by your representative.

Form ▾ Edit ▾ Help ▾		Last Saved: 10:49 AM	
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	
		2013	
		This Form is Open to Public Inspection	
For calendar plan year 2013 or fiscal plan year beginning		01/01/2013	and ending 12/31/2013
A Name of plan		B Three-digit plan number (PN) ►	
The ABC Company 401(k) Plan		001	
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	
ABC Company		12-3456789	
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.			
Part I Small Plan Financial Information			
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.			
1 Plan Assets and Liabilities:		(a) Beginning of Year	
a Total plan assets.....		1a	(b) End of Year
			1,050
b Total plan liabilities.....		1b	
c Net plan assets (subtract line 1b from line 1a).....		1c	1,050
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	
a Contributions received or receivable:		(b) Total	
(1) Employers		2a(1)	
(2) Participants.....		2a(2)	
(3) Others (including rollovers)		2a(3)	
b Noncash contributions.....		2b	
c Other income.....		2c	50

To edit a line item that is not highlighted, click on the line and enter your changes. To save your changes, select Save, under the “Form” tab. You will receive a pop-up message stating the Form was saved successfully.

To edit other forms and schedules, or review attachments to any of the forms and schedules, select ‘Open Other Forms in Plan’ under the “Forms” tab.

Uploading Attachments

Attachments may be required as part of your Form 5500 filing, including possible attachments to the Schedules C-Service Provider Information, Schedule H-Financial Information, Schedule I-Financial Information-Small Plan, SB/MB-Defined Benefit Actuarial Information, and Schedule R-Retirement Plan Information. Attachments are always needed if the plan requires an audit.

When loading attachments they must be identified as either “EFAST attachments” or “Other” attachments. Required attachments are generally considered “EFAST” attachments and must be labeled as such. A list of “EFAST” attachments will be displayed based on responses to certain questions on certain forms. “EFAST” attachments for the audit will not be displayed until the Accountant’s Opinion section of the Schedule H-Financial Information is completed.

Some of the more common attachments necessary for the Audit, include

- Accountant’s Opinion
- Audited Financials
- Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
- Schedule of Assets (Acquired and Disposed of Within Year) (Schedule H, Line 4i)
- Schedule of Reportable Transactions (Schedule H, Line 4j)
- Schedule of Delinquent Contributions (Schedule H, Line 4a)

Although attachments for disclosures for the Schedule C are also common, they are not considered “EFAST” attachments and must be loaded as “Other” attachments.

These attachments could include attachments for:

- Formula Description and/or EIC Statement Description
- Supplemental Soft Dollar disclosure

It is the Plan Sponsor’s responsibility to upload the required attachments. Before attempting to upload the attachment, please be aware of the limitations on the file that will be attached.

- Important: The file cannot have any security or password on the file. If either is detected, the attachment will cause the filing to error out. However, Web Client will allow the attachment to be loaded, as this application does not check if security or passwords are present.
- Web Client enforces a 15 megabyte (MB) individual attachment size limit on plan attachments.
- File types for EFAST Specific Attachments will be restricted to the following: *.PDF
- File types for Other Attachments will be restricted to the following: *.PDF

To add an attachment, click on the “Add New EFAST Attachment” or “Add Other Attachment”, depending on the type of attachment (discussed above), which needs to be uploaded.

Plan Details The ABC Company 401(k) Plan

EIN: 12-3456789 Plan #: 001 Plan Year End: 12/31/2013 Form Year: 2013 Plan Year: 2013

Forms

☐ Print	Forms	Name	Actions
☐	Plan Info		View Edit
☐	5500		View Edit
☐	5500 Sch. I		View Edit
☐	8955-SSA		View Edit

Attachments

[Add New EFAST Attachment](#) [Add Other Attachment](#)

Select	Type	Form/Schedule	Item #	Description	Size
No records to display.					

If you are adding an EFAST attachment, a list of attachments that are applicable to your plan’s filing, will be displayed, as shown below. Click the box next to the name of the attachment and then click on “Choose File”, locate the document and click the “Upload” button. If the attachment that you are trying to upload is not one of available attachments, it could be that the attachment is not an EFAST attachment, or the appropriate field on the schedule is not completed correctly.

Add EFAST Attachment The ABC Company 401(k) Plan

EIN: 12-3456789 Plan #: 001 Plan Year End: 12/31/2013 Form Year: 2013 Plan Year: 2013

Attachment

Select attachment by clicking anywhere in the row

	Form	Item	Description	Name
☐	5500	Signature and Date	Copy of signed Form 5500/5500-SF e-signature option for service providers	
☐	5500	Administrative Penalties	Explanation of Reasonable Cause for Late Filing	
☐	5500	Administrative Penalties	Reasonable Cause for Late or Missing IQPA Report	
☐	5500	Welfare benefit plans with M-1 filing requirements	Form M-1 Compliance Information	
☐	5500 Sch. I	Line 4b	Accountants Opinion	
☐	5500 Sch. I	Line 4b	Financial statements used in formulating the IQPA's opinion	
☐	5500 Sch. I	Line 4a	Schedule of Delinquent Participant Contributions	
☐	5500 Sch. I	Line 4b	2520-104.50 Statement	

Select File to Upload

File selected to upload: No file chosen

If you need to upload an “Other Attachment”, instead of receiving a list of available attachments, you will need to identify the schedule the attachment it is related to and will need to provide brief description of the attachment, as shown in the example below. Please note that your representative will load the Schedule C-Service Provider attachment since we are using the alternative reporting method to report fees using a formula rather than actual dollar amounts.

Add Other Attachment
The ABC Company 401(k) Plan

EIN: 12-3456789
Plan #: 001
Plan Year End: 12/31/2013
Form Year: 2013
Plan Year: 2013

Attachment

Form or Schedule: None

Item #:

Description:
* Required Field

☐ Include in EFAST E-Filing

Select File to Upload

File selected to upload:
* Required Field
Choose File
No file chosen

Upload
Cancel

Close

If you need assistance uploading an attachment, please contact your Representative.

Viewing Attachments

To view the attachments that have been loaded to the filing, click **View Plan** from the links section on the Plan Summary page.

The attachments included will display in the attachment section. Each attachment will list the type of attachment, the Form/Schedule the attachment is associated with, and the description of the attachment. Select the checkbox and click on view to load the attachment.

Plan Details
The ABC Company 401(k) Plan

EIN: 12-3456789
Plan #: 001
Plan Year End: 12/31/2013
Form Year: 2013
Plan Year: 2013

Forms

☐ Print

Forms	Name	Actions
☐	Plan Info	View Edit
☐	5500	View Edit
☐	5500 Sch. I	View Edit
☐	8955-SSA	View Edit

Attachments
[Add New EFAST Attachment](#)
[Add Other Attachment](#)

Select	Type	Form/Schedule	Item #	Description	Size
☒	EFAST	5500 Sch. I	Line 4k	Accountants Opinion	

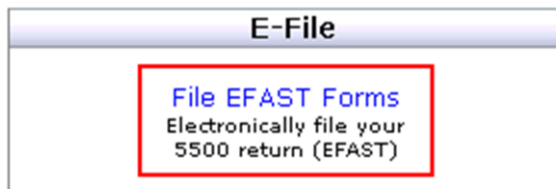
Instructions

E-Filing Form 5500 Steps

Please note: Once the 5500 has been transmitted to the DOL, you will not be able to make any edits to the Form 5500 and schedules; the filing will need to be amended to make any changes.

Before beginning the E-Filing process, be sure you have your EFAST signing credentials. If you do not yet have your signing credentials, please refer to Appendix C that will guide you through the process of obtaining your signing credentials. If you have credentials and you have misplaced or forgotten your PIN, you may also refer to the guide in Appendix C that also addresses information to retrieve your PIN.

To begin the electronic filing process, return back to the Plan Summary Screen and click “File EFAST Forms”. This will start the E-Filing wizard which will guide you through the four step process. Instruction panes, at the bottom of each screen, are available to assist you with each step of the filing.



Step 1 - Forms and Attachments

You will have the opportunity to review, edit, and print the available Forms/Schedules and the Attachments in this step before the filing is submitted to the DOL. Once you are ready to proceed, you will select ‘Next’ at the bottom of the screen.

1

2

3

4

Forms & Attachments

Validation

Signature(s)

E-File

Print

Forms	Name	Actions
☐	Plan Info	View Edit
☐	5500	View Edit
☐	5500 Sch. A schedule a 001	View Edit
☐	5500 Sch. C	View Edit
☐	5500 Sch. D	View Edit
☐	5500 Sch. H	View Edit
☐	5500 Sch. I	View Edit
☐	5500 Sch. R	View Edit

Print

Attachments

Add New EFAST Attachment

Add Other Attachment

Select	Type	Form/Schedule	Item #	Description	Size
☐	EFAST	5500 Sch. H	Part III	Accountants Opinion	

View

Update

Delete

Instructions

This is the first step to electronically filing your Form 5500 and Schedules. Once your Form 5500 has been reviewed and the appropriate edits made, select the Next button to proceed to the EFAST Validation step.

Previous

Cancel

Next

Step 2 – Validation

This step validates the Form, Schedules, and Attachments to be included in the filing. If there are any **errors**, these must be corrected before you proceed with the filing. Filing with known errors, will result in a rejected filing. Warnings should be addressed, but will more than likely allow the filing to be considered filed, but may need to be amended to correct the warning(s), if deemed necessary.

If you need to edit any schedules of the Form 5500 to correct errors, warnings, or make any other changes, you should select “cancel” to return to the main screen. After the corrections are made you will need to begin the filing wizard again and click thru Steps 1 and 2. If all errors or warning have been correctly revised, you will no longer see those errors or warnings.

Forms & Attachments Validation Signature(s) E-File

Page size: 10 1 items in 1 pages

Plan Name	Edit Test ID	Severity	Message
CTRS Sample Inc. 401(k) Plan	I-101SF	WARNING	Fail when ((the Submitted Date is greater than the original due date, unless Form 5500-SF, Part I, Line C Form 5558, automatic extension, DFVC, or special extension is checked) or (when the Submitted Date is greater than the original due date + 78 days and Form 5500-SF, Part I, Line C Form 5558 is checked unless Form 5500-SF, Part I Line C DFVC or special extension is checked)) and the filing is not an amended filing and reasonable cause is not attached.

