Description of document:	Pension Benefit Guaranty Corporation's (PBGC) Quality Assurance Procedures for Pension Insurance Reporting, Records Management Manual and Action Plan, and Information Quality Guidelines, 2010-2016
Requested date:	01-January-2017
Released date:	02-March-2017
Posted date:	22-May-2017
Source of document:	Disclosure Officer Pension Benefit Guaranty Corporation 1200 K Street, N.W., Suite 11101 Washington, D.C. 20005 Fax: (202) 326-4042 Email: disclosure@pbgc.gov

PBGC 2017-000413

March 2, 2017

Re: Request for Copies of Policy Documents

I am responding to your request submitted to the Pension Benefit Guaranty Corporation's
(PBGC) Disclosure Division, via email on January 1, 2017. You requested digital/electronic
copies of the following:

1. Quality Assurance Procedures Manual (developed by PRAD) (i.e., the quality assurance
   procedures for formal PRAD reports using the PIMS Manual);
2. Records Management Program Procedures Manual;
3. Records Management Action Plan; and,
4. PBGC Information Quality Guidelines.

We processed your request in accordance with the Freedom of Information Act (FOIA) and the
PBGC's implementing regulation. Pursuant to your request, the Policy, Research and Analysis
Department (PRAD) and the Workplace Solutions Department (WSD) conducted searches of
their records and located 204 pages responsive to your request. The Disclosure Officer has
determined that the following documents contained on the enclosed CD are fully releasable.

1. Quality Assurance Procedures Manual (58 pages);
2. Records Management Program Procedures Manual (134 pages);[1]
4. PBGC Information Quality Guidelines (12 pages)[2]

Unfortunately, WSD was unable to locate a Records Management Action Plan.

As this response constitutes a partial denial of your records request, I am providing you with
your administrative appeal rights in the event you wish to avail yourself of the process. The
FOIA provides at 5 U.S.C. § 552(a)(6)(A)(i) (2014) amended by FOIA Improvement Act of
2016, Pub. L. No. 114-185, 130 Stat. 538 that if a disclosure request is denied in whole or in part

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[1] Per WSD, the attached Records Management Procedures Manual is no longer current and has been replaced with
department-specific records management procedures. If you wish to obtain a copy of these procedures, please
submit a new FOIA request.

[2] PBGC's Information Quality Guidelines are publicly available at PBGC's website at the following link:
https://www.pbgc.gov/prac/other-guidance/information-quality-guidelines.html

by the Disclosure Officer, the requester may file a written appeal within 90 days from the date of the denial or, if later (in the case of a partial denial), 90 days from the date the requester receives the disclosed material. The PBGC's FOIA regulation provides at 29 C.F.R. § 4901.15 (2015) that the appeal shall state the grounds for appeal and any supporting statements or arguments, and shall be addressed to the General Counsel, Attention: Disclosure Division, Pension Benefit Guaranty Corporation, 1200 K Street, N.W., Washington, D.C. 20005. To expedite processing, the words "FOIA Appeal" should appear on the letter and prominently on the envelope.

In the alternative, you may contact the Disclosure Division's Public Liaison at 202-326-4040 for further assistance and to discuss any aspect of your request. You also have the option to contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001; e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

This request has been categorized as an "all other request." These requests are assessed search and duplication fees.[3] As the total cost for your request was below the PBGC's nominal fee threshold of $25.00, no fees have been assessed for its processing. This completes the processing of your request. You may submit future requests for PBGC records by accessing FOIAonline, our electronic FOIA processing system, at https://foiaonline.regulations.gov, or by email to Disclosure@pbgc.gov.

Sincerely,

Maria E. Gamez
Deputy Disclosure Officer

Enclosure (CD)

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[3] See 5 U.S.C. §552(a)(4)(A) (ii)(1).

Quality Assurance Procedures for Formal PRAD Reports Utilizing the Pension Insurance Modeling System (PIMS)

Version No.:   6.0
Issuance Date: April 17, 2016

This Manual is subject to periodic revision as processes change, including an annual update each year in conjunction with the release of the PIMS model version to be used for the FY Projections Report.

Version Summary Table

Version No.	Issuance Date:	Approved by:	Applicable Changes:
1.0	May 30, 2013	Neela Ranade	Initial Version
2.0	June 30, 2013	*Neela Ranade* (signature) Neela Ranade	New Chapter 2; Additional Contractor Oversight; Additional Appendices
3.0	August 23, 2013	*Neela Ranade* (signature) Neela Ranade	Updated file plan; Parties responsible for signing of Projections Report
3.1	September 26, 2013	CMB Christopher Bone	Deleted Projections Report Timeline Template in Appendix C and associated references
4.0	February 11, 2014	CMB Christopher Bone	Annual Update – revised processes
5.0	August 31 , 2015	CMB Christopher Bone	Annual Update – revised processes Defined Manual in PRAD Quality Hierarchy, removed some duplicated sections, moved documentation to binders
6.0	April 17, 2016	CMB Christopher Bone	Annual Update – revised processes

Table of Contents

Contents

CHAPTER 1 - PIMS MANUAL OVERVIEW

A. INTRODUCTION

1. This manual sets forth policies and procedures for the production of certain reports that rely on the use of the Pension Insurance Modeling System (PIMS). It is to be read in conjunction with the requirements of PBGC's Policy, Research, and Analysis Department (PRAD) overall Quality Assurance policy manual.

2. PIMS is a stochastic (i.e., random) simulation model developed by the Pension Benefit Guaranty Corporation (PBGC) to quantify its risk and exposure facing Two versions of the PIMS model are used, one each for the single-employer and multiemployer programs. They are referred to as SE-PIMS and ME-PIMS, respectively.

3. PRAD utilizes PIMS data for a variety of purposes and in a number of published reports and unpublished studies and analyses. Notably, the annual PBGC Projections Report, required by the Employee Retirement Income Security Act of 1974 (ERISA) section 4008, provides an actuarial evaluation of PBGC's future expected operations and financial status. It contains estimates and projections for both the single employer and multiemployer programs over the next decade and beyond. PBGC uses both Single-Employer and Multiemployer PIMS' to project long-term financial outcomes for the Corporation. Projecting PBGC's financial position informs not only the Corporation's future planning, but also gives stakeholders a better understanding of the range of financial risks faced by PBGC. The 5-Year Report gives a periodic review of premiums needed in order to continue to provide financial assistance under PBGC multiemployer program and the MPRA Report is anticipated to provide similar information.

4. The Projections Report, 5-Year Report and MPRA reports are actuarial report that contains estimates and projections. Under Actuarial Standards of Practice No. 41 (referring to the requirements for actuarial communications), promulgated by the Actuarial Standards Board, the standard for the results is that they be reasonable. It is important to stress that the figures presented are not predictions, but estimates that reflect the range of values that might result based on assumptions that underlie the projection model. As such, the results that ultimately may occur can vary materially from central points in the PIMS-reported distributions (such as a reported mean projection). PRAD exercises the appropriate due diligence in performing the data compilation and analysis necessary to operating PIMS and to prepare related reports.

B. POLICY

1. Inputs into the PIMS, changes to the PIMS coding, and outputs of the PIMS should be appropriately documented and approved. Projections Reports and other reports prepared by PRAD and required by statute should undergo quality assurance procedures and receive formal approval prior to issuance. The procedures and report approvals should be documented properly in accordance with this manual and the prescribed quality assurance standards.
2. This manual is to be read within the overall framework of law, policy, actuarial standards of practice and Departmental policy regarding quality assurance.

3. When documenting and reviewing items associated with the PIMS, management should consider the nature of the report, the audience, the amount of time allowed for production of the report, the potential risk of error, the sensitivity of particular inputs to the overall report, and cost/benefit of work involved in documenting and reviewing the final reports. Consistent with internal control concepts set forth in Office of Management and Budget (OMB) Circular No. A-123, "Management's Responsibility for Internal Control," costs of documentation and review should not exceed the perceived improvements resulting from the documentation and review process.

4. In preparing Projections Reports and other PRAD reports required by statute, PRAD adheres to OMB's Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies.

5. PRAD should include appropriate language in its reports to inform readers and other stakeholders of any caveats or limitations relating to a particular report.

6. This manual is effective upon issuance. To ensure it is current, PRAD reviews this manual periodically.

C. APPLICABILITY

1. These procedures apply to PRAD actuarial reports that:

    a. Require an accompanying statement of actuarial opinion.
    b. Are sent to the Congress.
    c. Are available to the public
    d. Rely on PIMS (Currently those are the Projections Reports, 5-Year reports, MPRA report).

2. These procedures address formal reports of an actuarial nature prepared by PRAD staff for PBGC use separately from other ad-hoc reports prepared by PRAD staff in response to requests (e.g., from the Congressional Budget Office (CBO) or congressional committee staff).

3. Appendix 1 to the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States provides guidance regarding what constitutes a Statement of Actuarial Opinion. Appendix 1 to the standards delineates opinions, communications, and testimonies that, if based on actuarial considerations, are considered Statements of Actuarial Opinion. Examples of Statements of Actuarial Opinion include law and regulation enforcement, interpretation, and implementation, reports called for on governmental retirement plans by legislation or other authoritative bodies, and actuarial testimony at a legislative hearing.

D. AUTHORITY

The following legislation and other authoritative literature govern the release of PIMS reports:

1. Employee Retirement Income Security Act of 1974 (ERISA 1974). Federal law that sets minimum standards for pension plans in private industry. Section 4008 governs the release of the annual Projections Report.

2. Moving Ahead for Progress in the 21st Century Act (MAP-21) of 2012.

3. The Pension Protection Act of 2006.

4. Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States for the American Academy of Actuaries.

5. OMB's Circular No. A-123, "Management's Responsibility for Internal Control."

6. OMB's Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies.

E. ROLES AND RESPONSIBILITIES

The roles and responsibilities refer to PRAD staff unless otherwise specified:

1. **Board of Directors, PBGC** (or its representatives): Reviews and approves reports to Congress prior to issuance.

2. **Chief Actuary**:

   a. One of the group of PBGC Chief Actuaries or other Supervisory Actuaries including:
      i. Chief Policy Actuary
      ii. Chief Negotiating Actuary
      iii. Chief Valuation Actuary
      iv. Supervisory Actuary, PRAD
   b. As designated by the PRAD Director, may certify, along with the PRAD Director, that the Projections Report has been prepared in accordance with generally accepted actuarial principles and practices.
   c. May sign the Statement of Actuarial Opinion as to the reasonableness of the results.

3. **Contracting Officer Representative (COR):** Responsible for accepting any PIMS-related contractors' deliverables, reviewing and approving invoices, and coordinating with the Procurement Department regarding contract actions or performance. The PRAD Director will nominate and the Procurement Department will appoint a COR for each PRAD contract.

4. **Contractor Reviewer:** Responsible for reviewing work product prepared by firms working under contract to PBGC in support of the PIMS system. May be the designated COR for the applicable contract, if not, works closely with the COR regarding deliverable quality. The requirement for a Contract Reviewer applies to the work of the PIMS Data Contractor (e.g., data quality) and the PIMS Software Contractor (e.g., adequacy of software changes) as well as any other contractors supporting PIMS. The Director, PRAD, designates a PRAD staff member or staff members to serve in this role.

5. **Deputy Chief Policy Officer:** Reviews the draft reports and recommends the issuance to the Chief Policy Officer (when position is vacant, duties specified herein revert to Chief Policy Officer or Director, PRAD).

6. **Chief Policy Officer:**

   a. Supervises the Director, PRAD, and provides general oversight of departmental work products, including the Projections Report and any other reports required by statute.
   b. Reviews PIMS-related reports and recommends issuance to the Director, or returns to the Director, PRAD, for revision
   c. (when position is vacant, duties specified herein revert to Deputy Chief Policy Officer or Director, PBGC).

7. **Director, Communications and Legislative Affairs Department (COLA)** (or designee): Reviews all reports to Congress and reports for public release prior to publication. The review includes editorial considerations specifically related to PBGC publication standards, as well as form and content of the report.

8. **Director, PBGC:**

   a. Reviews and approves reports to Congress prior to issuance.
   b. Recommends the issuance of reports to the Board of Directors and retains final authority for the decision to post reports to the PBGC Website.

10. **Director, PRAD:** Overall responsibility for managing PRAD staff, the operation of PIMS, and the preparation of PIMS-related reports, including overall accountability for documentation of system changes to PIMS.

    a. Approves requests for system access to PIMS.
    b. Ensures due diligence in the preparation of any publication utilizing PIMS data; ensures proper documentation and review of publications utilizing PIMS data.
    c. Reviews final reports for accuracy and completeness.
    d. Recommends issuance to the Chief Policy Officer
    e. Addresses final review comments from the Chief Policy Officer, PBGC's Executive Management Committee (EMC), PBGC's Board of Directors or their representatives, or the Director of PBGC.
    f. Ensures that any subsequent changes to the report are documented properly and reviewed
    g. Reviews process of deliverables creation in fulfillment of an ad hoc request or inquiry that requires use of PIMS.
    h. May certify, along with a Chief Actuary, that the Projections Report has been prepared in accordance with generally accepted actuarial principles and practices.
    i. May sign the Statement of Actuarial Opinion as to the reasonableness of the results.

11. **EMC, PBGC**: Reviews and approves reports to Congress prior to issuance.

12. **Internal Reviewer:** Responsible for reviewing internal work performed relating to the gathering, analysis, and preparation of data utilized in PIMS. The Director, PRAD, will designate PRAD staff members as appropriate to serve in this role.

   a. Requests the proper documentation of any data gathering, analysis, or preparation used in PIMS.
   b. Inspects the data provided by the preparers for accuracy and validity.
   c. Ensures any output data (i.e., numbers and figures) have been transcribed properly from the source of the information to the resulting reports (e.g., checking for errors in number rounding).

13. **PIMS Data Contractor:**

   a. Provides previously reported Form 5500 data and certain other data for use in PIMS.

14. **PIMS Quality Assurance Contractor:** PRAD may employ the use of a Quality Assurance provider to perform a review of the inputs and outputs associated with PIMS. The provider of the review may select the procedures for the review at that time.

15. **PIMS Software Contractor:** Maintains and updates PIMS software code.

16. **PIMS User:** Administers the PIMS run and selects appropriate parameters necessary. The Director, PRAD, will designate PRAD staff members as appropriate to serve in this role.

17. **PRAD Records Coordinator:**

   a. Responsible for coordinating compliance with PBGC Directives and NARA regulations as they relate to record retention.
   b. Maintains a library of published and non-published reports along with any supporting documentation that was prepared in connection with the production of those reports. The Director, PRAD, will designate a PRAD staff member to serve in this role.

CHAPTER 2–ONGOING OVERSIGHT AND MONITORING

Each year changes are made to both Single Employer (SE-) and Multiemployer (ME-) PIMS. These changes can take the form of additional features in the model, improvements in certain aspects of modeling pension plans or financial markets, or relatively minor changes to the computer code that enhance readability, make later alterations easier, or refine the operation of the program to enhance documentation of the program's functionality.