Print

Instructions

During the second step of the filing process the plan is validated against the EFAST filing requirements. There were errors or warnings that were found in this plan. The errors and warnings are displayed in the list above. Proceed with correcting these error messages before e-filing as e-filing a plan containing errors or warnings may not be accepted by EFAST and may not count as fulfilling the filing requirement.

Previous Cancel Next

EFAST filing credentials are needed to complete this step. The credentials are the electronic credentials the Plan Administrator and Plan Sponsor signed up for on the EFAST website. If they lost or forgot their signing credentials, they should be directed to call the EFAST2 Help Line, toll-free at 1-866-GO-EFAST (1-866-463-3278) The EFAST2 Help Line is available Monday thru Friday, from 8:00am to 8:00pm EST.

Two different signers: If the Plan Administrator and Plan Sponsor are 2 different people, the first person will enter their credentials and click on “Agree and Save”. The next person will sign in with their User ID and Password, start the filing wizard, click thru Steps 1 and 2 to get to this step, enter their credentials, read the signing agreement, and accept by clicking on the “Signing Agreement” box and then click on “Agree and Transmit” to file the 5500.

[illegible]

Step 4 - E-File

Once the signatures are validated, the screen below will be displayed. The filing submission may take up to 24 hours to be successfully received at the DOL.

Select “Close” to return to the Plan Summary Page or close screen to exit.

The screenshot displays the 'E-File Results' screen. At the top, a progress bar shows four steps: 'Forms & Attachments', 'Validation', 'Signature(s)', and 'E-File', with the fourth step being the active one. Below this is a table with the following data:

Date	EIN	Plan #	Plan Id	Forms Status	Filing Status	User Name
12/31/2012	150988888	111		Completed	Submitted	tomhunsinger

Below the table, the 'E-File Results' section states: 'Your filing has been successfully submitted to the transmission queue at 12/31/2012 2:27 PM. Until such time that the filing is successfully transmitted to the Department of Labor the filing Status will be listed as Submitted. Please allow up to 24 hours for the filing to be transmitted. Click on Close to go back to the Plan Summary or click on Log Out to exit.'

The 'Instructions' section provides details on the filing process and status updates. At the bottom right, there is a 'Close' button.

If you also have a Form 8955-SSA to file, that form is submitted separately. Once you have successfully filed the Form 5500 you will receive the following prompt to file the Form 8955-SSA:

“You also have a Form 8955-SSA available to file with the IRS FIRE system. Click on the “Continue” button at the bottom right corner of the screen to file the 8955-SSA. If you want to file the form later click the “Close” button next to the “Continue” button, the home button in the top left corner of the screen to return to the Plan Summary page, or click on “Log Out” to end this session.”

Form 5500 Status History

Once EFAST2 receives your Form 5500, you will receive an e-mail notification indicating whether your submission was received and is ready to be processed by EFAST2. An update on your transmitted Form 5500 should be available within 20 minutes. The filing status message will include a list of filing errors or warnings, if any, that EFAST2 may have identified in your filing. These can be different than the errors or warnings received during the electronic filing process. EFAST2 has its own set of validations. During peak times, submissions may take longer than 20 minutes.

Selecting View Status History from the Plan Summary page brings up the history of all the status changes throughout the processing of the plan.



The 5500 Filing Statuses that are shown in blue, as you can see in the example below, will bring you to the “Submission Response” page.

⏪ ⏩ 1 2 ⏪ ⏩ Page size: 10			
User Name	Date	Status	5500 Filing Status
	4/15/2013	Edited & Printed	
	4/15/2013		Filing Received
	4/15/2013		Processing
	4/15/2013		Submitted
	4/15/2013		Signature Saved (Adm)
	4/15/2013	Edited	

The “Submission Response” will display an “Acknowledgement ID”. The “Acknowledgement ID” is the ID number issued by the DOL as a receipt of your plan’s Form 5500 filing. You may want to print a copy of this ID for your records.

The Submission Response page also shows your Submission Status. If a status other than “Filing Received” is displayed, your Form 5500 may not be considered filed. If you receive a status other than “Filing Received” you will need to view the errors or warnings indicated below the Submission Response box. The chart on the next page shows the possible Submission Status and what each status means.

Submission Response

Time:

5/6/2010 3:23:32 PM

Request ID:

11122455545654568455456

Acknowledgement ID:

4556568965656986856899988

Response ID:

556655456546554565456

Submission Status:

FILING_RECEIVED

The list of errors/warnings below were accepted at time of transmission:

No validations were reported.

Form 5500 Status

Refer to the chart below to determine if the Form 5500 status is considered complete, if the plan needs to be re-transmitted, or an amended filing needs to be completed. The chart summarizes the submission, filing statuses, and other actions you may need to take to complete the filing.

Source: <http://www.dol.gov/ebsa/faqs/faq-EFAST2.html>

Status	What It Means	Return/Report Considered A Filing?
Unprocessable Submission	EFAST2 was not able to process the submission or "envelope" a transmitter sent. There may be multiple returns/reports in a single submission. EFAST2 could not read or process any of the annual returns/reports in this submission. All returns/reports in this submission are considered not received by the Government.	No - This submission must be corrected and re-submitted.
Processing	EFAST2 is currently trying to read and process each of the annual return/reports in the submission. Annual returns/reports should not remain in this status for more than 20 minutes.	No - The annual return/report has not yet been processed. Please check the filing status at a later time to determine the annual return/report's processing outcome.
Filing Unprocessable	EFAST2 could not read this annual return/report. This annual return/report is not considered filed with the Government.	No - This annual return/report must be corrected and resubmitted.
Processing Stopped	EFAST2 could read this annual return/report but could not fully check the filing for errors because crucial information was not provided by the filer. This annual return/report must be corrected and resubmitted in its entirety as an amended filing.	Yes
Filing Error	EFAST2 discovered errors in the annual return/report information provided by the filer. This annual return/report must be corrected and resubmitted in its entirety as an amended filing.	Yes
Filing Received	EFAST2 either found no errors or only identified possible errors in the annual return/report information provided by the filer. If corrections are warranted, they should be made and the corrected filing resubmitted in its entirety as an amended filing.	Yes

Amending EFAST Form 5500

Once the Form 5500 has been submitted and accepted by the EFAST2 system, the “Amend EFAST Forms” option will automatically be enabled. If the 5500 was filed correctly, there is no need to do anything further.

Please follow the instructions below to make your changes. Select the “Amend EFAST Forms” option under E-File. A window message will be displayed stating “Do you wish to amend this filing? The Amended Return/Report selection on Part 1B of Form 5500/5500-SF will be selected”. Select ‘OK’ to continue.

Selecting “OK” will bring you back to the E-Filing wizard. You will then go back through the 4 steps to edit and submit the amended filing. See page 16 to go back through the E-Filing Form 5500 Steps.

The screenshot displays the EFAST2 system interface. On the left, a 'Status Information' table shows the '5500 Package' with a 'Finished' status and 'Processing Stopped' filing status. Below this is an 'Instructions' section with links for 'E-File Section' (File EFAST Forms, File 8955-SSA) and 'Utilities Section' (View Plan, Print Plan, Review Complete, View Status History). On the right, the 'E-File' section has a red-bordered button labeled 'Amend EFAST Forms' with the text 'Amend, sign and file your 5500 return (EFAST)'. Below that, the 'Links' section contains links for 'View Plan', 'Print Plan', and 'View Status History'. A modal dialog box is open in the center, titled 'The page at https://rgftest.reliuasp.com says:', asking 'Do you wish to amend this filing? The Amended Return/Report selection on Part 1B of Form 5500/5500-SF will be selected.' with 'OK' and 'Cancel' buttons.

Form	Form Status	Filing Status
5500 Package	Finished	Processing Stopped

Instructions

This is the Plan Summary page. Above this panel you can see several features you can access. Do not see all of the features listed below.

E-File Section

File EFAST Forms - This link will open a wizard to signing and filing them electronically to EFAS can access in this filing process.

File 8955-SSA - This link will open a wizard to process to the IRS FIRE system.

Utilities Section

View Plan - Click on this link to view all of the forms in the plan and its attachments. This is the quick way to see the plan if you just want to view and edit the documents.

Print Plan - Click this link to print the plan and its attachments. If you just need to print, this is the place to go. You can also print the plan when filing or viewing the plan.

Review Complete - If you needed to edit the plan and have completed your editing, click here to lock the plan for further editing and notify your Preparer that you have finished.

View Status History - Click here to view a history of the plan's progress toward filing.

E-File

Amend EFAST Forms
Amend, sign and file your 5500 return (EFAST)

Links

View Plan
View forms and attachments in the filing

Print Plan
Print forms and attachments in the filing

View Status History
View history of the plan

The page at https://rgftest.reliuasp.com says:

Do you wish to amend this filing? The Amended Return/Report selection on Part 1B of Form 5500/5500-SF will be selected.

OK Cancel

Late Form 5500 Filing-Delinquent Filer Voluntary Compliance Program- DFVCP

Please contact your Empower representative for assistance.

E-Filing Form 8955-SSA Steps

To E-File Form 8955-SSA with the IRS FIRE system, similar to the Form 5500 filing, you will begin by clicking on “File 8955-SSA”, under the E-File section of the Plan Summary page. This action will start the filing wizard which will guide you through the 3 step process.



Step 1 – Forms & Attachments

Step 1 allows you to Print, View and Edit the Form 8955-SSA prior to e-filing.

A screenshot of the 'Step 1: Forms & Attachments' screen in the E-File wizard. The title bar says 'File 8955-SSA The ABC Company 401(k) Plan'. Below the title bar, there is a progress bar with three steps: 1 (Forms & Attachments), 2 (Validation), and 3 (E-File). Step 1 is currently selected. Below the progress bar, there is a table with the following columns: 'Print', 'Forms', 'Name', and 'Actions'. The table contains two rows: 'Plan Info' and '8955-SSA'. The '8955-SSA' row has 'View' and 'Edit' links in the 'Actions' column. Below the table, there is a 'Print' button. At the bottom of the screen, there are 'Previous', 'Cancel', and 'Next' buttons. An 'Instructions' section at the bottom left explains the process: 'This is the first step to file the plan's Form 8955-SSA to the IRS Fire system. To print the 8955-SSA select the form and click the Print button just below the form. You can also view and, if available, edit the entries in the form by clicking on the appropriate link in the Actions column. Once you are finished working with the form click on the Next button at the bottom right corner of the screen.'