The PRAD Director, or the Supervisory Actuary, PRAD conducts regular meetings with appropriate federal and contractor staff to:
- assign development milestones to federal or contractor staff,
- set schedules for development milestones and report production,
- assure that schedules are being met or modified as appropriate, and
- allocate staff and technology resources as needed.

These meetings will include, but are not limited to:
- A weekly "PIMS Technical Meeting' :
    o Attended by technical staff (contractors and PRAD staff).
    o Scheduling detailed project deadlines and staffing levels.
    o Addressing problems with proposed solutions.
    o Monitoring and addressing "bugs" and program enhancements in PIMS.
- A periodic "PIMS IT Management Meeting":
    o Attended by, PRAD, IT and [COR and contractor management (as needed)].
    o Addressing project management issues:
        ▪ Project deliverables
        ▪ Deadlines,
        ▪ IT enhancements and
        ▪ lessons learned.

PROJECT DOCUMENTATION

Documentation of PIMS projects will show changes to the PIMS model (coding changes, new and altered parameters, new and altered data structures) and reviews of those changes. Where appropriate, PIMS projects will have published schedules that are shared among PRAD and contractor staff.

Communications regarding project documentation will be done primarily through e-mails. E-mails will include attachments containing appropriate forms, checklists, and narrative. As stated above, supporting work papers for all reports will be retained. PRAD currently monitors PIMS contractors' standard review and testing procedures that they complete before sending code changes to PRAD. These quality control reviews have been documented through email messages among PRAD staff and the contractors. Electronic files showing project documentation will be stored according to the PRAD File Plan.

As projects are completed, results will be reviewed as described elsewhere, chiefly in Chapter 4 below. The forms used in this documentation include those listed below; templates are shown in Appendix C:

> C1 - Sample PIMS Status and Progress Report (for "PIMS Management Meeting")
> C2 - Software Change Request (SCR) - Anomaly/Enhancement template,
> C3 - Software Change Request (SCR) - Reviewer Completion
> C4 - Procedure to review PIMS changes
> C5 - Sample PIMS IT Meeting Schedule

As listed in Table 1 and the Input Checklist, PRAD will review the data supplied by the Data Contractor, and confirm that data from the original sources was correctly entered. This review shall compare source data for a sample of plans to the data supplied by the Data Contractor.

CHAPTER 3–PROCEDURES FOR REVIEWING AND VALIDATING INPUTS TO PIMS

A. DATA PREPARATION

1. PRAD receives electronic databases from the Data Contractor each year for use in PIMS modeling. The Data Contractor has internal quality controls and review procedures, which are described in the Data Prep Manual.

B. ANALYSIS OF PROJECTED FINANCIAL POSITION

1. Single Employer Program:

a. PRAD analyzes PBGC's single employer program projected financial position using PBGC's SE-PIMS. SE-PIMS starts with data on PBGC's single-employer financial position and the funded status of several hundred actual plans weighted to represent the universe of PBGC-covered plans.

b. The database includes each plan's demographics (where available), plan benefit structure, asset values, liabilities, and actuarial assumptions, as well as key financial information about the employer sponsoring the plan.

c. The SE-PIMS sample plans, sponsored by more than 300 firms, are weighted to represent the universe of PBGC-insured, single-employer plans.

d. The weighted representation reflects the values of total liabilities and underfunding, and the distribution of funding levels, among plans in the insured universe as of the most recent year for which complete data is available.

e. The model produces results under 5,000 different simulations. The distributions of results from the simulations provide estimates of the distributions of possible outcomes for the universe of insured single-employer plans.

2. Multiemployer Program:

a. PRAD analyzes PBGC's multiemployer program projected financial position using ME-PIMS. ME-PIMS starts with data on PBGC's multiemployer program that includes a detailed database of multiemployer actual plans (including those plans previously recognized as a liability, or "booked", on PBGC's financial statements).

b. ME-PIMS also utilizes historical data of employer contribution levels and demographic trends (over the past 10 years) to assist in modeling plan trends.

c. Additionally, the modeling system incorporates recent data from any available reporting of plan status (endangered, seriously endangered, and critical) plus any multiemployer plans' reports regarding funding improvement (for endangered

status plans) or rehabilitation plans (for critical status plans) plus information from a list of plans likely to be critical and declining.

    d.   ME-PIMS starts with PBGC's multiemployer net position and data on the funded status of selected plans weighted to represent the universe of PBGC-covered plans. The model produces results under 500 different simulations. The distributions of results from the simulations provide estimates of the distributions of possible outcomes for the universe of insured multiemployer plans.

C.   IDENTIFICATION OF PIMS INPUT ASSUMPTIONS

1.   The annual Projections Report Appendix details the data elements and assumptions used each year in PIMS Click on this link to reach the Projections Reports, web page containing the Projections Report and its Appendix (link current as of 04/15/2016): *http://www.pbgc.gov/about/projections-report.html*

2.   A Chief Actuary and/or PRAD Director will review and either revise as appropriate or confirm, the specific assumptions on an annual basis; each version of the Projections Report Appendix will reflect any changes from the previous year's version.

3.   The PRAD Director will document such review and distribute to PRAD staff, and to the Deputy Chief Policy Officer and other senior management, as appropriate.

D.   INPUTS INTO GENERAL DATABASES

1.   PIMS organizes the Single Employer and Multiemployer variable inputs described above in Tables B-1 and B-2 in Appendix B into several main database tables. Appendix B shows tables that describe the input variables and databases used for modeling in PIMS:

    A.   Economy (Economy settings).
    B.   FirmCom (Firm-level common settings).
    C.   FirmMem (Firms to be run in a projection).
    D.   Industry (Industry-level variances).
    E.   Internal Revenue Service (IRS) (IRS regulations).
    F.   Output (Control System Output)
    G.   PBGC (PBGC assumptions).
    H.   PlanCom (Plan-level commons settings).
    I.   Sample (Sample population used in projections)
    J.   Sponsor Section (Contractor Prepared data inputs)
    K.   Bankrupt (Estimate Coefficients of Bankrupt Equation)

2.   PIMS operates via inputs from the "Run" table, which identifies the table identification (ID) values to be used in the PIMS run. The "Run" table, in turn, utilizes the tables listed above in Appendix B for the single and multiemployer PIMS run. Each table further utilizes source tables by assigning appropriate identification (ID) values in fields (i.e., columns). These IDs direct PIMS to the appropriate source

table(s) and input data value. Appendix D, "PIMS Input Data Structure Diagram," presents graphic representations of the input tables and corresponding source tables for ME- and SE-PIMS separately.

E. PIMS INPUT PROCEDURES

1. Tables B-1 and B-2 in Appendix B list the data tables used in PIMS for SE and ME modeling, respectively. The Tables show data used for the FY2012 Projections Report; PRAD continuously makes modifications to the structure of certain data tables as needed. The Index column organizes the tables into the main database tables listed in Section 3.D.1 above. The Input Tables column lists the specific table. The Description column explains what information the table provides. The Preparer column identifies who prepares the information in the table. The Source column notes the source of the data, and may include additional comments. Information that is more detailed is included in the PIMS Inputs Data Structure Worksheet at Appendix D.

2. The PIMS user also selects certain statistical parameters of the run, such as the years of the projections, number of cycles to be run, number of firms, and number of scenarios in projection. The statistical parameters selected are based on the user's professional judgment and the purpose of the PIMS analysis being performed.

3. Weighting is a required assumption input in the Firm data table (Table 1 below).

    a. PRAD staff performs the necessary weighting procedures for the single employer program.

       1. The Single Employer Sponsor weighting process creates a representation of the universe of all insured single-employer plans used in the sample of plans included in the PIMS input data (specifically the "Firm" input table).

       2. Preliminary weighting is based on structuring the universe of plans by funded percentage of the primary plan of the sponsor. Initial weights are derived based on preserving the ratio of underfunding. Professional judgment is used to adjust the weights so that the weighted sample should approximate the total values of liabilities and underfunding in the universe and the distribution of (liability weighted) funding ratios in the universe.

       3. The weights applied in the SE-PIMS simulation are assigned on a sponsor-by-sponsor basis (i.e., not plan-by-plan).

    b. PRAD staff performs the necessary weighting procedures for the multiemployer program.

       1. Multiemployer plans are weighted so that the sample should approximate the total values of liabilities and underfunding in the universe and the distribution of (liability weighted) funding ratios in the universe.

2. The sample plans and the universe of ME plans are divided into multiple tiers and categories based on size and critical and declining status. Each tier and category is assigned a single scaling factor that applies to all of the plans in that tier. The weighting factor is professionally determined based on the ratio of total current liabilities of the sampled plans in each tier to the total current liability of ME universe plans in that tier.

3. Other factors, such as the number of participants, the amount of benefits each plan pays, and the plan's funding also may affect the assigned weighting factor.

4. PRAD staff use professional judgment in the weighting process when deemed necessary.

4. Given certain time constraints of obtaining input data, PRAD may use professional judgment to utilize certain assumptions as deemed appropriate. Examples of such judgment include:

a. When PIMS modeling is required before regulatory updates regarding such Internal Revenue Code (IRC) elements as pension income limits are available, PRAD will "roll forward" the previous year's limits by increasing the limit by the average percentage over an appropriate number of past years.
b. Where there is missing data for an individual pension plan sponsor, PRAD will impute data for the plan using industry averages, averages for plan sponsors of comparable size, or other measures as appropriate.
c. Where there is missing data concerning a pension plan's population, PRAD will extrapolate from other plans of similar size, demographics, or industry, as appropriate.

5. Both Inputs and Outputs are reviewed and documented, via a spreadsheet that shows the preparer, the reviewer and the file location for the supporting data. These spreadsheets are prepared in a similar basis from year to year and a copy of the completed spreadsheet is stored with the documentation binder.

a. Table 1 below describes the data that, at a minimum, PRAD should review. The PRAD Internal Reviewer shall document any exceptions during the review and assess them for materiality.
b. The verifications described in Table 1 below are documented in separate collections of binders for each year's Projections Report, and show direct comparisons between the data in the database and PRAD's independent extraction of the data from an original source. In these verifications, PRAD confirms that the database entries match the original source data, or note and correct exceptions as required.

TABLE 1-PRAD INTERNAL REVIEW OF PIMS INPUT DATA	
Data	**PRAD Review Should Include the Following Items:**
Economy Data	Verify correct/properly estimated historic data is entered into PIMS input data fields
	Verify correct updates were entered into Economy table

	Verify modeled values for stochastic economy projection were correctly entered into Stocpath table
	Annual returns of stock and bond market indices
Regulatory Inputs	Verify current year entry into Benlimit table
	Verify current year entry into CPI table
	Verify current year entry into Pbgc_cap table
	Verify current year entry into Paylimit table
	Verify current year entry into Ss_int table
	Verify current year entry into Wagebase table
Single Employer	
Firm Data	Verify that the correct corporations were identified as sponsors
	Verify that Compustat data was properly entered and that other data was appropriately estimated
	Verify that Compustat/estimate data items were correctly converted into PIMS input data fields
	Verify that modeled firm weights were correctly entered into PIMS input data fields
Plan Data	Use EFAST database to verify most recent Schedule SB data items in SE-PIMS databases
	Verify data entry of attachments to most recent applicable Schedule SB
	Verify data transferred correctly from Contractor databases to PIMS databases
	Review and verify data analysis
	Review and verify data adjustments
Multiemployer	
Plan Data	Use EFAST database to verify most recent Schedule MB data items in ME-PIMS databases
	Verify data entry of attachments to most recent applicable Schedule MB
	Verify data transferred correctly from Contractor databases to PIMS databases
	Validate calibration of all plans
	Review and verify data analysis

CHAPTER 4 – PROCEDURES FOR REVIEWING AND VALIDATING PIMS OUTPUTS

A.   INTRODUCTION

1.   PRAD utilizes PIMS data for a variety of purposes and in a number of published reports. Notably, the PBGC Projections Report provides an actuarial evaluation of the distribution of possible future outcomes and financial status

2.   The report contains estimates and projections for both the single employer and multiemployer programs over the next decade and beyond.
PIMS outputs include the following:

a. Single Employer-projected net financial position, projected investment income, and projected net new claims, as well as respective "high" and "low" data ranges.

b. Multiemployer-projected insolvency and the projected net position with the "high" and "low" data ranges.

B.   OBTAIN AND ANALYZE PIMS OUTPUT: SINGLE EMPLOYER

PRAD staff as designated by the PRAD Director:

1. Generates the Statistical Analysis System (SAS) output report from analysis of data produced by PIMS. Verifies the SAS output report with the Excel template. The SAS output report is generated by the SAS software used to analyze the output data in accordance with the parameters set by the PRAD user.

2. Obtains the specific PIMS Run Report Summary for each respective data-producing run. The Run Report Summary indicates unique identifiers of the run, such as the report run date, time, by which user, the run name, run identification number, the file to which the results were extracted, the source of the data, and the identification numbers for various input tables used within the PIMS run.

3. Utilizes the SAS output report to create Excel documents to display the resulting data in the Projections Report. This includes, but is not limited to transfer of data to a standard set of Excel files as needed for analysis. Table 2 below describes, at a minimum, the data that should be extracted from the SAS output report for use in the Projections Report.

4. Uses a series of standardized file names in compiling Projections Report for a year. The file names in Table 2 were used to compile the 2012 Projections Report.

5. Documents the specific source (i.e., Statistical Analysis System (SAS) output report location) of the data used in any Excel documents; the source of information presented subsequently in graphs or figures; and the source of any other data presented in the Projections Report. Sources of other data utilized in the Projections Report may include, but are not limited to:

    a. PBGC Annual Report
    b. PBGC Pension Insurance Data Book
    c. Previous Years' published Projections Reports

7. Reasonableness Reviews: Several items will be reviewed to assure reasonableness, among those are the following:
    a. The growth of liabilities over the projection period, and its distribution over the plans in the sample.
    b. Distributions of minimum required contributions among plans and across years in the projection.
    c. Distributions of funding levels and of actuarial charges and credits.
    d. Examination of plans with results showing strong deviation from average patterns ("outliers") to justify unusual results for specific plans where appropriate. Exceptions are noted, and corrections made, where appropriate.

TABLE 2-SAS OUTPUT REPORT DATA FOR FY2012 PROJECTIONS REPORT (SINGLE EMPLOYER)	
File Name	**Data Presented**
FY12_AR_SE_SASOut_Annual_Charts _data [for example]	10-year projected single employer: • Program net position: mean, median, 15th percentile, and 85th percentile • Program investment income: mean, 15th percentile, and 85th percentile • Net new claims: mean, median, 15th percentile, and 85th percentile
Distribution_stats_2022_Financial_Bala nce [for example]	High and low range of the single employer financial position
FY12_AR_10yr_SE_SASOut_slb_adde d_FY09_sasout_tablevalues [for example]	10-year projected single employer: • Program projected liabilities: mean, 15th percentile, and 85th percentile • Program asset investment: mean, 15th percentile, and 85th percentile • Investment returns on invested assets: mean, 15th percentile, and 85th percentile • Program premiums: mean, 15th, and 85th percentile • Program benefit payments: mean, 15th percentile, and 85th percentile

C.   REVIEW PIMS OUTPUT: SINGLE EMPLOYER

PRAD staff as designated by the PRAD Director:

1. Uses a Quality Control checklist to help ensure that the Single Employer output data has been properly reviewed and documented.

2. Obtains all necessary PIMS data prepared by PRAD staff used for review purposes.

3. Obtains any documentation related to the preparation of the PIMS data used in the Projections Report for review purposes.

4. Helps ensure proper transcription of data from the source of the information to include checking for the proper estimation (i.e., rounding) of the data and overall reasonableness.

5. Initials in the appropriate space on the "Quality Control Checklist—PIMS Outputs" to indicate the data review has been performed. Any exceptions shall be documented and corrected, as well as reviewed.

D.   OBTAIN AND ANALYZE PIMS OUTPUT: MULTIEMPLOYER
PRAD staff as designated by the PRAD Director:

1. Obtains the PIMS run report, which provides specified data produced by PIMS.

2. Obtains the specific PIMS Run Report Summary for each respective data-producing run. The Summary indicates unique identifiers of the run, such as the report run date, time, by which user, the run name, run identification number, the number of firms and scenarios used in the run, the file to which the results were extracted, the source of the data, and the identification numbers for various input tables used within the PIMS run.

3. Obtains the PIMS Run Report and extracts this information to the Microsoft Excel tool that PRAD staff use to analyze multiemployer PIMS output data. Table 3 below describes, at a minimum, data that should be extracted for the Projections Report.

4. Uses a series of standardized file names in compiling Projections Report for a year. The file names in Table 3 were used to compile the 2012 Projections Report.

5. Documents the specific source of the data used in any Excel documents and documents the source of information subsequently presented in graphs or figures (i.e. figures used to present insolvency) and the source of any other data presented in the Projections Report. Sources of other data utilized in the Projections Report may include, but are not limited to:

    a. PBGC Annual Report
    b. PBGC Pension Insurance Data Book
    c. Previous Years' published Projections Reports

6. Reasonableness Reviews: Several items will be reviewed to assure reasonableness, among those are the following:
    a. The growth of liabilities over the projection period, and its distribution over the plans in the sample.
    b. Distributions of actual contributions among plans and across years in the projection.
    c. Distributions of funding levels and of actuarial charges and credits.
    d. Examination of plans with results showing strong deviation from average patterns ("outliers") to justify unusual results for specific plans where appropriate. Exceptions are noted, and corrections made, where appropriate.

TABLE 3 - PBF OUTPUT REPORT DATA FOR PROJECTIONS REPORT (MULTIEMPLOYER)	
File Name	**Data Presented**
FY12 Preliminary Results 11-01-2012 [for example]	10 year projected: • Multiemployer program net position: mean, median, 15th percentile, and 85th percentile • Value of new claims: mean, median, 15th percentile and 85th percentile, and variation • Financial assistance payments: mean, 15th percentile, and 85th percentile • Present value of multiemployer premiums 10 and 20 year projected insolvency

E.   REVIEW PIMS OUTPUT: MULTIEMPLOYER

PRAD staff as designated by the PRAD Director:

1. Uses the output checklist to help ensure that the Multiemployer output data has been properly reviewed and documented.

2. Obtains all necessary PIMS data prepared used for review purposes.

3. Obtains any documentation related to the preparation of the PIMS data used in the Projections Report for review purposes.

4. Helps ensure proper transcription of data from the source of the information to include checking for the proper estimation (i.e., rounding) of the data and overall reasonableness.

5. Initials in the appropriate space on the "Quality Control Checklist—PIMS Outputs" to indicate the data review has been performed. Any exceptions shall be documented and corrected, as well as reviewed.

F.   QUALITY CONTROL CHECKLIST – PIMS OUTPUTS

The Quality Control Checklist—PIMS Outputs, will be maintained in each year's output binder.

CHAPTER 5 – PROCEDURES FOR PROJECTIONS REPORT FINAL REVIEW

A.   INTRODUCTION

The following procedures should take place to ensure appropriate review of the annual Projections Report prior to publication. Some of these reviews may be performed on a concurrent basis.

B.   PRAD REVIEW

1.   The PRAD Director and/or a PBGC Chief Actuary receive the draft Projections Report and related documentation for review from the PRAD staff member responsible for assembling the Projections Report.

2.   All changes to the Report(s) subsequent to PRAD reviews should be documented appropriately and reviewed using the "Track Changes" function in Microsoft Word.

3.   PRAD is responsible for maintaining version control.

4.   Advises the Office of the Inspector General (OIG) on an annual basis of the planned issuance date of the Projections Report, including whether or not it will be issued in conjunction with the PBGC Annual Financial Report

5.   Coordinates any OIG requested review of the report and documentation

6.   After reviewing for accuracy, actuarial reasonableness and policy considerations, PRAD Director and/or a Chief Actuary recommends issuance to the Chief Policy Officer as documented via e-mail.

C.   CHIEF POLICY OFFICER AND/OR DEPUTY CHIEF POLICY OFFICER REVIEW

1.   Reviews for policy considerations and recommends issuance to the PBGC Director as documented via e-mail.

2.   Signs the Final Management Signoff Concurrence Statement, as seen at Appendix F; this statement may be modified as necessary.

D.   COLA REVIEW

The Director of COLA or designee reviews the editorial nature of the Projections Report, particularly for PBGC publication standards, as well as form and content.

E.   PEER REVIEW

The Chief Negotiating Actuary, NRAD or the Chief Valuation Actuary, ASD, shall appoint an actuary or actuaries to perform two detailed reviews of the Projections Report, which includes

tracking PIMS results and other numerical data contained in the report to a verifiable source to review for accuracy. These two reviews are:

> - a transcription review to assure that numbers and quantitative statements are properly transcribed from PIMS results to the Projections Report. For this purpose, PRAD will provide a full listing of all quantitative elements (numbers, comparative measures cited, etc.) that shows the source in the PIMS output and the location in the Projections Report.
> - an "ASOP 41 Review" to assure that the Projections Report complies with the requirements in the Actuarial Standards of Practice. The final compliance with ASOP 41 is attested to by a Chief Actuary and/or the PRAD Director as shown in Appendix E.

F.   EMC REVIEW

Reviews and approves the Projections Report prior to or concurrent with the submittal to the Director of PBGC.

G.   PBGC DIRECTOR REVIEW

1. The PBGC Director should review the Projections Report prior to the review by the Board of Directors.

2. The Director should recommend the publication of the report to the Board, if appropriate.

H.   BOARD OF DIRECTORS AND OMB REVIEW

Reviews the Projections Report and provides any necessary feedback prior to issuance of the Report to Congress.

I.   CERTIFICATION OF THE PROJECTIONS REPORT

A Chief Actuary and/or the PRAD Director will perform a final actuarial review and certify the Projections Report by signing the Statement of Actuarial Opinion, as seen at Appendix E. A Chief Actuary and/or PRAD Director may modify this statement as necessary.

J.   FINAL PBGC DIRECTOR REVIEW

Subsequent to the Board of Directors review, the PBGC Director retains the final authority for the decision to post the report to the PBGC website.

CHAPTER 6– PROCEDURES FOR OTHER USES OF PIMS

A.   INTRODUCTION

1. PRAD periodically receives requests for input in policy and regulation decisions from government agencies such as Office of Management and Budget (OMB), the CBO, and related entities or from researchers or stakeholder groups.

2. PRAD may utilize PIMS to provide input for use in answering these ad hoc requests and inquiries. Generally, these requests use PIMS outputs as an input into other models. Review of these models may be covered by separate manuals (e.g. Budget model) or subject to PRAD's overall Quality Assurance Procedures.

B.   IDENTIFICATION OF OTHER PIMS USES

Examples of ad hoc inquiries and Reports include:

1. Modeling of proposed legislation or regulatory changes.

2. Estimation of budget effects from changes to PBGC premiums.

3. Demonstration of effects on various plans/populations from changes to funding rules.

4. President's Budget Model Inputs

C.   PROCEDURES FOR AD HOC INQUIRIES AND REPORTS

1. PRAD should:

a. Obtain and document an agreement of the purpose and objective of specific requests from governmental entities.

b. Document appropriately and review the work performed to fulfill any ad hoc inquiries and requests that require the use of PIMS.

c. Document the procedures performed in memorandum to ensure the accuracy and completeness in fulfilling the ad hoc request or inquiry.

2. The Director, PRAD, or designee should review all reports and accompanying documentation prior to providing the results to the requesting entity.

CHAPTER 7– INFORMATION TECHNOLOGY CONSIDERATIONS

A.   INTRODUCTION

PIMS is an information technology system; therefore, it is critical that PRAD reviews system controls and function checks on a continual basis to ensure that PIMS is functioning properly.

B.   INFORMATION TECHNOLOGY PROCEDURES

1. Access to PIMS is controlled through the Office of Information Technology's (OIT's) "GetIT" application request process. An appropriate PRAD staff member, as designated by the Director, PRAD should approve system access.

2. The PIMS programming contractor staff is responsible for preparing a software change request and making requested programming changes to PIMS.

3. Changes to programming code will be made in the Development area of the PRAD network.

4. After completion, a PRAD staff member will review changes. This review will serve the purpose of identifying whether requested changes were accomplished and to assess whether any other coding changes were made from the existing production version.

5. If additional work is necessary, PRAD will inform the PIMS programming contractor. Each item raised by the PRAD staff member should be resolved or otherwise addressed to the satisfaction of the PRAD staff member and appropriately documented.

6. After all work is complete, the new coding will be approved, documented, and moved from PRAD to the Quality Assurance area of the PRAD network. Additional tests (e.g., running of output reports) will be performed by PRAD staff to ensure that the new code will operate effectively in the Production area of the PRAD network.

7. If no problems are noted, the new version will be moved to the Production area (the PIMS programming contractor staff members have no access to the Production environment). New version of PIMS will be deployed to Production according to the PBGC Release Management Procedures. The PRAD staff will run both the SE-PIMS and ME-PIMS in the Production area.

8. PRAD will document approval records for the different versions of PIMS in the RFC system and store the code for the different versions in PVCS.

9. Some programming changes may be necessary to address specific CBO or congressional requests received on an ad-hoc basis; however, reports prepared for such purposes will not necessarily follow the above procedures due to the severe time constraints often associated with the policy analysis or legislative requests. However, these changes will not change the primary version of PIMS that is used to meet routine reporting requirements and the ad-hoc versions will be kept separate from the primary version. The source code, outputs, and the executable used for these studies will be saved according to the Record Management guidelines.

CHAPTER 8– RECORD RETENTION CONSIDERATIONS

1. PRAD staff will retain records in accordance with the approved PRAD File Plan that is on file with the Workplace Solutions Department (WSD).

2. PRAD should ensure statutory reports issued to Congress are maintained indefinitely, and supporting documentation related to those reports must be maintained for a minimum period of 7 years.

APPENDIX A–HYPERLINKS USED IN THIS MANUAL

Readers with a printed copy of this manual should use the following addresses to access the hyperlinks in this manual:

Hyperlink	Web Address to Enter Into Browser (links are current as of 04/15/2016)
Projections Report web page	http://www.pbgc.gov/about/projections-report.html
Office of Management and Budget (OMB) Circular No. A-123, "Management's Responsibility for Internal Control"	http://www.whitehouse.gov/omb/circulars_a123_rev
Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies	http://www.whitehouse.gov/sites/default/files/omb/fedreg/reproducible2.pdf
Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States	http://actuary.org/content/us-qualification-standards
ERISA	http://www.dol.gov/ebsa/regs/fedreg/final/2000029766.pdf
Moving Ahead for Progress in the 21st Century Act (MAP-21)	http://www.gpo.gov/fdsys/pkg/BILLS-112hr4348enr/pdf/BILLS-112hr4348enr.pdf
The Pension Protection Act of 2006	http://www.gpo.gov/fdsys/pkg/PLAW-109publ280/pdf/PLAW-109publ280.pdf
(endangered, seriously endangered, and critical); Descriptions of Multiemployer Plans	http://www.law.cornell.edu/uscode/text/26/432
PBGC Annual Report	http://www.pbgc.gov/about/annual-reports.html
PBGC Pension Insurance Data Book	http://www.pbgc.gov/res/data-books.html
Social Security Administration (SSA)	http://www.ssa.gov
Interim Guidance, PBGC's Records Management Program	http://intranet/DirPolDel/Directives/Final-RM-Interim-Guidance-2012.pdf
Actuarial Standard of Practice No. 41	http://www.actuarialstandardsboard.org/pdf/asops/asop041_120.pdf

APPENDIX B – PIMS DATA TABLES

Please refer to the PIMS input binders for the current version of the PIMS Data Tables

TABLE B-1 -PIMS SE DATA TABLES (FY13)				
Index	Input Tables	Description	Preparer	Source
0.0	Run Table	Used to identify the table IDs used in the PIMS run	PIMS User	PIMS User specified
0.1	Output Table	Used to identify output files in the PIMS run	PIMS	PIMS User specified
Economy				
A	Economy	Economy Settings	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
A1	CPI	Consumer Price Index	PRAD staff, as allocated by PRAD Director	Applicable PRAD staff downloads research data from the Federal Reserve Economic Data website for the Consumer Price Index for All Urban Consumers: All Items (CPIAUCNS) and documents any subsequent analysis. Data is provided to PIMS Data Contractor for input into PIMS database.
A2	EconDet	User-defined economy settings	Not Currently Used	Not applicable.
A3	EconHist	Historical economic date (e.g., interest rates)	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
A4	EconPath	User-defined changes in economy	Not Currently Used	Not applicable.
A5	StocPath	User-defined stochastic returns	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
A6	YldCrv	Yield Curve interest rates	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
FirmCom				
B	FirmCom	Firm-level common settings	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
B1	FirmHet	Estimated heteroscedasticity	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
B2	FirmPath	User-defined changes in firm variables	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
FirmMem				

	TABLE B-1 -PIMS SE DATA TABLES (FY13)			
Index	Input Tables	Description	Preparer	Source
C	FirmMem	Firms to be run in a projection	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
C.0	Firm	Firm-level data (assets, cash flow, debt, etc.)	PIMS Software Contractor	Data provided by PIMS Software Contractor, if applicable.
C.1	Sponsor	Define relationship between firms and plans	PIMS Software Contractor	Data provided by PIMS Software Contractor, if applicable.
C.1.a	Plan	Plan-level data (i.e., Schedule B data)	PIMS Data Contractor	Plan-specific data is extracted from official reports (Form 5500 and Schedule B) and loaded into standardized tables for use by PIMS. Form 5500 and Schedule B filings are available from the Department of Labor on its EFAST-2 Filing Webpage. The PIMS Data Contractor maintains current manual documents for the contractor's data extraction process.
C.1.b	PlanUAL	Amortization Schedule	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.c	Assump	Plan Actuary's assumed experience	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.d	Disable	Plan Actuary's assumed experience- Disability decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.e	Separate	Plan Actuary's assumed experience- Termination decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.f	Retire	Plan Actuary's assumed experience - Retirement decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.g	Die	Plan Actuary's assumed experience - Mortality decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.h	Partic	Actual plan experience	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.