To “Print”, select the Print button.

To “View” the form, under “Action”, select “View” and the Form 8955-SSA will be loaded. Please note, for confidentiality, you will only see the masked Social Security Numbers (SSN).

To edit the form, under “Actions”, select “Edit” and the Form 8955-SSA will be loaded. The form will load and you will be able to edit any line items that are not highlighted. Save any changes made to the Form 8955-SSA by clicking “Save” under the “Forms” tab.

Once all edits have been made and your final review is completed, click the “Next” button to proceed to step 2.

Step 2 – Validation

When the “Next” button is selected from Step 1, the Form 8955-SSA will be validated for any errors or warnings. If there are any validations errors you will not be able to move on to Step 3, transmit, until all errors are successfully fixed and validated. If there are errors, click the “cancel” button and return to the form to correct the errors. If the Form 8955-SSA received any warnings, you may be able to transmit with the warnings, but the filing may error out if the information is deemed necessary. You may receive similar errors as in the example below or you may not receive any errors at all.

Validation

EIN: Plan #: 001 Plan Year End: 12/31/201 Form Year: 201 Plan Year: 201

1Forms & Attachments

2Validation

3E-File

Validation Messages

The following is a list of issues that must be corrected before 8955-SSA can be electronically filed through the FIRE system. Please contact your plan administrator to have these issues corrected. Warnings are not required to be corrected in order to transmit to the fire system.

1

Page size: 102 items in 1 pages

Plan Name	Validation ID	Severity	Form Type	Form Name	Line Ref	Page	Message
SSA- Bad Val 1	00009	ERROR	8955-SSA		2d	1	Phone Number is missing or formatted incorrectly.
SSA- Bad Val 1	00049	WARNING	8955-SSA		7	1	WARNING: The value in line item 7 does not equal the count of all non-blank Page 2 rows including all repeating pages. This condition is allowable when paper filing; however, if you plan to electronically file, the IRS FIRE system requires the value in line item 7 equal the count of all non-blank Page 2 rows including all repeating pages."

Print

Instructions

If there are any validation errors they will be listed on this page. If there are any issues you should contact your Preparer and ask about how to proceed. It is important to give them the exact wording of the error message that is displayed. You can print the message using the Print button on this page. If there are no validation issues click the Next button at the bottom right corner of this page.

PreviousCancelNext

If you have no validation errors you will be immediately taken to Step 3.

Step 3 -E-File

Once validation is successful you will be able to transmit. Please note that a signature is not required to submit the Form 8955-SSA. Select “Transmit” to submit the filing to the IRS FIRE System. Please allow 24 hours for the filing to be transmitted.

If you also have a Form 5500 to file, that filing is submitted separately. Once you have successfully filed the Form 8955-SSA you will receive the following prompt to file the Form 5500:

“This plan also has an available EFAST filing that can be filed with the DOL's EFAST filing system. Click on the “Continue” button below on the right to file the EFAST forms. If you want to file the forms later click the “Close” button next to the “Continue” button, the home button in the top left corner of the screen to return to the Plan Summary page, or click on “Log Out” to end this session.”

Form 8955-SSA Filing Status on Web Client

To check the filing status of the Form 8955-SSA, return to the Plan Summary page, and click on the “Status History” under links as shown on page 18.

Not Filed status indicates a plan has been published to Web Client, but not yet filed with the IRS.

Submitted status indicates the file has been submitted to the IRS FIRE System from Web Client but not yet accepted by the IRS FIRE System.

Submission Failed status indicates an error was encountered. Contact your representative for assistance.

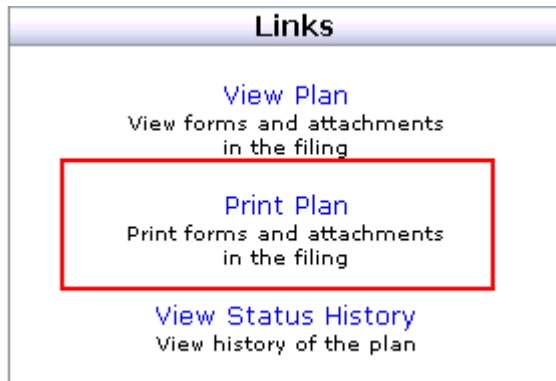
Filed status indicates the IRS has received the Form 8955-SSA and is reviewing it. You should consider a “Filed” status a successful filing status. The status will only change if once the file had been reviewed by the IRS and errors were encountered. Your representative will contact you if we receive notification that your submission was not successfully accepted by the IRS FIRE system.

Printing Form 5500 and Form 8955-SSA

We recommend that you print a copy of your Form 5500, schedules, attachments (if applicable), and the Form 8955-SSA and retain in your files.

Printing the Entire Form 5500 and Form 8955-SSA

To print all of the forms, and schedules, click “Print Plan” from the “Links” section on the Plan Summary page.



Once Print Plan is selected, the print page will appear.

The screenshot shows a web interface for printing a plan. It includes sections for "Plan selected for printing", "Attachments", "Instructions", and a "Print" button. The "Print" button is circled in red.

Plan selected for printing

You have selected 1 form(s) for printing.

- Form Type: 8955-SSA

Attachments

Do you want to print external attachments?

☒ Exclude External Attachments ☐ Include External Attachments

Instructions

By selecting Exclude External Attachments, and then selecting print, the Form 5500 and Schedules will be available immediately. A PDF icon will be displayed on the right side of the screen when the print is available. Any attachments included in the planbook will NOT be part of the PDF file but can be printed separately.

If Include External Attachments is selected, please allow up to 72 hours for the print job to be completed. An email will be sent to the user when the print job is available. Log back into Web Client and select the Print Queue option (found on top of the page) to view your print job.

Print Instructions

1. Download and install the Adobe Acrobat Reader(link below)
2. Note: If you currently have Adobe Acrobat installed, you will not need to download Adobe Acrobat Reader.
3. Choose the Delivery Option, Download or E-mail
4. Choose the print type, Draft or Fileable
5. Press the Get Filing button
6. For Delivery Option E-mail: a message will be sent to your in box with the file attached. You can then select to save the file to a separate location and open (go to step 7)
7. For Delivery Option Download: select Open from the File Download dialog (depending on your browser, you may be prompted multiple times to open the file)
8. Adobe Acrobat Reader will launch and display the form(s)
9. Choose File > Print, or click the Printer icon
10. Verify that the correct printer is selected and click the "Print" button

Download and install Adobe Reader

To print a copy of Form 5500, you must have Adobe Reader (or comparable PDF reader) installed on your computer.

Download Adobe Reader for free

After Adobe Reader has been downloaded to your computer, further instructions will appear, telling you how to install the program. If Adobe Reader (or comparable PDF reader) is already installed on your computer, skip this step.

PDF
Click to download

Print **Close**

By selecting exclude external attachments, and then selecting print, the Form 5500 and Schedules will be available immediately. A PDF icon will be displayed on the right side of the screen when the PDF is available. Any attachments included in the 5500 will NOT be part of this PDF file but can be printed separately.

If include external attachment is selected, please allow up to 72 hours for the print job to be completed. An email will be sent to you when the print job is available.

Printing will require Adobe Reader to be installed. If you do not have Adobe Reader, you can download it free by using the link on the right of the print page.

Click the “Print” button in the lower left corner. It will take a few moments to process the file. When your print job is completed, you will receive an email notification, log back into Web Client and select the Print Queue option, found on top of the page, to view your print job.

Printing Individual Forms and Schedules

To print an individual form, from the “Plan Summary” page click the “Print Plan” button, on the next screen, the “Plan Detail” page, click the box(s) in the left hand column for each form or schedule you would like to print and then click the “Print” button at the bottom of the page.

☐ Print	Forms	Name	Actions
☐	Plan Info		View Edit
☒	5500		View Edit
☐	5500 Sch. A	schedule a 001	View Edit
☐	5500 Sch. D		View Edit
☐	5500 Sch. I		View Edit
☐	5500 Sch. R		View Edit
☐	8955-SSA		View Edit

Once Print is selected, the print page will appear, as shown on the prior page.

By selecting exclude external attachments, and then selecting print, the Form 5500 and schedules will be available immediately. A PDF icon will be displayed on the right side of the screen when the print is available. Any attachments included for any schedule will not be part of this PDF file but can be printed separately.

If include external attachment is selected, please allow up to 72 hours for the print job to be completed. An email will be sent to the user when the print job is available.

Click the Print button in the lower left corner. It will take a few moments to process the file.

Once you receive the email that your print job has been completed, log back into Web Client and select the Print Queue option (found on top of the page) to view your print job.

**Forms 5500, 5500-SF, and
5500-EZ Codes for Principal
Business Activity**

This list of principal business activities and their associated codes is designed to classify an enterprise by the type of activity in which it is engaged.

These principal activity codes are based on the North American Industry Classification System.

Code	Code	Code	Code
Agriculture, Forestry, Fishing and Hunting	Specialty Trade Contractors	Printing and Related Support Activities	Computer and Electronic Product Manufacturing
Crop Production	238100 Foundation, Structure, & Building Exterior Contractors (including framing carpentry, masonry, glass, roofing, & siding)	323100 Printing & Related Support Activities	334110 Computer & Peripheral Equipment Mfg
111100 Oilseed & Grain Farming		Petroleum and Coal Products Manufacturing	334200 Communications Equipment Mfg
111210 Vegetable & Melon Farming (including potatoes & yams)	238210 Electrical Contractors	324110 Petroleum Refineries (including integrated)	334310 Audio & Video Equipment Mfg
111300 Fruit & Tree Nut Farming	238220 Plumbing, Heating, & Air-Conditioning Contractors	324120 Asphalt Paving, Roofing, & Saturated Materials Mfg	334410 Semiconductor & Other Electronic Component Mfg
111400 Greenhouse, Nursery, & Floriculture Production	238290 Other Building Equipment Contractors	324190 Other Petroleum & Coal Products Mfg	334500 Navigational, Measuring, Electromedical, & Control Instruments Mfg
111900 Other Crop Farming (including tobacco, cotton, sugarcane, hay, peanut, sugar beet, & all other crop farming)	238300 Building Finishing Contractors (including drywall, insulation, painting, wallcovering, flooring, tile, & finish carpentry)	Chemical Manufacturing	334610 Manufacturing & Reproducing Magnetic & Optical Media
Animal Production	238900 Other Specialty Trade Contractors (including site preparation)	325100 Basic Chemical Mfg	Electrical Equipment, Appliance, and Component Manufacturing
112111 Beef Cattle Ranching & Farming		325200 Resin, Synthetic Rubber, & Artificial & Synthetic Fibers & Filaments Mfg	335100 Electric Lighting Equipment Mfg
112112 Cattle Feedlots	Manufacturing	325300 Pesticide, Fertilizer, & Other Agricultural Chemical Mfg	335200 Major Household Appliance Mfg
112120 Dairy Cattle & Milk Production	Food Manufacturing	325410 Pharmaceutical & Medicine Mfg	335310 Electrical Equipment Mfg
112210 Hog & Pig Farming	311110 Animal Food Mfg	325500 Paint, Coating, & Adhesive Mfg	335900 Other Electrical Equipment & Component Mfg
112300 Poultry & Egg Production	311200 Grain & Oilseed Milling	325600 Soap, Cleaning Compound, & Toilet Preparation Mfg	Transportation Equipment Manufacturing
112400 Sheep & Goat Farming	311300 Sugar & Confectionary Product Mfg	325900 Other Chemical Product & Preparation Mfg	336100 Motor Vehicle Mfg
112510 Aquaculture (including shellfish & finfish farms & hatcheries)	311400 Fruit & Vegetable Preserving & Specialty Food Mfg	Plastics and Rubber Products Manufacturing	336210 Motor Vehicle Body & Trailer Mfg
112900 Other Animal Production	311500 Dairy Product Mfg	326100 Plastics Product Mfg	336300 Motor Vehicle Parts Mfg
Forestry and Logging	311610 Animal Slaughtering and Processing	326200 Rubber Product Mfg	336410 Aerospace Product & Parts Mfg
113110 Timber Tract Operations	311710 Seafood Product Preparation & Packaging	Nonmetallic Mineral Product Manufacturing	336510 Railroad Rolling Stock Mfg
113210 Forest Nurseries & Gathering of Forest Products	311800 Bakeries, Tortilla & Dry Pasta Mfg	327100 Clay Product & Refractory Mfg	336610 Ship & Boat Building
113310 Logging	311900 Other Food Mfg (including coffee, tea, flavorings & seasonings)	327210 Glass & Glass Product Mfg	336990 Other Transportation Equipment Mfg
Fishing, Hunting and Trapping		327300 Cement & Concrete Product Mfg	Furniture and Related Product Manufacturing
114110 Fishing	Beverage and Tobacco Product Manufacturing	327400 Lime & Gypsum Product Mfg	337000 Furniture & Related Product Manufacturing
114210 Hunting & Trapping	312110 Soft Drink & Ice Mfg	Primary Metal Manufacturing	Miscellaneous Manufacturing
Support Activities for Agriculture and Forestry	312120 Breweries	331110 Iron & Steel Mills & Ferroalloy Mfg	339110 Medical Equipment & Supplies Mfg
115110 Support Activities for Crop Production (including cotton ginning, soil preparation, planting, & cultivating)	312130 Wineries	331200 Steel Product Mfg from Purchased Steel	339900 Other Miscellaneous Mfg
115210 Support Activities for Animal Production	312140 Distilleries	331310 Alumina & Aluminum Production & Processing	Wholesale Trade
115310 Support Activities for Forestry	312200 Tobacco Manufacturing	331400 Nonferrous Metal (except Aluminum) Production & Processing	Merchant Wholesalers, Durable Goods
Mining	Textile Mills and Textile Product Mills	331500 Foundries	423100 Motor Vehicle, & Motor Vehicle Parts & Supplies
211120 Crude Petroleum Extraction	313000 Textile Mills	Fabricated Metal Product Manufacturing	423200 Furniture & Home Furnishings
211130 Natural Gas Extraction	314000 Textile Product Mills	332110 Forging & Stamping	423300 Lumber & Other Construction Materials
212110 Coal Mining	Apparel Manufacturing	332210 Cutlery & Handtool Mfg	423400 Professional & Commercial Equipment & Supplies
212200 Metal Ore Mining	315100 Apparel Knitting Mills	332300 Architectural & Structural Metals Mfg	423500 Metal & Mineral (except petroleum)
212310 Stone Mining & Quarrying	315210 Cut & Sew Apparel Contractors	332400 Boiler, Tank, & Shipping Container Mfg	423600 Household Appliances and Electrical & Electronic Goods
212320 Sand, Gravel, Clay, & Ceramic & Refractory Minerals Mining, & Quarrying	315220 Men's & Boys' Cut & Sew Apparel Mfg.	332510 Hardware Mfg	423700 Hardware, Plumbing, & Heating Equipment & Supplies
212390 Other Nonmetallic Mineral Mining & Quarrying	315240 Women's, Girls' and Infants' Cut & Sew Apparel Mfg.	332610 Spring & Wire Product Mfg	423800 Machinery, Equipment, & Supplies
213110 Support Activities for Mining	315280 Other Cut & Sew Apparel Mfg	332700 Machine Shops; Turned Product; & Screw, Nut, & Bolt Mfg	423910 Sporting & Recreational Goods & Supplies
Utilities	315990 Apparel Accessories & Other Apparel Mfg	332810 Coating, Engraving, Heat Treating, & Allied Activities	423920 Toy, & Hobby Goods, & Supplies
221100 Electric Power Generation, Transmission & Distribution	Leather and Allied Product Manufacturing	332900 Other Fabricated Metal Product Mfg	423930 Recyclable Materials
221210 Natural Gas Distribution	316110 Leather & Hide Tanning, & Finishing	Machinery Manufacturing	423940 Jewelry, Watch, Precious Stone, & Precious Metals
221300 Water, Sewage & Other Systems	316210 Footwear Mfg (including rubber & plastics)	333100 Agriculture, Construction, & Mining Machinery Mfg	423990 Other Miscellaneous Durable Goods
221500 Combination Gas & Electric	316990 Other Leather & Allied Product Mfg	333200 Industrial Machinery Mfg	Merchant Wholesalers, Nondurable Goods
Construction	Wood Product Manufacturing	333310 Commercial & Service Industry Machinery Mfg	424100 Paper & Paper Products
Construction of Buildings	321110 Sawmills & Wood Preservation	333410 Ventilation, Heating, Air-Conditioning, & Commercial Refrigeration Equipment Mfg	424210 Drugs & Druggists' Sundries
236110 Residential Building Construction	321210 Veneer, Plywood, & Engineered Wood Product Mfg	333510 Metalworking Machinery Mfg	424300 Apparel, Piece Goods, & Notions
236200 Nonresidential Building Construction	321900 Other Wood Product Mfg	333610 Engine, Turbine & Power Transmission Equipment Mfg	424400 Grocery & Related Products
Heavy and Civil Engineering Construction	Paper Manufacturing	333900 Other General Purpose Machinery Mfg	424500 Farm Product Raw Materials
237100 Utility System Construction	322100 Pulp, Paper, & Paperboard Mills		424600 Chemical & Allied Products
237210 Land Subdivision	322200 Converted Paper Product Mfg		
237310 Highway, Street, & Bridge			
237990 Other Heavy & Civil Engineering Construction			

Forms 5500, 5500-SF, and 5500-EZ Codes for Principal Business Activity (continued)