Index	Input Tables	Description	Preparer	Source
		TABLE B-1 -PIMS SE DATA TABLES (FY13)		
C.1.i	Actives	Actual number of active employees from the plan population	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.j	Tvested	Actual number of terminated vested employees from the plan population	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.k	Retireds	Actual number of retired employees form the plan population	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.l	Hire	New entrant assumptions	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.m	BFCombo	Salary and flat benefit formulas	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.n	BFSalary	Salary based benefit formula	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.o	Salaries	Salary arrays	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.p	BenSuppl	Benefit supplements	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.q	BenReduc	Benefit reductions	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.r	BFFlat	Unit-based benefit formula	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.2	Bankrupt	Estimated coefficients of bankruptcy equation	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
Industry				
D	Industry	Industry-level variances	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
Internal Revenue Service (IRS)				
E	IRS	IRS regulations	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the IRS website and provides to PIMS Software Contractor for input into the PIMS database

	TABLE B-1 -PIMS SE DATA TABLES (FY13)			
Index	Input Tables	Description	Preparer	Source
E1	BenLimit	Max annual benefit per Internal Revenue Code (IRC) 415(b)	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the IRS website and provides to PIMS Software Contractor for input into the PIMS database
E2	PayLimit	Max annual salary per IRC 401(a)17	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the IRS website and provides to PIMS Software Contractor for input into the PIMS database
E3	SS_Int	Social Security assumptions	PRADstaff, as allocated by PRAD Director	Input data is obtained from the Social Security Administration website (SSA). PRAD documents any subsequent analysis or calculations performed with the obtained data. PRAD staff obtain data and provides to PIMS Software Contractor for input into the PIMS database
E4	Wagebase	Social Security wagebase	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the SSA and provides to PIMS Software Contractor for input into the PIMS database
E5	BenErf Table	Benefit early reduction factor table	PRAD staff, as allocated by PRAD Director	Age reduction on the qualified plan 415(b) dollar limit. PRAD staff work with PIMS Data Contractor to obtain data
PBGC				
G	PBGC	PBGC Assumptions	PRAD staff, as allocated by PRAD Director	Data provided by PRAD staff.

	TABLE B-1 -PIMS SE DATA TABLES (FY13)			
Index	**Input Tables**	**Description**	**Preparer**	**Source**
G1	PBGC_Cap	Guaranteed benefit limits	PRAD staff, as allocated by PRAD Director	Single Employer: Input data is based on the PBGC Maximum Guaranteed Benefit (MGB) or applicable policy. PRAD staff obtain data and provides to PIMS Software Contractor for input into the PIMS database Multiemployer: This table for ME PIMS is filled with Single Employer MGB input values to ensure that the PIMS model is able to run (the MGB for multiemployer benefits is based on Section 4022A of ERISA and calculated in the PIMS programming language)
G2	PBGCExp	PBGC Expense	PIMS Software Contractor	"Starting Position" table that contains the parameters used to project future expenses of PBGC
G3	PBGCRet	Retired population for the "PBGC Plan"	PIMS Software Contractor	"Starting Position" table that projects PBGC's future liabilities
G4	PBGCTerm	Counts of terminated plans	PIMS Software Contractor	"Starting Position" table that contains PBGC's most recent history of the number of participants in terminated plans (data is used to project the future of PBGC administrative expenses)
G5	PBGCTV	Terminated vested population for "PBGC Plan"	PIMS Software Contractor	"Starting Position" table that projects PBGC's future liabilities
PlanCom				
H	PlanCom	Plan-level common settings	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.

TABLE B-1 -PIMS SE DATA TABLES (FY13)				
Index	Input Tables	Description	Preparer	Source
H1	AssetRet	Plan-specific asset returns	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
H2	PlanAIR	Plan actuarial interest rate	Not Currently Used	Not applicable.
H3	PlanPath	User-defined plan changes	PRAD staff, as allocated by PRAD Director	Used for testing purposes only

TABLE B-2 -ME PIMS DATA TABLES (FY13)				
Index	Input Tables	Description	Preparer	Source
0.0	Run Table	Used to identify the table IDs used in the PIMS run	PIMS User	PIMS User specified
0.1	Output Table	Used to identify output files in the PIMS run	PIMS	PIMS User specified
Economy				
A0	Economy	Economy Settings	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
A1	CPI	Consumer Price Index	PRAD staff, as allocated by PRAD Director	Applicable PRAD staff downloads research data from the Federal Reserve Economic Data website for the Consumer Price Index for All Urban Consumers: All Items (CPIAUCNS) and documents any subsequent analysis. Data is provided to PIMS Data Contractor for input into PIMS database.
A2	EconDet	User-defined economy settings	Not Currently Used	Not applicable.
A3	EconHist	Historical economic date (e.g., interest rates)	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
A4	EconPath	User-defined changes in economy	Not Currently Used	Not applicable.
A5	StocPath	User-defined stochastic returns	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.

TABLE B-2 -ME PIMS DATA TABLES (FY13)				
Index	Input Tables	Description	Preparer	Source
A6	YldCrv	Yield Curve interest rates	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
FirmCom				
B	FirmCom	Firm-level common settings	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
B1	FirmHet	Estimated heteroscedasticity	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
B2	FirmPath	User-defined changes in firm variables	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
FirmMem				
C	FirmMem	Firms to be run in a projection	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
C	Firm	Firm-level data (assets, cash flow, debt, etc.)	PIMS Software Contractor	Data provided by PIMS Software Contractor, if applicable.
C.1	Sponsor	Define relationship between firms and plans	PIMS Software Contractor	Data provided by PIMS Software Contractor, if applicable.
C.1.a	Plan	Plan-level data (i.e., Schedule B data)	PIMS Data Contractor	Plan-specific data is extracted from official reports (Form 5500 and Schedule B) and loaded into standardized tables for use by PIMS.

Form 5500 and Schedule B filings are available from the Department of Labor on its EFAST-2 Filing Webpage. The PIMS Data Contractor maintains current manual documents for the contractor's data extraction process. |
| C.1.b | PlanUAL | Amortization Schedule | PIMS Data Contractor | Data provided by PIMS Data Contractor, if applicable. |
| C.1.c | Assump | Plan Actuary's assumed experience | PIMS Data Contractor | Data provided by PIMS Data Contractor, if applicable. |

		TABLE B-2 -ME PIMS DATA TABLES (FY13)		
Index	Input Tables	Description	Preparer	Source
C.1.d	Disable	Plan Actuary's assumed experience-Disability decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.e	Separate	Plan Actuary's assumed experience-Termination decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.f	Retire	Plan Actuary's assumed experience - Retirement decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.g	Die	Plan Actuary's assumed experience - Mortality decrement	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.h	Partic	Actual plan experience	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.i	Actives	Actual number of active employees from the plan population	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.j	Tvested	Actual number of terminated vested employees from the plan population	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.k	Retireds	Actual number of retired employees form the plan population	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.l	Hire	New entrant assumptions	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.m	BFHybrid	Salary and flat benefit formulas	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.n	BFSalary	Salary based benefit formula	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.o	Salaries	Salary arrays	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.p	BenSuppl	Benefit supplements	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.q	BenReduc	Benefit reductions	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.r	BenReducTV	Benefit reductions	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.

TABLE B-2 -ME PIMS DATA TABLES (FY13)				
Index	Input Tables	Description	Preparer	Source
C.1.s	BFFlat	Unit-based benefit formula	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
C.1.t	ME_Hist	Historical contributions information	PRAD staff	Data provided by applicable PRAD staff.
C.1.u	Runup_Hist	Historical contributions information during run up years	PRAD staff	Data provided by applicable PRAD staff.
C.1.v	Scale	Mortality improvement scale	PRAD staff	Data provided by applicable PRAD staff.
C.2	Bankrupt	Estimated coefficients of bankruptcy equation	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
C.3	Plan_over	Special override assumptions for certain plans	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
Industry				
D	Industry	Industry-level variances	PRAD staff, as allocated by PRAD Director	Data provided by applicable PRAD staff.
IRS				
E0	IRS	IRS regulations	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the IRS website and provides to PIMS Software Contractor for input into the PIMS database
E1	BenLimit	Max annual benefit per Internal Revenue Code (IRC) 415(b)	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the IRS website and provides to PIMS Software Contractor for input into the PIMS database
E2	PayLimit	Max annual salary per IRC 401(a)17	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the IRS website and provides to PIMS Software Contractor for input into the PIMS database

	TABLE B-2 -ME PIMS DATA TABLES (FY13)			
Index	**Input Tables**	**Description**	**Preparer**	**Source**
E3	SS_Int	Social Security assumptions	PRADstaff, as allocated by PRAD Director	Input data is obtained from the Social Security Administration website (SSA). PRAD documents any subsequent analysis or calculations performed with the obtained data. PRAD staff obtain data and provides to PIMS Software Contractor for input into the PIMS database
E4	Wagebase	Social Security wagebase	PRAD staff, as allocated by PRAD Director	PRAD staff obtain data from the SSA and provides to PIMS Software Contractor for input into the PIMS database
E5	BenErf Table	Benefit early reduction factor table	PRAD staff, as allocated by PRAD Director	Age reduction on the qualified plan 415(b) dollar limit. PRAD staff work with PIMS Data Contractor to obtain data
PBGC				
G	PBGC	PBGC Assumptions	PRAD staff, as allocated by PRAD Director	Data provided by PRAD staff.

Index	Input Tables	Description	Preparer	Source
		TABLE B-2 -ME PIMS DATA TABLES (FY13)		
G1	PBGC_Cap	Guaranteed benefit limits	PRAD staff, as allocated by PRAD Director	Single Employer: Input data is based on the PBGC Maximum Guaranteed Benefit (MGB) or applicable policy. PRAD staff obtain data and provides to PIMS Software Contractor for input into the PIMS database Multiemployer: This table for ME PIMS is filled with Single Employer MGB input values to ensure that the PIMS model is able to run (the MGB for multiemployer benefits is based on Section 4022A of ERISA and calculated in the PIMS programming language)
G2	PBGCExp	PBGC Expense	PIMS Software Contractor	"Starting Position" table that contains the parameters used to project future expenses of PBGC
G3	PBGCRet	Retired population for the "PBGC Plan"	PIMS Software Contractor	"Starting Position" table that projects PBGC's future liabilities
G4	PBGCTerm	Counts of terminated plans	PIMS Software Contractor	"Starting Position" table that contains PBGC's most recent history of the number of participants in terminated plans (data is used to project the future of PBGC administrative expenses)
G5	PBGCTV	Terminated vested population for "PBGC Plan"	PIMS Software Contractor	"Starting Position" table that projects PBGC's future liabilities
PlanCom				
H	PlanCom	Plan-level common settings	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.

TABLE B-2 -ME PIMS DATA TABLES (FY13)				
Index	Input Tables	Description	Preparer	Source
H1	AssetRet	Plan-specific asset returns	PIMS Data Contractor	Data provided by PIMS Data Contractor, if applicable.
H2	PlanPath	User-defined plan changes	PRAD staff, as allocated by PRAD Director	Used for testing purposes only

APPENDIX C – PROJECT DOCUMENTATION TEMPLATES

C1 - PIMS Status and Progress Report (for "PIMS Management Meeting")

C2 - Software Change Request (SCR) – Anomaly/Enhancement template

C3 - Software Change Request (SCR) – Reviewer Completion

C4 - Procedure to review PIMS changes

C5 - PIMS IT Meeting Schedule Template

Appendix C 1 - PIMS Status and Progress Report Template

Sample PIMS Status and Progress Report (for "PIMS Management Meeting")

PIMS STATUS and PROGRESS: Week of

Subject: PRAD/Lynchval Weekly Meeting Regarding PIMS Contract PBGC01-CT-10-0011 Status & Progress PIMS Status and Progress Report**:** **http://pbgcportal.prod.ent.pbgc.gov:80/portal/...**			
Date:		Time:	3:00 PM – 4:00 PM
Meeting Chair:		Location:	Conference Room 10B
Invitees:	PRAD: LRD:	OIT: Lynchval:	

	Agenda
1.	Development progress summary (see Annex-A).
2.	Execution plan highlight (See P6 Plan).
3.	Development plan highlight (See P6 Plan).
4.	Lessons Learned from FY12 release.
5.	Any other item.

Annex-A

Development Status Update

Sr.#	Task Name	Status*	SDLC Stage	Probability	Target Date
ME-PIMS					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
SE-PIMS					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

* <u>Completed</u>: Delivered to PRAD or Approved by PRAD; <u>On Hold</u>: Waiting for further instruction; <u>On Wait</u>: Work started, but waiting for next available resource; <u>Planned</u>: Planned, but not started; <u>WIP</u>: Work-In-Progress

§ Newly added item as requested by PRAD

Development Plan:

ProjectPlan-06.19-1.pdf

Report Preparation Phase:

ProjectPlan-06.19-2.pdf
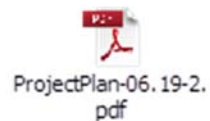
Appendix C 2 - PIMS Software Change Request Anomaly/Enhancement Template

LYNCHVAL SYSTEMS
Worldwide Inc.
Your High-Tech Actuarial Partner

**Section 1: Anomaly related details should be entered into Section 1.A;
Enhancement related details should be entered into Section 1.B**

SCR#:		**Status:** *(New, Open, Fixed, Withdrawn, or Closed)*	New {New – Section 1 complete, Open – Section 2.A complete, Fixed – Solution implemented & successfully reviewed, Withdrawn – Issue no longer requires a solution or Closed – Solution successfully deployed to production}

Product *(SE, ME, Budget Model, Other)*:	

Section 1.A: Anomalies - Completed by the person that found the problem

Submitter:		**Date:**	
Reviewer:		**Date:**	

Release& exe found in *(if known):*	
Database*(if known):*	

Problem Definition/Description:	

Steps to recreate *(as applicable):*	

Expected Results*(succinct)***:**	

Actual Results*(succinct)***:**	

Location of reference material *(e.g., spreadsheets containing supporting calculations, relevant legislation, regulations, etc.)*	

Comments:	

Section 1.B: Enhancements - Completed by the person with the best understanding of the required new capability

Submitter:		Date:	
Reviewer:		Date:	

Enhancement Description:	
Comments:	

Table 100: Inputs

Req. ID	Req. Name	Requirement Text
EN.101		
EN.102		
EN.103		
EN.104		
EN.105		
EN.106		
EN.107		

Table 200: Aggregations or Computations

Req. ID	Req. Name	Requirement Text
EN.201		
EN.202		
EN.203		
EN.204		

Table 300: Outputs – Intermediate &/or Final

Req. ID	Req. Name	Requirement Text
EN.301		

Table 400: Reports – standard or custom

Req. ID	Req. Name	Requirement Text
EN.401		

Data Capture and Storage		
Req. ID	Req. Name	Requirement Text
EN.501		
EN.502		
EN.503		
EN.504		
EN.505		

Data Conversion		
Req. ID	Req. Name	Requirement Text
EN.600		

Data Quality		
Req. ID	Req. Name	Requirement Text
EN.700		

Capacity:		
Req. ID	**Req. Name**	**Requirement Text**
EN.800		

Audit Trail:		
Req. ID	**Req. Name**	**Requirement Text**
EN.900		

Location of reference material *(e.g., spreadsheets containing supporting calculations, relevant legislation, regulations, etc.)*	

Comments:	

Section 2.A: Completed by Technical Analyst

Technical Analyst:		Date:	
Reviewer:		Date:	

Analysis LOE Estimate *(in man hours):*	$(T_o + 4T_m + T_p) / 6$ {if > 12 man hrs see Partho}	Solution Implementation (i.e., section 2.B) LOE Estimate *(in man hours):*	$(T_o + 4T_m + T_p) / 6$ {if > 45 man hrs see Partho}

LOE - T_o = Optimistic duration; $T_m =$ Most likely duration; T_p = Pessimistic duration

Solution Impact Analysis Only *(does not include **scoring** unless specifically requested by PRAD which then is included in Section 2.B)***:**	

Location of reference material *(e.g., spreadsheets containing supporting calculations, relevant legislation, regulations, etc.)*	

Comments:	

Section 2.B: Completed by Technical Analyst after item is confirmed and approved

Technical Analyst:		Date:	
Reviewer:		Date:	
Findings:			

Solution Details *(explain):*	

Unit Test Definition:	
Expected Results*(succinct)***:**	
Actual Results*(succinct)***:**	

Location of reference material:	

Comments:	

Section 3.A: Completed by Actuary to outline Functional Testing efforts & Results

Actuary:		Date:	
Reviewer:		Date:	
Findings:			

Executive Summary *(client level)***:**	

Reviews Completed *(explain)***:**	
Describe Limitations associated with the solution *(if any)***:**	

Impact Analysis: Describe how actual results compare with expected and discuss what reasonability checks were performed:	
Location of Cross Walk Analysis:	
Stochastic Run(s):	
Deterministic Run(s):	
Links to other spreadsheets independently checking results:	

Section 3.B: Completed by Actuary &/or Technical Analyst to outline System Testing Efforts

Name:		Date:	
Reviewer:		Date:	
Findings:			

Location of reference material:	

Summary of Results:	

Comments:	

!!!DO NOT TYPE OUTSIDE OF ABOVE TABLES!!

Appendix C 3 – PIMS Software Change Request Form (SCR)

PIMS SCR Form
Completed by Reviewer of PIMS Changes

{Remember to manually update the footer field with the file name, it is not automatically updated}

SCR#:	{Tracker #}

Reviewer / Date of Review:	{Enter Reviewer's Last Name / mm.dd.yy}
Approval Status *(explain if NOT approving):*	Approve/Disapprove/Pending
New Code Name:	
Prior Approved Baseline Code:	
Code Regression Comparison against latest approved code:	Location of code comparison results and comments
Comments and Concerns about Current code Modifications 1. **Comment on flow and organization of the code changes?** 2. **Was code sufficiently commented?**	
Location of Independent tests performed (list location and name of independent PIMS runs and/or Excel templates)	
Observations Regarding Impact on Annual Report Numbers (why or why not are the overall results reasonable) How did you reach your conclusion? **Did your review focus on particular plans? (please list)**	

Comments:	

Appendix C 4 – Procedure to Review PIMS Changes

PROCEDURE TO REVIEW PIMS CHANGES

TO:	PIMS REVIEW TEAM (MARCUS CLEARY, JENJI LIN, JENSEN CHAN)
FROM:	JENSEN CHAN
SUBJECT:	PROCEDURE TO REVIEW CHANGES TO PIMS
DATE:	JUNE 12, 2013
CC:	NEELA RANADE, DAVE GUSTAFSON

Reviewing PIMS can generally be divided into reviewing programming specifications, unit tests and code review. For most of the PIMS modifications, either enhancement or fixes of problem log, the reviewer will have to ensure each of the three items are checked and the system is performing as expected. While the reviewing process varies widely (from just to confirm the results are correct to reviewing more than a thousand lines of new code for some enhancements), PRAD has to be certain that the review process are properly documented and the backups are properly saved and be available for audit purpose and peer review. To ensure the review processes are consistent between different reviewers and to comply with the record management procedures, <u>effective immediately</u>, please follow the review process outlined below. Reviewers would also need to provide similar documentations and backups for the FY13 release reviews that were done prior to this document.

<u>Programming Specifications Review</u>
Programming specifications should provide 1) a high level descriptions of the business needs or the reason for the change, 2) the proposed solution, 3) steps the changes to be implemented and 4) anticipated unit tests to be performed by contractors to ensure the coding/changes are correct.

The reviewer should review the specifications to ensure it provides proper explanation of the change, what would be changed and the implementation process. When the review is completed, the reviewer will need to
- Set up a directory in the appropriate working folder (see screen print below)
- Send an email to formally approve the specification
- Save email correspondences (in PDF format) to the directory
- Save other backup files as needed to the directory
- Scan a signed and dated copy of the specification to the directory

<u>Unit Tests Review</u>
Unit tests are performed by the contractors as part of their own review process. These tests also serve as the starting point for the UAT (user acceptance test). The review of the unit tests should make sure the unit tests results are correct. If the reviewer believes additional test case/scenarios are appropriate, he/she should contact the project manager to request the additional information. When the review is completed, the reviewer will need to
- Send an email to formally approve the unit tests
- Save email correspondences (in PDF format) to the directory
- Save other backup files as needed to the directory

<u>Code Review</u>
Code review is the final step of the review process. Procedures and files used to verify the changes will be different for different kind of changes. As an example, for expanding the sample size, there will not be a coding change but the reviewer would have to review the final database to ensure plans and data are set up correctly. For actual coding change, the reviewer might have a snippet of the code reviewed, the cases we used to debug the code and output used to determine the accuracy of the changes. During code review, the reviewer may also need clarifications from contractor's actuaries and programmers. The reviewer would need to decide the documentations and backups needed in order to support the decision. In the final approval email, the review may need to have a short description on what was done to review the code changes. When the review is completed, the reviewer will need to

- Send an email to formally approve the code changes
- Save email correspondences (in PDF format) to the directory
- Save other backup files as needed to the directory

Since code review is the last step of the reviewing process, the code reviewer is responsible to coordinate with the programming specification and unit tests reviewers to move the appropriate files/documents to the "records" directory. Please note that most of the review documents should be in the "Working papers" directory.

Working Directory
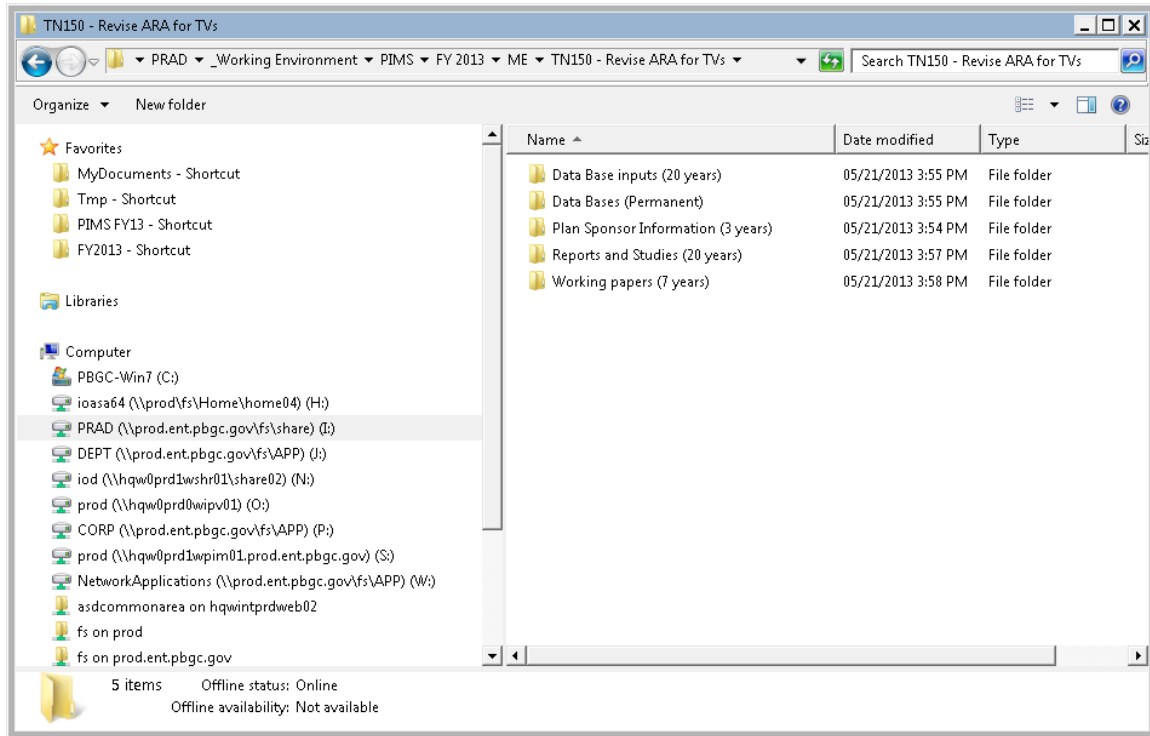
Records Directory
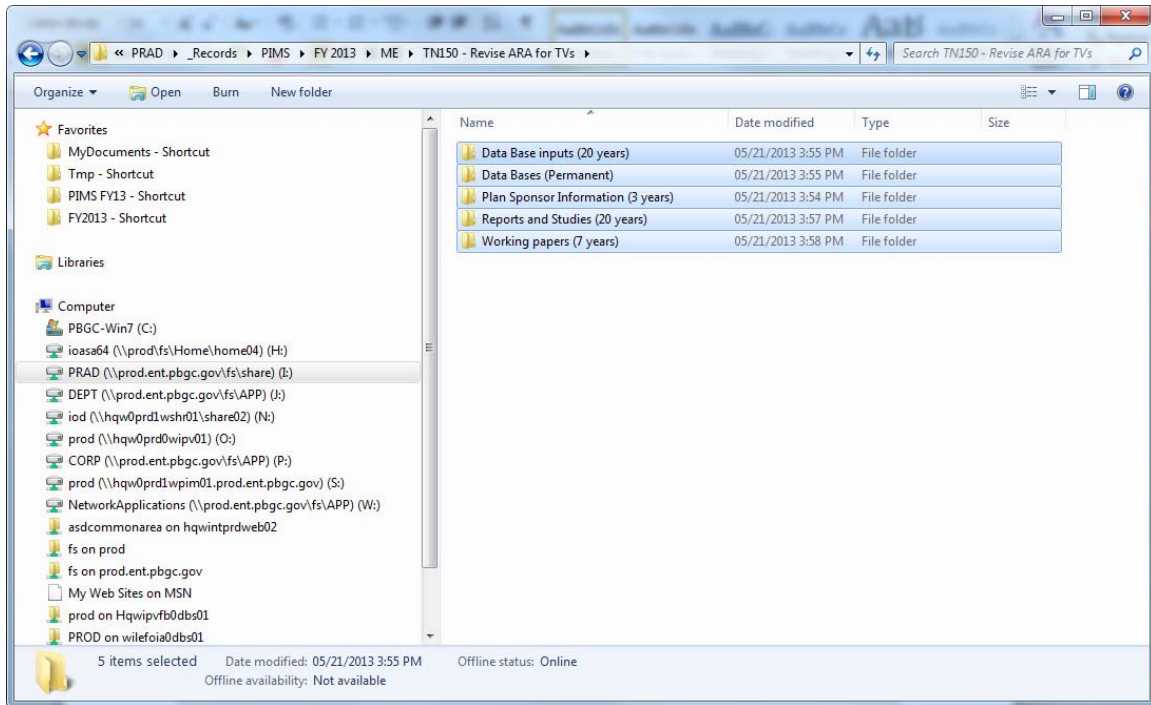
PIMS Review

FY: 13   Model: ME/SE

SCR#:   TNXXX

Description:

	File Location	Reviewed By
Specification		
Unit Tests		
Code		

Comments:

Appendix C 5 – Weekly PIMS Technical Meeting Schedule

Pension Insurance Modeling System (PIMS) Sponsor Meeting			
Subject:			
Facilitator		**Date & Time:**	xxx xx, 20xx 3:00PM – 4:00 PM
IT Program Manager:		**Location:**	Conference Room 10B
Scribe:		**Phone #:**	
Attendees:			
Absent:			
Topic	**Discussion**		
PRAD IT Acquisitions			
PIMS FY xx.1 Release	•		
Buck FY1xx Data			
…	•		
	•		
	•		
	•		
	•		
	•		

APPENDIX D–PIMS INPUTS DATA STRUCTURE WORKSHEET

Table D 1 – Single Employer (SE) Input Data Structure Diagram

Table D 2 – Multi Employer (ME) Input Data Structure Diagram

Table D-1: Sample Single-Employer Input Data Diagram

Pension Insurance Modeling System (PIMS) Input Data Structure vFY12

File Structure for SE - PIMS Input File Checking Folders was designed by assigning file designators as shown in red and filenames highlighted in yellow.

File: E:\PPG AppB - PIMS Data Model v8.vsd

Run (Projection settings)

A — Economy (Economy settings)
- **A1 — CPI** (Consumer Price Index)
- **A2 — EconDet** (user-defined economy settings)
- **A3 — EconHist** (Historical interest Rates)
- **A4 — EconPath** (User-defined changes in economy)
- **A5 — StocPath** (User-defined stochastic returns)
- **A6 — YldCrv** (Yield Curve interest rates)

B — FirmCom (Firm-level common settings)
- **B1 — FirmHet** (Estimated heteroscedasticity)
- **B2 — FirmPath** (User-defined changes in firm variables)

C — FirmMem (Firms to be run in a projection)
- **C1 — Firm** (Firm-level data [assets, cashflow, debt, etc.])