Code 424700 Petroleum & Petroleum Products 424800 Beer, Wine, & Distilled Alcoholic Beverages 424910 Farm Supplies 424920 Book, Periodical, & Newspapers 424930 Flower, Nursery Stock, & Florists' Supplies 424940 Tobacco & Tobacco Products 424950 Paint, Varnish, & Supplies 424990 Other Miscellaneous Nondurable Goods Wholesale Electronic Markets and Agents and Brokers 425110 Business to Business Electronic Markets 425120 Wholesale Trade Agents & Brokers	Code 448140 Family Clothing Stores 448150 Clothing Accessories Stores 448190 Other Clothing Stores 448210 Shoe Stores 448310 Jewelry Stores 448320 Luggage & Leather Goods Stores Sporting Goods, Hobby, Book, and Music Stores 451110 Sporting Goods Stores 451120 Hobby, Toy, & Game Stores 451130 Sewing, Needlework, & Piece Goods Stores 451140 Musical Instrument & Supplies Stores 451211 Book Stores 451212 News Dealers & Newsstands General Merchandise Stores 452200 Department Stores 452300 General Merchandise Stores, incl. Warehouse Clubs & Supercenters	Code Support Activities for Transportation 488100 Support Activities for Air Transportation 488210 Support Activities for Rail Transportation 488300 Support Activities for Water Transportation 488410 Motor Vehicle Towing 488490 Other Support Activities for Road Transportation 488510 Freight Transportation Arrangement 488990 Other Support Activities for Transportation Couriers and Messengers 492110 Couriers 492210 Local Messengers & Local Delivery Warehousing and Storage 493100 Warehousing & Storage (except lessors of miniwarehouses & self-storage units)	Code Securities, Commodity Contracts, and Other Financial Investments and Related Activities 523110 Investment Banking & Securities Dealing 523120 Securities Brokerage 523130 Commodity Contracts Dealing 523140 Commodity Contracts Brokerage 523210 Securities & Commodity Exchanges 523900 Other Financial Investment Activities (including portfolio management & investment advice) Insurance Carriers and Related Activities 524130 Reinsurance Carriers 524140 Direct Life, Health, & Medical Insurance Carriers 524150 Direct Insurance (except Life, Health & Medical) Carriers 524210 Insurance Agencies & Brokerages 524290 Other Insurance Related Activities (including third-party administration of Insurance and pension funds)
Retail Trade Motor Vehicle and Parts Dealers 441110 New Car Dealers 441120 Used Car Dealers 441210 Recreational Vehicle Dealers 441222 Boat Dealers 441228 Motorcycle, ATV, and All Other Motor Vehicle Dealers 441300 Automotive Parts, Accessories, & Tire Stores Furniture and Home Furnishings Stores 442110 Furniture Stores 442210 Floor Covering Stores 442291 Window Treatment Stores 442299 All Other Home Furnishings Stores Electronics and Appliance Stores 443141 Household Appliance Stores 443142 Electronics Stores (including Audio, Video, Computer, and Camera Stores) Building Material and Garden Equipment and Supplies Dealers 444110 Home Centers 444120 Paint & Wallpaper Stores 444130 Hardware Stores 444190 Other Building Material Dealers 444200 Lawn & Garden Equipment & Supplies Stores Food and Beverage Stores 445110 Supermarkets and Other Grocery (except Convenience) Stores 445120 Convenience Stores 445210 Meat Markets 445220 Fish & Seafood Markets 445230 Fruit & Vegetable Markets 445291 Baked Goods Stores 445292 Confectionery & Nut Stores 445299 All Other Specialty Food Stores 445310 Beer, Wine, & Liquor Stores Health and Personal Care Stores 446110 Pharmacies & Drug Stores 446120 Cosmetics, Beauty Supplies, & Perfume Stores 446130 Optical Goods Stores 446190 Other Health & Personal Care Stores Gasoline Stations 447100 Gasoline Stations (including convenience stores with gas) Clothing and Clothing Accessories Stores 448110 Men's Clothing Stores 448120 Women's Clothing Stores 448130 Children's & Infants' Clothing Stores	Miscellaneous Store Retailers 453110 Florists 453210 Office Supplies & Stationery Stores 453220 Gift, Novelty, & Souvenir Stores 453310 Used Merchandise Stores 453920 Art Dealers 453930 Manufactured (Mobile) Home Dealers 453990 All Other Miscellaneous Store Retailers (including tobacco, candle, & trophy shops) Nonstore Retailers 454110 Electronic Shopping & Mail-Order Houses 454210 Vending Machine Operators 454310 Fuel Dealers (including Heating Oil and Liquefied Petroleum) 454390 Other Direct Selling Establishments (including door-to-door retailing, frozen food plan providers, party plan merchandisers, & coffee-break service providers)	Information Publishing Industries (except Internet) 511110 Newspaper Publishers 511120 Periodical Publishers 511130 Book Publishers 511140 Directory & Mailing List Publishers 511190 Other Publishers 511210 Software Publishers Motion Picture and Sound Recording Industries 512100 Motion Picture & Video Industries (except video rental) 512200 Sound Recording Industries Broadcasting (except Internet) 515100 Radio & Television Broadcasting 515210 Cable & Other Subscription Programming Telecommunications 517000 Telecommunications (including paging, cellular, satellite, cable & other program distribution, resellers, other telecommunications, & internet service providers) Data Processing Services 518210 Data Processing, Hosting, & Related Services Other Information Services 519100 Other Information Services (including news syndicates, libraries, internet publishing & broadcasting)	Funds, Trusts, and Other Financial Vehicles 525100 Insurance & Employee Benefit Funds 525910 Open-End Investment Funds (Form 1120-RIC) 525920 Trusts, Estates, & Agency Accounts 525990 Other Financial Vehicles (including mortgage REITs & closed-end investment funds) "Offices of Bank Holding Companies" and "Offices of Other Holding Companies" are located under Management of Companies (Holding Companies).
Food and Beverage Stores 445110 Supermarkets and Other Grocery (except Convenience) Stores 445120 Convenience Stores 445210 Meat Markets 445220 Fish & Seafood Markets 445230 Fruit & Vegetable Markets 445291 Baked Goods Stores 445292 Confectionery & Nut Stores 445299 All Other Specialty Food Stores 445310 Beer, Wine, & Liquor Stores Health and Personal Care Stores 446110 Pharmacies & Drug Stores 446120 Cosmetics, Beauty Supplies, & Perfume Stores 446130 Optical Goods Stores 446190 Other Health & Personal Care Stores Gasoline Stations 447100 Gasoline Stations (including convenience stores with gas) Clothing and Clothing Accessories Stores 448110 Men's Clothing Stores 448120 Women's Clothing Stores 448130 Children's & Infants' Clothing Stores	Transportation and Warehousing Air, Rail, and Water Transportation 481000 Air Transportation 482110 Rail Transportation 483000 Water Transportation Truck Transportation 484110 General Freight Trucking, Local 484120 General Freight Trucking, Long-distance 484200 Specialized Freight Trucking Transit and Ground Passenger Transportation 485110 Urban Transit Systems 485210 Interurban & Rural Bus Transportation 485310 Taxi Service 485320 Limousine Service 485410 School & Employee Bus Transportation 485510 Charter Bus Industry 485990 Other Transit & Ground Passenger Transportation Pipeline Transportation 486000 Pipeline Transportation Scenic & Sightseeing Transportation 487000 Scenic & Sightseeing Transportation	Finance and Insurance Depository Credit Intermediation 522110 Commercial Banking 522120 Savings Institutions 522130 Credit Unions 522190 Other Depository Credit Intermediation Nondepository Credit Intermediation 522210 Credit Card Issuing 522220 Sales Financing 522291 Consumer Lending 522292 Real Estate Credit (including mortgage bankers & originators) 522293 International Trade Financing 522294 Secondary Market Financing 522298 All Other Nondepository Credit Intermediation Activities Related to Credit Intermediation 522300 Activities Related to Credit Intermediation (including loan brokers, check clearing, & money transmitting)	Real Estate and Rental and Leasing Real Estate 531110 Lessors of Residential Buildings & Dwellings (including equity REITs) 531120 Lessors of Nonresidential Buildings (except Miniwarehouses) (including equity REITs) 531130 Lessors of Miniwarehouses & Self-Storage Units (including equity REITs) 531190 Lessors of Other Real Estate Property (including equity REITs) 531210 Offices of Real Estate Agents & Brokers 531310 Real Estate Property Managers 531320 Offices of Real Estate Appraisers 531390 Other Activities Related to Real Estate Rental and Leasing Services 532100 Automotive Equipment Rental & Leasing 532210 Consumer Electronics & Appliances Rental 532281 Formal Wear & Costume Rental 532282 Video Tape & Disc Rental

Forms 5500, 5500-SF, and 5500-EZ Codes for Principal Business Activity (continued)