D — Industry (Industry-level variances)

E — IRS (IRS regulations)
- **E1 — BenLimit** (Max annual benefit per IRC 415(b))
- **E2 — Benerf** (Early Retirement Factors)
- **E3 — PayLimit** (Max annual salary per IRC 401(a)17)
- **E4 — SS_Int** (Social Security assumptions)
- **E5 — Die** (Mortality)
- **E6 — Scale** (Mort Scale)
- **E7 — Wagebase** (SS Wagebase)

F — Output (Controls system output)

G — PBGC (PBGC assumptions)
- **G1 — PBGC_Cap** (Guaranteed benefit limits)
- **G2 — PBGCExp** (PBGC Expense)
- **G3 — PBGCRet** (Retired for Trusteed "PBGC Plan")
- **G4 — PBGCTerm** (Counts of Terminated plans)
- **G5 — PBGCTV** (TVested for Trusteed Plan")

H — PlanCom (Plan-level common settings)
- **H1 — AssetRet** (Plan-specific asset returns)
- **H2 — PlanIRA** (Plan Actuarial Interest rate)
- **H3 — PlanPath** (User-defined plan changes)

I — Sample (Control the years, cycles, firms, and scenarios in projection)

J — Sponsor (Defines relationship between firms and plans)

K — Bankrupt (Estimated coefficients of bankruptcy equation)

J1 — Plan (Plan-level data [Sch B data])

J1a — BFCombo (Salary and Flat benefit formulas)
- **J1a1 — BFCashbal** (cash Ballancet formulas)
- **J1a2 — BFSalary** (Salary-based benefit formula)
- **J1a3 — BFFlat** (Unit-based benefit formula)
- **J1a4 — Acctbal** (Account Ballances)
- **J1a5 — Salaries** (Salary arrays)
- **J1a6 — BenSuppl** (Benefit Supplements)
- **J1a7 — BenReduc** (Benefit Reductions)

J1b — Partic (Actual Plan Experience)
- **J1b1 — Actives** (Population)
- **J1b2 — TVesteds** (Population)
- **J1b3 — Retireds** (Population)
- **J1b4 — Hire** (New entrant assumptions)

J1c — Assump (Actuary's Assumed Experience)
- **J1c1 — Retire** (Retirement decrement)
- **J1c2 — Separate** (Termination decrement)
- **J1c3 — Disable** (Disability decrement)

J1d — Plan_Amort (Amortization table)

J1e — PlanUAL (Amortization Schedule)

Table D-2: Sample Multiemployer Input Data Diagram

Pension Insurance Modeling System (PIMS)
ME Input Data Structure
vFY12

File Structure for ME Inputs Checking Folder is designed by assigning file designators as shown in red and using the filenames highlighted in yellow.

Filename: \2013 Exposure Report \ME - PIMS Input File Checking \2 - ME File & Binder Structure \PIMS ME Data Model v8 File Structure.pdf

Run (Projection settings)

A Economy (Economy settings)
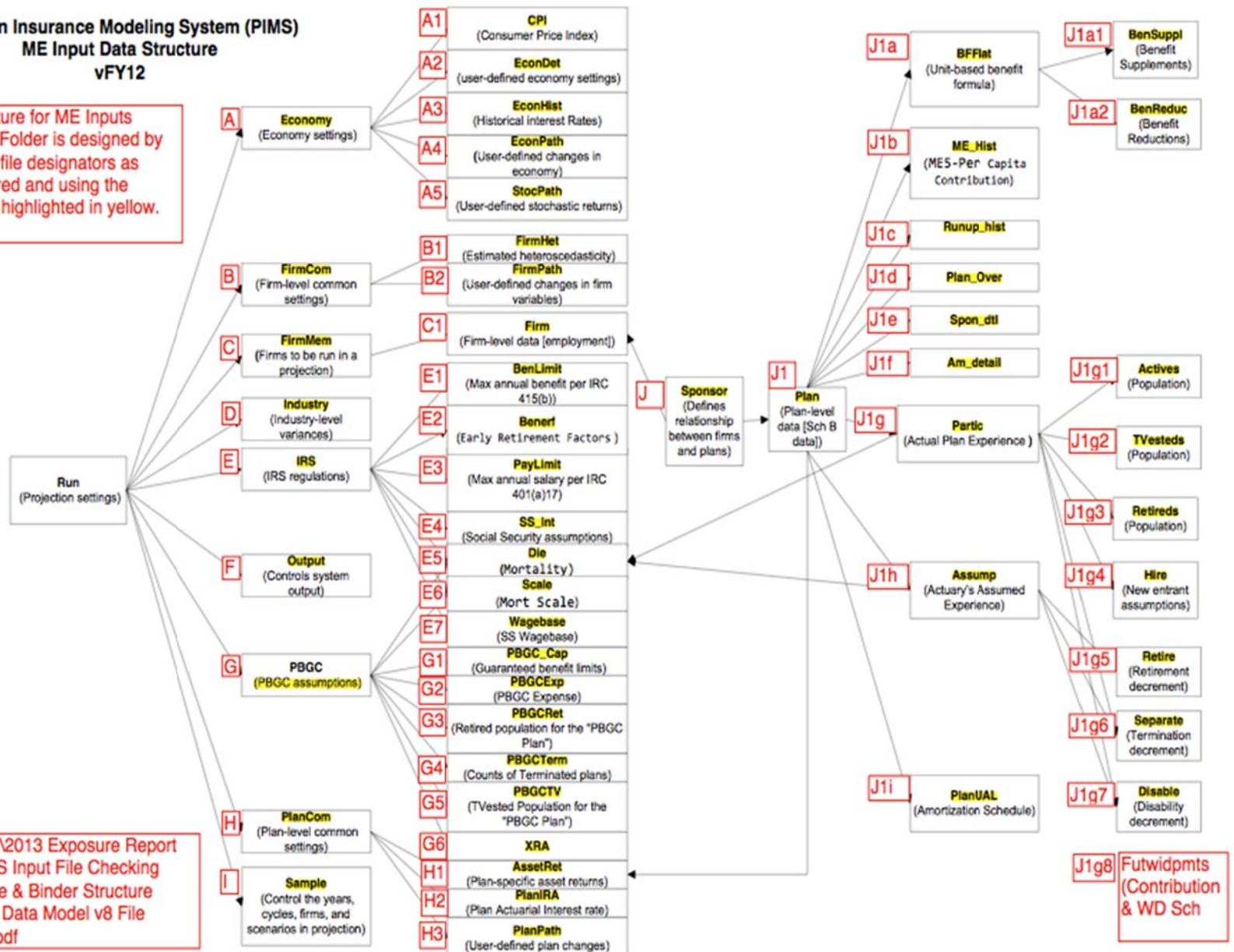- **A1 CPI** (Consumer Price Index)
- **A2 EconDet** (user-defined economy settings)
- **A3 EconHist** (Historical interest Rates)
- **A4 EconPath** (User-defined changes in economy)
- **A5 StocPath** (User-defined stochastic returns)

B FirmCom (Firm-level common settings)
- **B1 FirmHet** (Estimated heteroscedasticity)
- **B2 FirmPath** (User-defined changes in firm variables)

C FirmMem (Firms to be run in a projection)
- **C1 Firm** (Firm-level data [employment])

D Industry (Industry-level variances)

E IRS (IRS regulations)
- **E1 BenLimit** (Max annual benefit per IRC 415(b))
- **E2 BeneF** (Early Retirement Factors)
- **E3 PayLimit** (Max annual salary per IRC 401(a)17)
- **E4 SS_Int** (Social Security assumptions)
- **E5 Die** (Mortality)
- **E6 Scale** (Mort Scale)
- **E7 Wagebase** (SS Wagebase)

F Output (Controls system output)

G PBGC (PBGC assumptions)
- **G1 PBGC_Cap** (Guaranteed benefit limits)
- **G2 PBGCExp** (PBGC Expense)
- **G3 PBGCRet** (Retired population for the "PBGC Plan")
- **G4 PBGCTerm** (Counts of Terminated plans)
- **G5 PBGCTV** (TVested Population for the "PBGC Plan")
- **G6 XRA**

H PlanCom (Plan-level common settings)
- **H1 AssetRet** (Plan-specific asset returns)
- **H2 PlanIRA** (Plan Actuarial Interest rate)
- **H3 PlanPath** (User-defined plan changes)

I Sample (Control the years, cycles, firms, and scenarios in projection)

J Sponsor (Defines relationship between firms and plans)

J1 Plan (Plan-level data [Sch B data])
- **J1a BFFlat** (Unit-based benefit formula)
  - **J1a1 BenSuppl** (Benefit Supplements)
  - **J1a2 BenReduc** (Benefit Reductions)
- **J1b ME_Hist** (ME5-Per Capita Contribution)
- **J1c Runup_hist**
- **J1d Plan_Over**
- **J1e Spon_dtl**
- **J1f Am_detail**
- **J1g Partic** (Actual Plan Experience)
  - **J1g1 Actives** (Population)
  - **J1g2 TVesteds** (Population)
  - **J1g3 Retireds** (Population)
  - **J1g4 Hire** (New entrant assumptions)
  - **J1g5 Retire** (Retirement decrement)
  - **J1g6 Separate** (Termination decrement)
  - **J1g7 Disable** (Disability decrement)
  - **J1g8 Futwidpmts** (Contribution & WD Sch)
- **J1h Assump** (Actuary's Assumed Experience)
- **J1i PlanUAL** (Amortization Schedule)

APPENDIX E – STATEMENT OF ACTUARIAL OPINION

A Chief Actuary and/or the PRAD Director may use the following format for the Statement of Actuarial Opinion of the Projections Report, if appropriate:

Statement of Actuarial Opinion:

We, the undersigned certify that this valuation has been prepared in accordance with generally accepted actuarial principles and practices and, to the best of our knowledge, fairly reflects the possible range of projected outcomes relative to the operations and status of the Corporation's single-employer and multiemployer plan insurance programs as of September 30, 201x.

In preparing this valuation, we have relied upon information provided to us regarding inputs to the PIMS model and outputs from the PIMS model which were used to prepare the Projections Report, some of which are detailed in the Appendix to the Projections Report.

In our opinion, (1) the techniques and methodology used for this valuation are generally acceptable within the actuarial profession; (2) the assumptions used are appropriate for the purposes of this statement; and (3) the resulting valuation represents a reasonable estimate of the possible range of projected outcomes relative to the operations and status of these programs.

I, *Name,* am the Chief _____Actuary of the PBGC
I, *Name,* am the Director for the Policy, Research and Analysis Department of the PBGC.

We meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this report.

_____   Date: _____
Name
Chief _____Actuary, PBGC
MAAA, EA, FSA

_____   Date:_____
Name
PRAD Director
MAAA, EA, FSA

APPENDIX F–FINAL MANAGEMENT SIGNOFF CONCURRENCE

The Chief Policy Officer may format for the Final Management Signoff of the Projections Report, if appropriate:

Final Management Signoff:

Based on my review, the PIMS 20xx Input and Output Binders have been properly documented by PRAD staff. The PRAD staffs' review is made evident within the respective Input and Output Binder on the Reviewer Checklist. The contents of the binders reflect PRAD staffs' due diligence to ensure proper preparation and review of the PIMS 20xx Projections Report, and I approve its issuance along with the appropriate notices and caveats included in the report.

_____   Date: _____

Name
Chief Policy Officer, PBGC

PBGC Records Management (RM) Program

RM Program

Procedures Manual

Version 1.0

Last Updated Date: 08/18/2010

Revision History

Document Version	Release Date	Author	Section(s) Changed	Description/Comments
V1.0	08/18/2010	Roderick MacPhail	N/A	Initial release

The Revision History table is updated each time the document is updated. Document Version number should be in the format (V#.0, e.g. V1.0); Release Date in the format (mm/dd/yyyy); Author in the format (First name, Last name; Department, or Team); list individual Section(s) Changed or insert "All" for multiple changes to the document, insert "N/A" for the initial release of the document (do not leave the cell blank); and provide a brief description of the change(s), if any. Also, remember to update the cover and footer with the document's current version (without the "V" preceding the number) and release date.

Contents

Chapter 1 – Document Overview

1.1 Purpose

This document describes procedures for managing the Records Management (RM) Program at the Pension Benefit Guaranty Corporation (PBGC). These procedures are designed for use by the Records Officer in developing, implementing, maintaining and monitoring processes and tools that support effective records management.

1.2 Ownership

The PBGC Records Officer is the official owner of the PBGC Records Management Program Procedures and, as such, possesses exclusive authority to make changes to this document.

1.3 Scope

The RM Program Procedures Manual is one of a series of documents that establish policies, processes and procedures for maintaining the RM Program and managing records at PBGC:

> Records management policies are established in:

- PBGC Directive IM 15-1 – PBGC Records Management Program

> The RM Program is managed in accordance with:

- PBGC RM Program Process Manual
- PBGC RM Program Procedures Manual (this document)

> PBGC records are managed in accordance with:

- PBGC Records Management Process Manual
- PBGC Records Management Procedures Manual

1.4 Audience

The document is intended to be used by the Records Officer and the Program Manager, with input from all stakeholders across the organization involved in the creation, preservation or disposition of records.

1.5 Key Terminology

Terms used in this document are defined in the PBGC Records Management Glossary available in the Records Management section of the PBGC Intranet.

1.6 Formats and Styles

Along with the Table of Contents, special formats and styles are used for ease of navigating within the document. Internal references to procedures, activities, and tasks within the document are given in *italics*.

This document is formatted for double-sided printing.

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Chapter 2 – Introduction

2.1 Background

The regulations of the National Archives and Records Administration (NARA) state that agencies of the federal government "must establish and maintain an active, continuing program for the economical and efficient management of the records of the agency…Agency records management programs must provide for…effective controls over the creation, maintenance, and use of records in the conduct of current business; and…standards, procedures, and techniques designed to improve the management of records, promote the maintenance and security of records deemed appropriate for preservation, and facilitate the segregation and destruction of records of temporary value." (36 CFR 1220.30)

In 2007, PBGC embarked on a multi-year mission to improve records management across the organization. The vision, as presented to senior staff, was to establish a compliant corporate records program that met PBGC needs as well as the requirements of the Federal Records Act and NARA by instituting standardized policies, processes, procedures and training. In addition, the vision included implementing a comprehensive technology solution, leveraging PBGC's technology investments, to cost-effectively manage the organization's records.[1]

A comprehensive records inventory was conducted, and a high-level, media-neutral, "big bucket" records schedule was developed and implemented to replace PBGC's legacy paper-based records schedule. With the completion of the new records schedule, the RM Program began to address the development of policies, processes, and procedures. In 2009, the PBGC Directive IM 15-1 – PBGC Records Management Program was updated and the PBGC Records Management Process and Procedures manuals were issued to provide guidance on the management of records at the business level.

Developed in 2010, the RM Program Process and Procedures manuals address activities of the Records Officer in developing, implementing and maintaining RM Program functions to support records management at PBGC.

2.2 About the RM Program Procedures Manual

The RM Program Procedures Manual provides guidance in the following areas:

- Creating and maintaining file plans

- Conducting compliance reviews

- Ensuring vital records protection

- Auditing records management functions and activities

The RM Program procedures in this manual are intended as management-level guidance for the Records Officer and others tasked with establishing and maintaining RM Program functions. The procedures are aligned with the RM Program processes and are designed to establish performance standards while supporting the process of growing and maturing the RM Program.

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[1] *Senior Staff Briefing – Mission: Improve Records Management at PBGC*, March 6, 2007.

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Chapter 3 – Create File Plans Procedure

3.0 Overview

3.0 1 Purpose

The Create File Plans procedure is used to develop business unit file plans across PBGC based on a uniform model that will support the needs of business units as well as of the Records Officer.

A file plan describes different types of files maintained by business units, how they are organized and identified, where and in what format they should be stored, and their applicable PBGC Simplified Records Schedules disposition authority.

The Records Officer also relies on business unit file plans to support records disposition audits, to locate record groups in support of hold orders and to provide background information for records management improvement initiatives.

File plan models may vary from a simple checklist of records to an enterprise classification structure. For this reason, the Create File Plans procedure begins with defining the target state of the uniform file plan model, based on the intended use of the file plans. Standards, templates and data gathering approaches are intended to be modified as needed to accommodate changes in the target state.

The Create File Plans procedure is designed to be implemented when business needs require a substantial change in the file plan target state. After the new target state has been implemented, further updating of file plans is accomplished through the Maintain File Plans procedure.

3.0 2 Roles

The Records Officer or delegated authority is responsible for establishing file plan standards, creating and maintaining file plan templates and tools, coordinating file plan data gathering projects and finalizing and approving business unit file plans.

The RM Program Manager is responsible for reviewing and approving file plan creation project plans, and for ensuring that the goals of the RM Program are considered when establishing the file plan target state.

Records Coordinators and other business unit representatives have the responsibility of providing information for completing file plan templates, responding to follow-up questions about the information provided in the templates, and disseminating approved file plans to business unit staff.

3.0.3 Scope

The Create File Plans procedure in this manual calls for the PBGC Records Officer or delegated authority to determine the target state, develop standards and tools, establish a project schedule, and direct the process of requesting, receiving and consolidating information about records created by business units. The RM Program Manager, the

Records Coordinators and subject matter experts within business units are also called upon to support certain activities.

The data gathering stage of the Create File Plans procedure calls for business units to identify the types of records they create and/or maintain, match these records series to the retention rules in the PBGC Simplified Records Schedules and the NARA General Records Schedules and provide a brief description of where, how, and in what format the records are maintained, using a file plan template. The data gathering is designed to be completed using one or more approaches as determined by the Records Officer. The Records Officer may utilize a project team to conduct the data gathering, or may delegate the task to the business units, depending on the amount and type of data required and the available resources. Regardless of the approach, each business unit is responsible for verifying the accuracy and completeness of the information provided.

Completed templates are uploaded to a file plan composite tool which enables the Records Officer to review, finalize, approve, and publish the completed file plans. When the file plans are completed and approved, they are returned to the business units to be implemented. Records Coordinators are responsible for receiving and distributing the approved file plans, for ensuring that all business unit staff are familiar with their file plans and for notifying the Records Officer of the need for updates to file plans.

3.0.4 References

The following references, tools and templates are used in this procedure:

- PBGC Organizational Chart
- PBGC Lines of Business Descriptions
- File Plan data gathering template (see *Appendix A4*)
- File Plan template instructions (see *Appendix A5*)
- NARA crosswalk
- PBGC Simplified Records Schedules
- PBGC Records Management Process and Procedures
- File Plan composite tool (see *Appendix A6* for requirements)

3.0.5 Create File Plans Process

Create File Plans

Records Officer

Determine File Plan Goals and Target State
3.1

Design File Plan Tools
3.2

Distribute File Plan Data Gathering Template
3.3

Review and Validate Results
3.5

Information Correct?

—Yes▶

Consolidate File Plans
3.6

Finalize Consolidated File Plans
3.7

Approve Business Unit File Plans
3.8

Records Coordinator

No

Gather File Plan Data
3.4

Receive Business Unit File Plans
3.9

Business Unit SMEs

Create File Plans
Process Model
PBGC
March 16, 2010

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3.1 Determine File Plan Goals and Target State

This activity will be performed by the Records Officer or delegated authority.

3.1.1 Identify File Plan Target State

- Define the target state for file plans based on business requirements. Requirements to be considered include record identification and ownership, information on record locations and formats, and future use of file plans by business units and electronic recordkeeping tools. (See *Appendix A3 – File Plan Target State* for the current definition.)

- Determine data fields to be populated for file plans. Establish standards for populating fields, and create authority lists for fields that require standard responses.

- Prepare or update the File Plan Composite Tool requirements. (See *Appendix A6 – File Plan Composite Tool Requirements*.)

3.1.2 Determine available sources of file plan data

- Determine availability of existing sources of information that could be used to pre-populate file plan data fields. Examples include legacy file plans, application inventories, and records inventories.

3.1.3 Determine participants and level of support needed

- Identify the business units to be involved in the file plan data gathering, the Records Coordinators assigned to each business unit and the responsible business managers.

- Determine the data gathering approach, including the level of participation by business unit and RM Program staff. (See *Appendix A1 – File Plan Data Gathering Approaches*.)

- Assess the overall level of effort that will be needed to complete the data gathering, based on the approach, the amount of information to be collected, the number of business units involved and the availability of existing sources of information.

- Determine the level of effort needed to review completed templates, upload data to the File Plan Composite Tool, follow up on questions and issues, approve and publish completed file plans and create a final report on the file plan project.

3.1.4 Develop proposed schedule

- Based on the assessments conducted in *Task 3.1.3*, determine the resources and timeline for the file plan project and create a project plan.

- Obtain approval of the project plan from the RM Program Manager.

3.2 Design File Plan Tools

This activity will be performed by the Records Officer or delegated authority.

3.2.1 Prepare File plan template and instructions

- Prepare the file plan template according to standards established in *Task 3.1.1*. Create or update pull-down lists for fields that require standard responses. Make sure the template is formatted appropriately to support both data entry and printing. (See *Appendix A4 – File Plan Template* for the current template.)

- Document field-by-field instructions for completing the template, both as a separate document and as in-context help in the template where appropriate. (See *Appendix A5 – File Plan Template Instructions* for the current instructions.)

3.2.2 Prepare File Plan Composite Tool

- Prepare the File Plan Composite Tool, and include all of the fields listed in the file plan template. This tool will be used to compile information from completed file plan templates received from business units.

- Note: The File Plan Composite Tool supports consolidation and analysis of file plan information, recording of information on records repositories and information systems, publication of approved file plans for individual business units and documentation of file plan approvals. (See *Appendix A6 – File Plan Composite Tool Requirements*.)

3.2.3 Prepare file plan templates for each business unit

- Prepare file plan templates for each business unit. Pre-populate each template with the following information: business unit name, business unit manager's name, and responsible records coordinator's name.

- Save the prepared templates with the business unit name in the file name.

- Review legacy file plans and records inventories to determine whether the template can be pre-populated with at least partial data for records known to exist in business unit. Leave the template blank if legacy data is not available or is unsuitable.

3.2.4 Prepare communications and presentations as needed

- Identify the number and type of communications and presentations needed to carry out the file plan project.

- Create or update communications and presentations as appropriate. Check to make sure that concepts and definitions are aligned with RM Program governance documents where applicable.

- See *Appendix A2 – Developing File Plan Project Communications* for an outline of suggested communications.

3.3 Distribute File Plan Data Gathering Template

This activity will be performed by the Records Officer or delegated authority.

3.3.1 Announce project to key stakeholders

- Initiate the file plan data gathering process by issuing appropriate pre-engagement communication as developed in *Task 3.2.4*.

3.3.2 Distribute File plan template and instructions

- Schedule meetings with each participating business unit. Invite the designated Records Coordinator, responsible business manager and additional representatives identified in *Task 3.1.3*.

- Meet with participants to review the project goals, explain the data gathering process, and go over the file plan template and instructions with participants, using appropriate communications and presentations as developed in *Task 3.2.4*.

3.4 Gather File Plan Data

This activity may be performed by Records Coordinators, other business unit representatives, or a File Plan project team, in accordance with the selected data gathering approach. Oversight and guidance is provided by the Records Officer or delegated authority.

3.4.1 Conduct data gathering

- Gather information needed to complete the file plan template from the business unit, using the approach selected in *Task 3.1.3*.

- Identify available supporting documents, such as legacy file plans and inventories, to supplement information gathered on business unit records.

3.4.2 Populate file plan template

- Populate the file plan template from information gathered from the business unit and supporting documents, in accordance with the template instructions. (See *Appendix A4 – File Plan Template* and *Appendix A5 – File Plan Template Instructions* for the current template and instructions.)

- Consult with Records Officer or delegated authority to review interim work, validate understanding or provide further guidance and direction on completing the template.

- Identify the retention requirement for each record listed, citing the applicable rule from the PBGC Simplified Records Schedules or the NARA General Records Schedules. Note any questions about records schedule mapping in the Comments field for review by the Records Officer.

- Submit completed template to Records Officer or delegated authority, with supporting attachments if applicable.

3.5 Review and Validate Results

This activity will be performed by the Records Officer or delegated authority.

3.5.1 Receive completed templates

- Receive completed file plan templates from business unit representatives.

- Log receipt in the project tracking tool. (See *Appendix A2 – Developing File Plan Project Communications* for a description of this recommended tool.)

3.5.2 Review completed templates

- Review completed templates to ensure format and content are appropriate, standards for controlled data fields have been followed and supporting documentation attached as appropriate.

- Follow up with business units as needed for rework or to resolve gaps. Update the project tracking tool as appropriate.

3.6 Consolidate File Plans

This activity will be performed by the Records Officer or delegated authority.

3.6.1 Upload completed file plan templates to File Plan Composite Tool

- After completed templates have been reviewed and determined to be complete and correct, upload template data to the File Plan Composite Tool.

- Note: Templates may be uploaded to the File Plan Composite Tool as soon as they have been reviewed or held for uploading until all templates have been submitted.

3.7 Finalize Consolidated File Plan

This activity will be performed by the Records Officer or delegated authority.

3.7.1 Review composite File Plan data

- Review composite file plan data to check for duplicate records, potential ownership conflicts, and any errors or inconsistencies.

- Check record location information in the file plan data for any new or previously unidentified information systems and records repositories.

- Look for these common issues when reviewing consolidated data:

  - Does the same record exist in multiple formats? Only one format should be considered the "official" record, and copies in other formats should be treated as convenience copies. In determining which format should be the official record, consider issues regarding compliance with NARA requirements applicable to each format.

  - Is the same record named by two different business units? Do both business units claim to be the "owner" of the record? There should be only one record "owner" – the business unit that is ultimately responsible for the record – but the same record may appear on more than one file plan if multiple business units access the record.

  - Are record descriptions consistent across business units? Are there opportunities to combine and standardize record descriptions? Are records schedule mappings correct and consistent? Most of these issues will be caught when reviewing the individual completed templates, but others may only become apparent when comparing data from different business units. Any recommendations for changes to record titles and descriptions should be reviewed with the affected business units prior to finalizing the file plans.

  - Are information systems and repositories identified accurately and consistently? All systems identified by business units should be identified in the information systems inventory section of the File Plan Composite Tool.

3.7.2 Consult with business units as needed

- Consult with records coordinators and other business unit representatives as needed to resolve issues.

3.7.3 Draft business unit file plans

- Generate draft business unit file plans from the File Plan Composite Tool.

3.8 Approve Business Unit File Plans

This activity will be performed by the Records Officer or delegated authority in consultation with business unit managers and Records Coordinators.

3.8.1 Document Record Officer approval of file plans

- Review draft business unit file plans to ensure that they are complete and ready for approval.
- Log Records Officer approval of the completed business unit file plans.

3.8.2 Document business unit manager signoff of file plans

- Forward completed file plans and signoff statement to business unit managers and Records Coordinators for review and signoff.
  - Signoff statement:
    - I have reviewed and approved the file plan for the business unit named above, with changes, additions, deletions or corrections as annotated in the Records Officer's master copy.
    - I hereby confirm that the file plan accurately identifies and describes the records for which the business unit is responsible.
    - I understand that it is my responsibility as the manager of the business unit to ensure that records are maintained in accordance with the file plan, and that the Records Officer is notified of any changes that may be needed to the file plan in future.
- Receive business unit manager signoff of completed file plans.
- Finalize file plans and forward to the Records Coordinators for distribution.

3.9 Receive Business Unit File Plans

This activity will be performed by Records Coordinators or other business unit representatives, with guidance from the Records Officer or delegated authority.

3.9.1 Receive and distribute business unit file plans

- Receive approved business unit file plan from the Records Officer.

- Review approved business unit file plan. If there are any questions or concerns, consult with the Records Officer to resolve.

- Distribute file plan information to business unit staff.

- Follow up as needed to ensure that staff understand their responsibilities for creating and managing records in accordance with their file plan.

- Monitor changes in department recordkeeping practices and notify Records Officer if file plan changes are needed.

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Chapter 4 – Maintain File Plans Procedure

4.0 Overview

4.0.1 Purpose

The Maintain File Plans procedure is designed to ensure that business unit file plans across PBGC are periodically updated to reflect changes in recordkeeping practices, and that file plans continue to support the needs of business units and of the Records Officer.

A file plan describes different types of files maintained by business units, how they are organized and identified, where and in what format they should be stored, and their applicable PBGC Simplified Records Schedules disposition authority.

The Records Officer also relies on business unit file plans to support records disposition audits, to locate record groups in support of hold orders and to provide background information for records management improvement initiatives.

The Maintain File Plans procedure begins with reviewing and validating the target state of the uniform file plan model and only minor modifications of file plan standards should be implemented through this procedure. The Create File Plans procedure is designed to be implemented when business needs require a substantial change in the file plan target state.

4.0.2 Roles

The Records Officer or delegated authority is responsible for validating file plan standards, updating and maintaining file plan templates and tools, coordinating file plan update projects, and finalizing and approving updated business unit file plans.

The RM Program Manager is responsible for reviewing and approving file plan update project plans and for ensuring that the goals of the RM Program continue to be met by the file plan target state.

Records Coordinators and other business unit representatives have the responsibility of providing information for completing file plan templates, responding to follow-up questions about the information provided in the templates and disseminating approved file plans to business unit staff.

4.0.3 Scope

The Maintain File Plans procedure in this manual calls for the PBGC Records Officer or delegated authority to verify the target state, update standards and tools, establish a project schedule and direct the process of requesting, receiving and consolidating updated file plan information from business units. The RM Program Manager, the Records Coordinators and subject matter experts within business units are also called upon to support certain activities.

The data gathering stage of the Maintain File Plans procedure calls for business units to review a pre-populated file plan update template, validate information on records and how they are managed, and provide updated information as needed. The data gathering is

designed to be completed by the Records Coordinator or other designated business unit representative. The Records Officer may utilize a project team to support the data gathering, depending on available resources. However, each business unit is responsible for verifying the accuracy and completeness of the information provided.

Completed templates are uploaded to a file plan composite tool which enables the Records Officer to review, finalize, approve and publish the updated file plans. When the updated file plans have been approved, they are returned to the business units for distribution. Records Coordinators are responsible for receiving and distributing the updated file plans and for ensuring that all business unit staff are made aware of changes to their file plans.