<i>Code</i> 532283 Home Health Equipment Rental 532284 Recreational Goods Rental 532289 All Other Consumer Goods Rental 532310 General Rental Centers 532400 Commercial & Industrial Machinery & Equipment Rental & Leasing Lessors of Nonfinancial Intangible Assets (except copyrighted works) 533110 Lessors of Nonfinancial Intangible Assets (except copyrighted works)	<i>Code</i> Administrative and Support and Waste Management and Remediation Services Administration and Support Services 561110 Office Administrative Services 561210 Facilities Support Services 561300 Employment Services 561410 Document Preparation Services 561420 Telephone Call Centers 561430 Business Service Centers (including private mail centers & copy shops) 561440 Collection Agencies 561450 Credit Bureaus 561490 Other Business Support Services (including repossession services, court reporting, & stenotype services) 561500 Travel Arrangement & Reservation Services 561600 Investigation & Security Services 561710 Exterminating & Pest Control Services 561720 Janitorial Services 561730 Landscaping Services 561740 Carpet & Upholstery Cleaning Services 561790 Other Services to Buildings & Dwellings 561900 Other Support Services (including packaging & labeling services, & convention & trade show organizers) Waste Management and Remediation Services 562000 Waste Management and Remediation Services	<i>Code</i> Medical and Diagnostic Laboratories 621510 Medical & Diagnostic Laboratories Home Health Care Services 621610 Home Health Care Services Other Ambulatory Health Care Services 621900 Other Ambulatory Health Care Services (including ambulance services & blood & organ banks) Hospitals 622000 Hospitals Nursing and Residential Care Facilities 623000 Nursing & Residential Care Facilities Social Assistance 624100 Individual & Family Services 624200 Community Food & Housing, & Emergency & Other Relief Services 624310 Vocational Rehabilitation Services 624410 Child Day Care Services	<i>Code</i> Other Services Repair and Maintenance 811110 Automotive Mechanical, & Electrical Repair & Maintenance 811120 Automotive Body, Paint, Interior, & Glass Repair 811190 Other Automotive Repair & Maintenance (including oil change & lubrication shops & car washes) 811210 Electronic & Precision Equipment Repair & Maintenance 811310 Commercial & Industrial Machinery & Equipment (except Automotive & Electronic) Repair & Maintenance 811410 Home & Garden Equipment & Appliance Repair & Maintenance 811420 Repupholstery & Furniture Repair 811430 Footwear & Leather Goods Repair 811490 Other Personal & Household Goods Repair & Maintenance Personal and Laundry Services 812111 Barber Shops 812112 Beauty Salons 812113 Nail Salons 812190 Other Personal Care Services (including diet & weight reducing centers) 812210 Funeral Homes & Funeral Services 812220 Cemeteries & Crematories 812310 Coin-Operated Laundries & Drycleaners 812320 Drycleaning & Laundry Services (except Coin-Operated) 812330 Linen & Uniform Supply 812910 Pet Care (except Veterinary) Services 812920 Photofinishing 812930 Parking Lots & Garages 812990 All Other Personal Services Religious, Grantmaking, Civic, Professional, and Similar Organizations 813000 Religious, Grantmaking, Civic, Professional, & Similar Organizations (including condominium and homeowners associations) 813930 Labor Unions and Similar Labor Organizations 921000 Governmental Instrumentality or Agency
Professional, Scientific, and Technical Services Legal Services 541110 Offices of Lawyers 541190 Other Legal Services Accounting, Tax Preparation, Bookkeeping, and Payroll Services 541211 Offices of Certified Public Accountants 541213 Tax Preparation Services 541214 Payroll Services 541219 Other Accounting Services Architectural, Engineering, and Related Services 541310 Architectural Services 541320 Landscape Architecture Services 541330 Engineering Services 541340 Drafting Services 541350 Building Inspection Services 541360 Geophysical Surveying & Mapping Services 541370 Surveying & Mapping (except Geophysical) Services 541380 Testing Laboratories Specialized Design Services 541400 Specialized Design Services (including interior, industrial, graphic, & fashion design) Computer Systems Design and Related Services 541511 Custom Computer Programming Services 541512 Computer Systems Design Services 541513 Computer Facilities Management Services 541519 Other Computer Related Services Other Professional, Scientific, and Technical Services 541600 Management, Scientific, & Technical Consulting Services 541700 Scientific Research & Development Services 541800 Advertising & Related Services 541910 Marketing Research & Public Opinion Polling 541920 Photographic Services 541930 Translation & Interpretation Services 541940 Veterinary Services 541990 All Other Professional, Scientific, & Technical Services	Educational Services 611000 Educational Services (including schools, colleges, & universities) Health Care and Social Assistance Offices of Physicians and Dentists 621111 Offices of Physicians (except mental health specialists) 621112 Offices of Physicians, Mental Health Specialists 621210 Offices of Dentists Offices of Other Health Practitioners 621310 Offices of Chiropractors 621320 Offices of Optometrists 621330 Offices of Mental Health Practitioners (except Physicians) 621340 Offices of Physical, Occupational & Speech Therapists, & Audiologists 621391 Offices of Podiatrists 621399 Offices of all Other Miscellaneous Health Practitioners Outpatient Care Centers 621410 Family Planning Centers 621420 Outpatient Mental Health & Substance Abuse Centers 621491 HMO Medical Centers 621492 Kidney Dialysis Centers 621493 Freestanding Ambulatory Surgical & Emergency Centers 621498 All Other Outpatient Care Centers	Arts, Entertainment, and Recreation Performing Arts, Spectator Sports, and Related Industries 711100 Performing Arts Companies 711210 Spectator Sports (including sports clubs & racetracks) 711300 Promoters of Performing Arts, Sports, & Similar Events 711410 Agents & Managers for Artists, Athletes, Entertainers, & Other Public Figures 711510 Independent Artists, Writers, & Performers Museums, Historical Sites, and Similar Institutions 712100 Museums, Historical Sites, & Similar Institutions Amusements, Gambling, and Recreation Industries 713100 Amusement Parks & Arcades 713200 Gambling Industries 713900 Other Amusement & Recreation Industries (including golf courses, skiing facilities, marinas, fitness centers, & bowling centers) Accommodation and Food Services Accommodation 721110 Hotels (except Casino Hotels) & Motels 721120 Casino Hotels 721191 Bed & Breakfast Inns 721199 All other Traveler Accommodation 721210 RV (Recreational Vehicle) 721310 Parks & Recreational Camps 721310 Rooming and Boarding Houses, Dormitories, and Workers' Camps Food Services and Drinking Places 722300 Special Food Services (including food service contractors & caterers) 722410 Drinking Places (Alcoholic Beverages) 722511 Full-Service Restaurants 722513 Limited-Service Restaurants 722514 Cafeterias and Buffets 722515 Beverage Bars 722515 Snack and Non-alcoholic Beverage Bars	Religious, Grantmaking, Civic, Professional, and Similar Organizations 813000 Religious, Grantmaking, Civic, Professional, & Similar Organizations (including condominium and homeowners associations) 813930 Labor Unions and Similar Labor Organizations 921000 Governmental Instrumentality or Agency
Management of Companies (Holding Companies) 551111 Offices of Bank Holding Companies 551112 Offices of Other Holding Companies			

Appendix B

Registering on EFAST2 for Electronic Filing Credentials

- The Plan Administrator and Plan Sponsor (if different) must both register on the Department of Labor (DOL) EFAST2 website, www.efast.dol.gov, to obtain electronic signing credentials. If either has already registered on EFAST2, they should not register again. If they have forgotten their User ID or PIN they may call the EFAST2 Help Line toll-free at 1-866-GO-EFAST (1-866-463-3278). The EFAST2 Help Line is available Monday thru Friday from 8:00am to 8:00pm EST.
- To begin, the Plan Administrator and/or Plan Sponsor would select “Register” on the left toolbar, located under “Main”.

UNITED STATES DEPARTMENT OF LABOR

Subscribe to E-mail Updates
Enter Email Address Find It In DOL

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

E-mail This Page | Print This Page

EFAST2 Filing - Welcome

EFAST2 is an all-electronic system designed by the Department of Labor, Internal Revenue Service, and Pension Benefit Guaranty Corporation to simplify and expedite the submission, receipt, and processing of the Form 5500 and Form 5500-SF. These forms must be electronically filed each year by employee benefit plans to satisfy annual reporting requirements under the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code. Under EFAST2, filers choose between using [EFAST2-approved vendor software](#) or this website (IFILE) to prepare and submit the Form 5500 or Form 5500-SF. Completed forms are submitted via the Internet to EFAST2 for processing.

If you filed a Form 5500/5500-SF last year and are returning to EFAST2, [login](#) and go to User Profile to review your PIN and other registration information.

If you are new to EFAST2, [register](#) for an EFAST2 account if you are preparing, signing, or submitting a completed Form 5500/5500-SF. To search for submitted 2009 or 2010 Form 5500/5500-SF filings, use the [Form 5500/Form 5500-SF Search](#).

People are Asking...

- Frequently Asked Questions about EFAST2
- Frequently Asked Questions about EFAST2 credentials
- [EFAST2 and IFILE User Guides](#)
- EFAST2 Tutorial
- Information about the Delinquent Filer Voluntary Compliance Program (DFVCP)
- Electronic filing webcasts
- Disaster relief information

New and Noteworthy

- US Labor Department releases advance copies of 2011 Form 5500 annual report • News Release
- New 5500 Version Selection Tool will help you determine which version of the Form 5500 and schedules to use.
- PBGC guidance on Reporting PBGC Premium Payments Made from Plan Assets on Schedule H
- Going Forward, Year Two of Electronic Filing with EFAST2 - A Compliance Assistance Webcast Archive
- Effective March 29, 2011, the address for the Delinquent Filer Voluntary Compliance Program (DFVCP) lockbox will change to: DFVC DOL, PO Box 71361, Philadelphia, PA 19176-1361. There is no overnight delivery address. Note that submissions to the DFVCP also can be done electronically. To do so, follow the DFVCP penalty calculator instructions for online payment.
- EBSA announces new E-signature option for Form 5500 and 5500-SF electronic filing • Fact Sheet • FAQ for Small Businesses • Update to the EFAST2 FAQ

[Back to Top](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Web Site Notices

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | Contact Us

- The Plan Administrator and/or Plan Sponsor should read the Privacy Statement; check the box that they have read the agreement, and select “Accept Agreement”.

**UNITED STATES
DEPARTMENT OF LABOR**

[Subscribe to E-mail Updates](#)

☒ All DOL ☐ EBSA [Advanced Search](#)

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Privacy Statement (Step 1 of 7)

Please read and accept the following privacy statement to continue.

Thank you for visiting the Department of Labor (DOL) Web site and reviewing our privacy and security statement. DOL is strongly committed to maintaining the privacy of your personal information and the security of DOL computer systems. With respect to the collection, use and disclosure of personal information, DOL makes every effort to ensure compliance with applicable federal law, including, but not limited to, [The Privacy Act of 1974](#), [The Paperwork Reduction Act of 1995](#), and [The Freedom of Information Act](#).

As a general rule, DOL does not collect personally-identifying information about you when you visit our site, unless you choose to provide such information to us. The information we receive depends upon what you do when visiting our site.

If you respond to an online request for personal information:

Generally, DOL will use the information requested to respond to your inquiry or to provide you with the service associated with the request. However, when we request this information, we fully describe in a customized "Privacy Notice" the reasons for collecting it and DOL's intended use of the information. This Privacy Notice will either appear on the Web page collecting the information or be accessible through a link prominently displayed immediately preceding the information request.

If you visit our site to read or download information:

I have read this agreement ☐

[Back to Top](#)

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Web Site Notices](#)

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | [Contact Us](#)

- They should then enter their Profile Information. User Type: should be “Filing Signer”, then select “Next”.

**UNITED STATES
DEPARTMENT OF LABOR**

[Subscribe to E-mail Updates](#)

[All DOL](#) [EBSA Advanced Search](#)

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

[E-mail This Page](#) [Print This Page](#)

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Profile Information (Step 2 of 7)

Please enter your profile information and select Next to continue. Fields marked with an "*" are required.
OMB Control Number: 1210-0117 Exp. Date: 06/30/2015

Click on the ? icons below for further explanations.

* First Name:

* Last Name:

* Address:

Address 2:

* City/Town:

* State: -- Select --

* Country: US - United States

* ZIP:

* Daytime Phone: [no dashes, example: 1234567890]

Fax:

* Email: ?

* Company Name:

You must choose at least one User Type, but you may choose more. ?

* User Type:

☒ Filing Author

☒ Filing Signer

☐ Schedule Author

☐ Transmitter

☐ Third Party Software Developer

PAPERWORK REDUCTION ACT NOTICE

This information collection has been approved by OMB under OMB Control Number 1210-0117 (Expires 06/30/2015). The obligation to respond to this collection of information is mandatory for covered respondents, 29 CFR 2520.104a-2. You are required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of the Internal Revenue Code or are required to be maintained under Title I or Title IV of ERISA. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 20 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. See the [Contact Us](#) area on the EFAST2 Web page for information regarding how to contact us.

[Back to Top](#)

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Web Site Notices](#)

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | [Contact Us](#)

- Select a Challenge Question and Answer, then select “Next”.


**UNITED STATES
DEPARTMENT OF LABOR**

[Subscribe to E-mail Updates](#)

☒ All DOL
 ☐ EBSA
 [Advanced Search](#)

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Challenge Information (Step 3 of 7)

Please select a Challenge Question, and provide an answer, then select Next to continue. Your Challenge Answer is required to complete your profile setup so please remember it.

* Challenge Question:

--Select--

* Challenge Answer:

--Select--
What is your date of birth?
Where is your place of birth?

[Back to Top](#)

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Web Site Notices](#)

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | [Contact Us](#)

- Verify their information is correct. Confirm the User Type as Filing Signer and click “Submit”



UNITED STATES
DEPARTMENT OF LABOR

Subscribe to [E-mail Updates](#)

☒ All DOL ☒ EBSA [Advanced Search](#)

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#) | [Español](#)

 [E-mail This Page](#)
 [Print This Page](#)

[Welcome](#) > Step 4 of 7

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- IFILE
- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Summary (Step 4 of 7)

Please review the information you provided. Select the Edit option to go back and make corrections or 'Submit' to complete this part of your registration.

* Last Name:	Doe
* First Name:	John
* Address:	123 Main Street
Address 2:	
* City/Town:	Anytown
* State:	Massachusetts
* Country:	US - United States
* ZIP:	01111
* Daytime Phone:	(123) 456-7890
Fax:	
* Email:	MassMutual@yahoo.com
* Company Name:	ABC Company
* User Type:	☐ Filing Author ☒ Filing Signer ☐ Schedule Author ☐ Transmitter ☐ Third Party Software Developer
* Challenge Question:	Where is your place of birth?
* Challenge Answer:	Washington

- Once they have submitted the registration, an email will be sent to both the Plan Administrator and Plan Sponsor. The email will contain a link to a secure website to retrieve the user credentials and activate the account. EFAST2 generates and sends the Credentials Notification email within five minutes.
- Once the email has been received, click “Ok” on the “**Register - Check Email**” page.

UNITED STATES DEPARTMENT OF LABOR

Subscribe to E-mail Updates: Enter E-mail Address SUBSCRIBE Find It In DOL SEARCH

A to Z Index | Site Map | FAQs | DOL Forms | About DOL | Contact Us

E-mail This Page Print This Page

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Check Email

Please check the e-mail address you provided for a link into this system to acknowledge and complete the creation of your profile. You will also need the answer to your challenge question in order to complete the next step.

[Back to Top](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Web Site Notices

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
 www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | Contact Us

Note: Users should check their junk mail email box if the Credentials Notification is not received within 5 minutes.

Email Link

You will be asked to answer your challenge question to continue.

The screenshot shows the EFAST2 registration page for the U.S. Department of Labor. The header is red with the department's logo and name. Navigation links include 'Subscribe to E-mail Updates', 'All DOL', 'EBSA Advanced Search', and a search bar. A secondary navigation bar lists 'A to Z Index', 'Site Map', 'FAQs', 'DOL Forms', 'About DOL', and 'Contact Us'. The left sidebar contains links for 'Filings' (Form 5500/5500-SF Search), 'Main' (Welcome, Login, Register, About EFAST2, EFAST Software and Approved Vendors, Forms, Instructions and Publications), 'Support' (FAQ, Disaster Relief, Related Resources, Site Map, Contact Us), and 'EBSA'. The main content area is titled 'Register - Challenge Question Verification' and instructs the user to 'Please answer your challenge question, and then select Next to continue.' The question is 'Where is your place of birth?' with a text input field containing 'Rochester'. Below the input field is a 'Next' button. A 'Back to Top' link is also present. The footer contains a red bar with links to 'Frequently Asked Questions', 'Freedom of Information Act', 'Privacy & Security Statement', 'Disclaimers', 'Customer Survey', and 'Web Site Notices'. Below this is a grey bar with contact information for the U.S. Department of Labor, including the address, website (www.dol.gov), telephone, TTY, fax, and a 'Contact Us' link.

UNITED STATES
DEPARTMENT OF LABOR

Subscribe to [E-mail Updates](#) | [All DOL](#) | [EBSA Advanced Search](#)

Enter E-mail Address Find It In DOL

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

[Print This Page](#)

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Challenge Question Verification

Please answer your challenge question, and then select Next to continue.

Where is your place of birth?

[Back to Top](#)

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Web Site Notices](#)

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | [Contact Us](#)

Note: The challenge answer must be entered correctly. If entered incorrectly three times during the registration process (prior to account activation), the account will be revoked and they must begin the registration process again.

- **Accept Applicable Agreements**

Register-PIN Agreement

The PIN Agreement must be accepted to proceed to the next step. After reading the PIN agreement, check the box and click Accept Agreement button to proceed.

The screenshot shows the EFAST2 Register - PIN Agreement (Step 5 of 7) page. The header is red with the United States Department of Labor logo and navigation links. The left sidebar contains links for Filings, Main, Support, and EBSA. The main content area is titled "Register - PIN Agreement (Step 5 of 7)" and contains the following text:

Please read and accept the following PIN Agreement to continue.

By activating your PIN, you agree not to share your PIN with anyone. The security of your PIN is important because it can be used to:

- Electronically sign documents, and
- Access your personal records

If your PIN is lost or stolen, you also agree to:

- Contact the EFAST2 Contact Center at 1-866-463-3278 (1-866-GO-EFAST2), or
- Request a new PIN by selecting User Profile from the EFAST2 Web site

I have read this agreement ☐

[Back to Top](#)

The footer contains links for Frequently Asked Questions, Freedom of Information Act, Privacy & Security Statement, Disclaimers, Customer Survey, and Web Site Notices. It also includes contact information for the U.S. Department of Labor.

- Register-Signature Agreement

The Signature Agreement must be accepted to proceed to the next step. After reading the Signature Agreement, check the box and click the Accept Agreement button in order to proceed.

The screenshot shows the EFAST2 registration process. At the top is the United States Department of Labor header with navigation links like 'A to Z Index', 'Site Map', and 'FAQs'. A sidebar on the left contains links for 'Filings', 'Main', 'Support', and 'EBSA'. The main content area is titled 'Register - Signature Agreement (Step 5a of 7)'. It instructs the user to read and accept the following agreement to continue. The agreement text states that the electronic signature is not transferable and that the applicant agrees to comply with EFAST2 procedures. It also includes a declaration of accuracy of the information provided. Below the text, there is a checkbox labeled 'I have read this agreement' and two buttons: 'Accept Agreement' and 'Decline Agreement'. At the bottom, there is a 'Back to Top' link and a footer with contact information for the U.S. Department of Labor.

UNITED STATES DEPARTMENT OF LABOR

Subscribe to E-mail Updates
Enter E-mail Address SUBSCRIBE Find It in DOL SEARCH

A to Z Index | Site Map | FAQs | DOL Forms | About DOL | Contact Us

Print This Page

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Signature Agreement (Step 5a of 7)

Please read and accept the following Signature Agreement to continue.

I understand and agree that the electronic signature is not transferable and that the inclusion of such electronic signature in a Form 5500 or Form 5500-SF return/report filed in electronic form shall have the same legal force and effect as my hand written signature. If I am not the Transmitter, I also agree that my electronic signature on a Form 5500 or Form 5500-SF constitutes consent for EFAST2 personnel to send my Transmitter an acknowledgment of receipt of transmission and to communicate with my Transmitter about the success or failure of the transmission and specific reason(s) for any failure(s).

If I am an EFAST2 Software Developer or EFAST2 Transmitter, I declare that I am authorized to make and sign this statement on behalf of the applicant. The applicant agrees that it and its employees will comply with all provisions of the EFAST2 procedures for the electronic filing of Form 5500 or Form 5500-SF for each year in which the applicant participates. Noncompliance will result in the applicant no longer being allowed to participate as an EFAST2 Software Developer or Transmitter. The applicant understands that acceptance as an EFAST2 Software Developer or Transmitter is not transferable. If applying to be an EFAST2 Transmitter, the applicant further agrees that a copy of all returns/reports that the applicant transmits electronically to the Department of Labor will be provided to the plan administrator, employer or direct filing entity on whose behalf the return/report was transmitted.

Under penalties of perjury, I declare that I have examined this agreement, and to the best of my knowledge and belief the information provided in my request for access to the EFAST2 system is true, correct, and complete. I agree that this application can be made public information.

I have read this agreement ☐

[Back to Top](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Web Site Notices

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | Contact Us

- Register-Password

The password must be combination of upper and lower case letters, numbers, and special characters. The password must be entered twice; once to set it and a second time to confirm it. The length, complexity and longevity must adhere to Government standards that include restrictions on certain dictionary words, portions of associated account names, consecutive character strings, simple keyboard patterns, and generic passwords.

UNITED STATES DEPARTMENT OF LABOR

Subscribe to E-mail Updates
Enter E-mail Address

☐ All DOL ☒ EBSA Advanced Search
Find It In DOL

[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

Print This Page

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Password (Step 6 of 7)

When you create your password, it must be between 8 and 16 characters long and must not contain spaces. You must use at least one uppercase letter, one lower case letter at least one number and at least one of the following special characters [!, @, #, \$, %, ^, &, *, (,)] No other special characters are allowed. Your new password must be different from your last 12 previous passwords. This field is case-sensitive.

Password Requirements

- Must be between 8 and 16 characters long
- At least 1 upper case alpha character
- At least 1 lower case alpha character
- At least 1 numeric character
- At least 1 of the following special characters [!, @, #, \$, %, ^, &, *, (,)]

New Password:

Confirm New:

Password:

[Back to Top](#)

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Privacy & Security Statement](#) | [Disclaimers](#) | [Customer Survey](#) | [Web Site Notices](#)

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | [Contact Us](#)

- Confirmation

The final step of EFAST2 registration is to retrieve the User ID and PIN on the Confirmation page. **They may want to print this page for future reference.**

The screenshot displays the 'Register - Confirmation (Step 7 of 7)' page on the EFAST2 portal. The page features a red header with the 'UNITED STATES DEPARTMENT OF LABOR' logo and navigation links. A left sidebar contains links for 'Filings', 'Main', and 'Support'. The main content area, titled 'Successful Account Activation!', provides a summary of the user's profile information, including their User ID, PIN, ETIN, and contact details. It also lists the user's roles (Filing Author, Filing Signer, Schedule Author, Transmitter) and their challenge question and answer. A 'Login' button is located at the bottom of the profile section. The footer contains links to frequently asked questions, privacy statements, and contact information for the U.S. Department of Labor.

UNITED STATES DEPARTMENT OF LABOR

Subscribe to E-mail Updates: Enter E-mail Address [SUBSCRIBE] Find It In DOL [SEARCH]

A to Z Index | Site Map | FAQs | DOL Forms | About DOL | Contact Us

Print This Page

Filings

- Form 5500/5500-SF Search

Main

- Welcome
- Login
- Register
- About EFAST2
- EFAST Software and Approved Vendors
- Forms, Instructions and Publications

Support

- FAQ
- Disaster Relief
- Related Resources
- Site Map
- Contact Us

EBSA

Register - Confirmation (Step 7 of 7)

Successful Account Activation!

Here is your EFAST2 profile information. Your account setup is now complete. Please retain your User ID and password to access the site in the future. Transmitters should also note your ETIN. You may print this page for your records.

User ID:	A1192914
PIN:	9009
ETIN:	Y1192249
* Last Name:	Taylor
* First Name:	Alan
* Address:	246 Dev Lane
Address 2:	
* City/Town:	Lawrence
* State:	Kansas
* Country:	US - United States
* ZIP:	66046
* Daytime Phone:	(785) 555-1234
Fax:	
* Email:	ataylor.business2012@gmail.com
* Company Name:	Taylor Business Associates
* User Type:	☒ Filing Author ☒ Filing Signer ☒ Schedule Author ☒ Transmitter ☐ Third Party Software Developer
* Challenge Question:	Where is your place of birth?
* Challenge Answer:	Rochester

Login

[Back to Top](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Web Site Notices

U.S. Department of Labor, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
 www.dol.gov | Telephone: 1-866-463-3278 | TTY: 1-877-889-5627 | Fax: 1-202-693-7888 | Contact Us

- Forgotten User ID

To recover a forgotten User ID, click the Forgot User ID button on the Login page.

- Forgot Password

To unlock an account or reset the password, click on Forgot Password button on the Login page.

The image contains two screenshots of the EFAST2 Login page. The top screenshot shows the full page with the 'Forgot User ID' button circled. The bottom screenshot is a zoomed-in view of the login form with the 'Forgot Password' button circled.

Top Screenshot: The page header is 'UNITED STATES DEPARTMENT OF LABOR'. Below it are links for 'E-mail This Page' and 'Print This Page'. The main heading is 'ERISA Filing - Login'. Below this is the instruction 'Enter your User ID and Password to log into'. There are two input fields: 'User ID:' and 'Password:'. Below these are three buttons: 'Login', 'Forgot User ID' (circled), and 'Forgot Password'. At the bottom is a 'Back to Top' link.

Bottom Screenshot: This is a zoomed-in view of the login form. It shows the 'User ID:' and 'Password:' input fields, the 'Login' button, and the 'Forgot User ID' and 'Forgot Password' buttons. The 'Forgot Password' button is circled.

- To Recover a PIN, log in and then click on the User Profile link on the left hand side of the page under Main.

The credentials are now active and can be used to electronically sign their company's 5500 filing(s). It should be noted that the credentials belong to the individual, not the company, if the person were to switch jobs to another company, the credentials follow that person.

Appendix C

Summary Annual Report (SAR)

- The Summary Annual Report (SAR) is not filed with any government agency.
- The Summary Annual Report (SAR) must be distributed to all Plan participants within 2 months of the filing deadline of the Form 5500.
- We will deliver the Summary Annual Report (SAR) to you with the Form 5500 and related Schedules.
- The Summary Annual Report (SAR) will be drafted according to DOL model language in order to disclose specific and limited information to Plan Participants. If you filed as a small plan filer under the Small Plan Audit Waiver Regulation additional disclosures may be required. Please contact your representative.
- The Summary Annual Report (SAR) does not serve as a complete financial report. The Summary Annual Report (SAR) will not tie back to the financials as some line items are not reported on the Summary Annual Report (SAR). If a participant would like a full copy of the Form 5500, information to request a copy is include on the Summary Annual Report (SAR).
- Participants that should receive the Summary Annual Report (SAR) is any participant who is either eligible to make contributions at any time during the year, which include participants who termed during the plan year being reported, or continues to have an account balance under the plan. Beneficiaries should also receive the Summary Annual Report (SAR).
- The Summary Annual Report (SAR) must be delivered by hand, mail, or email (meeting certain conditions). Posting the report to a bulletin board or other employee common area is not satisfactory delivery.
- Most revisions to the Form 5500 or schedules will also affect the information reported in the Summary Annual Report (SAR); if there are changes we will provide you a with a revised SAR.

A Name of Plan Health New England 401(k) Retirement Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 Health New England, Inc.	D Employer Identification Number 042864973	

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Great West Life & Annuity Insurance Company	840467907		Millennium Trust Company, LLC paid Empower a one-time referral fee of \$50 for each participant IRA rollover with a balance of \$10,000 or more, \$40 with a balance of \$500 or more but less than \$10,000, and \$20 with a balance of \$150 or more but less than
Invesco	936305075		Invesco received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Invesco Developing Markets Fund (MR-CHW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Capital Preservation Account.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Westwood Quality SmallCap Fund (MR-4714).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Investment Management Fees of 0.55% with respect to plan assets held in the Capital Preservation Account.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Investment Management Fees of 0.30% with respect to plan assets held in the MassMutual Total Return Bond Fund (MR-QZ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
PIMCO Funds	952632339		PIMCO Funds received estimated Investment Management Fees of 1.01% with respect to plan assets held in the PIMCO All Asset Fund (MR-1735).
T. Rowe Price	521151266		T. Rowe Price received estimated Investment Management Fees of 0.55% with respect to plan assets held in the TRP Instl Lrg Cap Core Gr F d (MR-2467).
The Hartford	416009937		The Hartford received estimated Investment Management Fees of 0.70% with respect to plan assets held in the Hartford Schroder Intl MltCp Val Fd (MR-3764).
Vanguard	231945930		Vanguard received estimated Investment Management Fees of 0.18% with respect to plan assets held in the Vanguard Equity-Income Fund (MR-1284).
Vanguard	231999755		Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Small Cap Index Fund (MR-947).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2015 Fd (MR-621).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2020 Fd (MR-622).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2025 Fd (MR-623).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2030 Fd (MR-624).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2035 Fd (MR-625).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2040 Fd (MR-626).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2045 Fd (MR-627).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2050 Fd (MR-628).
Vanguard	232311358		Vanguard received estimated Investment Management Fees of 0.08% with respect to plan

Vanguard	232311358	assets held in the Vanguard Target Retmnt Incm Fd (MR-618). Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2055 Fd (MR-1283).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2971).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2973).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2974).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2975).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2976).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2977).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2978).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2979).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2980).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2981).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2982).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Trgt Ret (MR-3970).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Vanguard Institutional Index Fund (MR-766).
Vanguard	231899003	Vanguard received estimated Investment Management Fees of 0.07% with respect to plan assets held in the Vanguard Inflation-Protectd Secs Fd (MR-324).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.07% with respect to plan assets held in the Vanguard Total Intl Stock Index Fd (MR-2101).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Vanguard Total Bond Mkt Index Fund (MR-1081).
Westwood	041983910	Westwood received estimated Investment Management Fees of 0.85% with respect to plan assets held in the Westwood Quality SmallCap Fund (MR-4714).

Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information (“SAI”).

For additional information on soft dollar compensation, refer to the section of the mutual fund’s SAI that discusses brokerage allocation and other practices.

A Name of Plan Health New England 401(k) Retirement Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 Health New England, Inc.	D Employer Identification Number 042864973	

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	8,157,475	8,157,475
*	Vanguard	Vanguard Instl Target R 2015	2,595,933	3,077,230
*	Vanguard	Vanguard Instl Target R 2020	5,892,523	6,944,189
*	Vanguard	Vanguard Instl Target R 2025	9,104,162	11,616,211
*	Vanguard	Vanguard Instl Target R 2030	8,926,741	12,159,404
*	Vanguard	Vanguard Instl Target R 2035	8,676,032	12,122,514
*	Vanguard	Vanguard Instl Target R 2040	6,108,906	8,546,614
*	Vanguard	Vanguard Instl Target R 2045	3,404,987	4,907,590
*	Vanguard	Vanguard Instl Target R 2050	2,228,516	3,183,678
*	Vanguard	Vanguard Instl Target R 2055	688,538	900,074
*	Vanguard	Vanguard Instl Target R 2060	126,114	153,531
*	Vanguard	Vanguard Instl Target RetInc	486,239	557,639
*	Vanguard	Vanguard Instl Trgt Ret 2065	68,243	72,309
*	The Hartford	Hartford Schroder Intl MltCp Val Fd	519,117	618,343
*	Invesco	Invesco Developing Markets Fund	386,024	407,472
*	MassMutual Select	MassMutual Total Return Bond Fund	971,849	963,767
*	MassMutual Premier	Holding Account - MassMutual US Gov	0	878
*	PIMCO Funds	PIMCO All Asset Fund	183,469	195,092
*	T. Rowe Price	TRP Instl Lrg Cap Core Gr F d	2,061,870	2,912,162
*	Vanguard	Vanguard Equity-Income Fund	1,132,431	1,393,079
*	Vanguard	Vanguard Inflation-Protectd Secs Fd	633,370	653,936
*	Vanguard	Vanguard Institutional Index Fund	3,504,852	5,379,057
*	Vanguard	Vanguard Small Cap Index Fund	942,169	1,359,593
*	Vanguard	Vanguard Target Retmnt 2015 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2020 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2025 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2030 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2035 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2040 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2045 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2050 Fd	0	0
*	Vanguard	Vanguard Target Retmnt 2055 Fd	0	0
*	Vanguard	Vanguard Target Retmnt Incm Fd	0	0
*	Vanguard	Vanguard Total Bond Mrkt Index Fund	1,255,546	1,286,550
*	Vanguard	Vanguard Total Intl Stock Index Fd	663,054	772,129
*	Westwood	Westwood Quality SmallCap Fund	219,080	252,019
	Participant Loans	5.250000 - 7.500000	0	908,070