The Maintain File Plans procedure may be used any time a file plan change is required, whether as part of a cross-organization file plan update project or in response to ad hoc change requests from business units. The Records Officer may simplify or omit the project planning and communications steps in responding to ad hoc change requests.

4.0.4 References

The following references, tools and templates are used in this procedure:

- PBGC Organizational Chart
- PBGC Lines of Business Descriptions
- File Plan data gathering template (see *Appendix A4*)
- File Plan template instructions (see *Appendix A5*)
- NARA crosswalk
- PBGC Simplified Records Schedules
- PBGC Records Management Process and Procedures
- File Plan composite tool (see *Appendix A6* for requirements)

4.0.5 Maintain File Plans Process

Maintain File Plans

Records Officer

Verify Goals and Standards
4.1

Distribute File Plan Update Template and Instructions
4.2

Review and Validate Changes
4.4

Information Complete?

—Yes▶

Consolidate File Plans
4.5

Finalize Consolidated File Plan
4.6

Approve Business Unit File Plans
4.7

Records Coordinator

No

Review and update File Plan information
4.3

Receive Business Unit File Plans
4.8

Business Unit

Maintain File Plans
Process Model
PBGC
March 22, 2010

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4.1 Verify Goals and Standards

This activity will be performed by the Records Officer or delegated authority.

4.1.1 Review File Plan Target State definition

- Review File Plan Target State definition. Determine whether changes are needed to the target state based on new business requirements. (See *Appendix A3 – File Plan Target State* for the current definition.)

- Review standards for data fields in the file plan template and composite tool. Determine whether updates are needed to data fields to reflect changes in the target state or to modify field attributes and authority lists. Document changes to be made, including the reason for each change.

- Note: If significant changes are made to the File Plan Target State definition, the *Create File Plans* process may be more suitable than the *Maintain File Plans* process. The Records Officer should confer with the RM Program Manager in making the decision on which process to follow.

4.1.2 Prepare File plan template and Instructions

- Prepare file plan template.   Update data fields and pull-down lists to reflect changes made in *Task 4.1.1*. Review field-by-field instructions for completion, and update as required. (See *Appendix A4 – File Plan Template* and *Appendix A5 – File Plan Template Instructions* for the current template and instructions.)

- Prepare File Plan Composite Tool. Update data fields and authority list tables to reflect changes made in *Task 4.1.1*. Test the process for exporting data from the composite tool to the file plan template and review the result to verify that the template displays the data correctly.

4.1.3 Verify participants and develop update project schedule

- Identify the business units to be involved in the file plan update project, and update contact information for the Records Coordinator and responsible business manager in each business unit as required.

- Determine the resources and timeline for the file plan update project, create a project plan and obtain approval of the plan from the RM Program Manager.

4.1.4 Prepare communications and presentations as needed

- Identify the number and type of communications and presentations needed to carry out the file plan update project and create or update communications and presentations as appropriate.

- See *Appendix A2 – Developing File Plan Project Communications* for an outline of suggested communications.

4.2 Distribute File Plan Update Template and Instructions

This activity will be performed by the Records Officer or delegated authority.

4.2.1 Generate pre-populated File plan templates

- ▪ Prepare file plan templates for each business unit. Pre-populate templates from data in the File Plan Composite Tool for the most recently approved business unit file plans.

4.2.1 Distribute File plan templates and instructions

- ▪ Distribute file plan templates and instructions to participating business units, along with appropriate communications and presentations as developed in *Task 4.1.4*.

4.3 Review and Update File Plan Information

This activity will be performed by Records Coordinators or other business unit representatives, with guidance from the Records Officer or delegated authority.

4.3.1 Verify information and note changes

- Gather required information from business unit regarding additions and changes to business processes, record types, formats and locations.

- Document changes in the business unit file plan by adding new entries and editing existing entries in the file plan template.

4.3.2 Validate records schedule mappings

- Review and validate records schedule mappings for new and existing record types. Note any questions about records schedule assignments in the Comments field for review by the Records Officer.

4.3.3 Submit completed template to Records Officer

- Submit completed template to Records Officer or delegated authority, along with supporting attachments if applicable.

4.4 Review and Validate Changes

This activity will be performed by the Records Officer or delegated authority.

4.4.1 Receive completed templates

- Receive completed file plan templates from business unit representatives.

- Log receipt in the project tracking tool. (See *Appendix A2 – Developing File Plan Project Communications* for a description of this recommended tool.)

4.4.2 Review completed templates

- Review completed templates to ensure format and content are appropriate, standards for controlled data fields have been followed and supporting documentation attached as appropriate.

- Review additions and changes to file plan information. In particular, review and validate changes to records schedule mappings.

- Follow up with business units as needed for rework or to resolve gaps. Update the project tracking tool as appropriate.

4.5 Consolidate File Plans

This activity will be performed by the Records Officer or delegated authority.

4.5.1 Upload completed File plan templates to File Plan Composite Tool

- After completed templates have been reviewed and determined to be complete and correct, upload template data to the File Plan Composite Tool.

- Note: Templates may be uploaded to the File Plan Composite Tool as soon as they have been reviewed or held for uploading until all templates have been submitted.

4.6 Finalize Consolidated File Plan

This activity will be performed by the Records Officer or delegated authority.

4.6.1 Review composite File Plan data

- Review composite file plan data to check for duplicate records, potential ownership conflicts and any errors or inconsistencies.

- Check record location information in the file plan data for any new or previously unidentified information systems and records repositories.

- Look for these common issues when reviewing consolidated data:

    - Does the same record exist in multiple formats? Only one format should be considered the "official" record, and copies in other formats should be treated as convenience copies. In determining which format should be the official record, consider issues regarding compliance with NARA requirements applicable to each format.

    - Is the same record named by two different business units? Do both business units claim to be the "owner" of the record? There should be only one record "owner" – the business unit that is ultimately responsible for the record – but the same record may appear on more than one file plan if multiple business units access the record.

    - Are record descriptions consistent across business units? Are there opportunities to combine and standardize record descriptions? Are records schedule mappings correct and consistent? Most of these issues will be caught when reviewing the individual completed templates but others may only become apparent when comparing data from different business units. Any recommendations for changes to record titles and descriptions should be reviewed with the affected business units prior to finalizing the file plans.

    - Are information systems and repositories identified accurately and consistently? All systems identified by business units should be identified in the information systems inventory section of the File Plan Composite Tool.

4.6.2 Consult with business units as needed

- Consult with records coordinators and other business unit representatives as needed to resolve issues.

4.6.3 Draft business unit file plans

- Generate draft business unit file plans from the File Plan Composite Tool.

4.7 Approve Business Unit File Plans

This activity will be performed by the Records Officer or delegated authority.

4.7.1 Document Record Officer approval of file plans

- Review draft business unit file plans to ensure that they are complete and ready for approval.

- Log Records Officer approval of the completed business unit file plans.

4.7.2 Document business unit manager signoff of file plans

- Forward completed file plans and signoff statement to business unit managers and Records Coordinators for review and signoff.

  - Signoff statement:

    - I have reviewed and approved the file plan for the business unit named above, with changes, additions, deletions or corrections as annotated in the Records Officer's master copy.

    - I hereby confirm that the file plan accurately identifies and describes the records for which the business unit is responsible.

    - I understand that it is my responsibility as the manager of the business unit to ensure that records are maintained in accordance with the file plan, and that the Records Officer is notified of any changes that may be needed to the file plan in future.

- Receive business unit manager signoff of completed file plans.

- Finalize file plans and forward to the Records Coordinators for distribution.

4.8 Receive Business Unit File Plans

This activity will be performed by Records Coordinators or other business unit representatives, with guidance from the Records Officer or delegated authority.

4.8.1 Receive and distribute business unit file plans

- Receive approved business unit file plan from the Records Officer.

- Review approved business unit file plan. If there are any questions or concerns, consult with the Records Officer to resolve.

- Distribute file plan information to business unit staff.

- Follow up, as needed, to ensure that staff understand their responsibilities for creating and managing records in accordance with their file plan and are aware of the additions and changes incorporated in the update.

Chapter 5 – Compliance Review Procedure

5.0 Overview

5.0.1 Purpose

The Compliance Review procedure is used to conduct periodic assessments of the RM Program, comparing the program's components and performance against regulatory requirements and records management best practices. Each assessment covers a specific period and describes the records management activities of the whole agency, not just a single department. The purpose of these assessments is to identify compliance gaps, evaluate the effectiveness of the RM Program and develop strategies for continuous improvement of records management at PBGC.

The primary source of federal records management requirements is published in the regulations of the National Archives and Records Administration (NARA), found in Title 36 of the Code of Federal Regulations. According to 36 CFR 1220.34 (j), agencies must conduct formal periodic evaluations to measure the effectiveness of Records Management Programs and Practices and to ensure they comply with NARA regulations. NARA is also empowered to conduct assessments and investigations of federal agency recordkeeping practices. By conducting internal self-assessments, PBGC maintains documentation of the current status of the RM Program and can respond promptly to NARA inquiries.

In 2009, NARA introduced a program for annual assessments of RM Programs throughout the federal government. While this procedure is designed primarily for internal self-assessments, the steps for validating and approving assessment findings outlined in this document may also be applied to NARA assessments.

5.0.2 Roles

The Records Officer is responsible for performing the compliance review, documenting the current state of the program, identifying areas of improvement and authoring the Compliance Review Report.

Department Records Coordinators have the responsibility of providing accurate feedback to the Records Officer as needed to support the assessment.

The RM Program Manager is responsible for reviewing and approving the findings and recommendations presented in the Compliance Review Report.

The RM Program Executive Sponsor is responsible for reviewing the Compliance Review Report and disseminating its contents to other executives as appropriate.

5.0.3 Scope

The Compliance Review procedure in this manual calls for the Records Officer to utilize a self-assessment questionnaire with questions taken primarily from NARA guidance documents. The questionnaire is imbedded in a spreadsheet tool that allows the Records Officer to assign weights to high-priority assessment areas, and which supports a series of assessments in order to track progress over time. Results from the assessment are

compiled in the Compliance Review Report, using an outline agreed upon in advance. The procedure calls for the Records Officer to examine the questions and the weights at the start, as well as the report outline, to determine whether updates are required. Any changes made to the assessment tool or the report outline are reviewed and approved by the RM Program Manager prior to starting the assessment.

The assessment stage of the Compliance Review procedure requires the Records Officer to conduct the research required to respond accurately to the self-assessment questionnaire, using information from records management audit reports, previous compliance review reports and other available sources of information about records management practices. For questions that address department-level activities, Records Coordinators may be asked to provide input or clarification to assist the Records Officer in developing responses. In addition to the responses entered in the RM Self-Assessment Tool, the Records Officer also identifies supporting documentation and compiles notes to be used in developing the Compliance Review Report.

After all responses have been entered, the RM Self-Assessment Tool returns a quantitative score indicating the program's compliance with standards. The Records Officer reviews the quantitative score and develops a qualitative analysis of the findings, identifying and prioritizing gaps and areas for improvement. Recommendations are developed based on the assessment findings and aligned with RM Program strategies and the results are combined to produce the Compliance Review Report. This report summarizes the results of the assessment, identifies areas for improvement and presents recommendations for consideration. The RM Program Manager reviews and approves the report, which is presented to the RM Program Executive Sponsor.

5.0.4 References

The following references, tools and templates are used in this procedure:

- PBGC RM Program strategy, goals, and objectives
- NARA requirements
- RM Self Assessment Tool
- Records Management audit findings
- Compliance Review scope and priorities
- Compliance Review timeline
- Previous Compliance Review reports
- Compliance Review Report Outline (see *Appendix B1* and *Appendix B2*)

5.0.5 Compliance Review Process

Compliance Review

Records Officer

Plan Compliance Review
5.1

Assemble Tools and Resources
5.2

Assess and Document current program state
5.3

Analyze Results
5.4

Write Compliance Review Report
5.5

No

Approve and Publish Compliance Review Report
5.7

Program Manager

Yes

Review Compliance Review Report
5.6

Report Complete?

Executive Sponsor

Receive Compliance Review Report
5.8

Compliance Review
Process Model
PBGC
March 31, 2010

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5.1 Plan Compliance Review

This activity will be performed by the Records Officer or delegated authority.

5.1.1 Review NARA and PBGC requirements, strategies and assessment priorities

- Review recent NARA guidance and assessment documents. Identify possible changes in focus or priorities that would indicate a need for additions or changes to the content or score weightings of PBGC self-assessment questions.

- Review current documentation of PBGC RM strategies and performance measures. Annual business plans, Exhibit 300 documents and CPIC plans could also be consulted.

5.1.2 Update assessment questions, weights and reporting requirements

- Determine whether changes are needed to the content or score weightings of PBGC self-assessment questions to reflect current management priorities and information needs.

- Draft new questions to address issues identified from NARA and PBGC documentation reviews and identify existing questions that should be removed or revised.

- Review priorities and weights impacting self-assessment scoring and determine weighting adjustments needed to reflect changes in priorities.

- Determine whether the changes will alter the assessment profile enough to require establishing a new baseline.

- Review reporting requirements to determine whether the existing report format will continue to meet management information needs. See *Appendix B1 – Compliance Review Report Outline*.

5.1.3 Finalize and document changes

- Document recommended changes and review with the RM Program Manager.

- Document approval of accepted changes.

5.2 Assemble Tools and Resources

This activity will be performed by the Records Officer or delegated authority.

5.2.1 Prepare RM Self-Assessment Tool for data entry

- Make a copy of the RM Self-Assessment Tool spreadsheet with a new version number and archive the previous version.

  - If starting a new baseline – change the primary version number (e.g. change version 2.2 to 3.0)

  - If continuing with the same baseline – retain the primary version number and change the sub number (e.g. change version 2.2 to 2.3)

- Note: The spreadsheet tool is filed under "RM Self Assessment Tool" on the Records Management document portal. The spreadsheet is password-protected; contact the Records Officer for password access.

5.2.2 Update Self Assessment Questions

- Update the RM Self-Assessment Tool master questionnaire with new and updated questions. Delete questions that no longer apply based on decisions made in *Activity 5.1*.

- Update module weights on the dashboard page of the RM Self-Assessment Tool to reflect changes in priorities as decided in *Activity 5.1*.

- Note: Instructions for updating the RM Self-Assessment Tool are on the cover page of the tool. See *Appendix B3 – RM Self-Assessment Tool Instructions Tab* for a view of the instructions.

5.2.3 Update Report Outline

- Update compliance report outline to reflect changes in management reporting requirements as decided in *Activity 5.1*.

5.3 Assess and Document Current State

This activity will be performed by the Records Officer or delegated authority.

5.3.1 Assess the current program state

- Review questions in each module to determine intent. Consult associated NARA regulations and RM policy documents, as needed, to understand questions.

- Review recent internal RM audits, NARA assessments and other sources of information on PBGC records management practices.

- Determine responses to each question, using supporting documentation (recent audit findings, RM program documentation, etc.) to assess compliance levels and validate responses.

5.3.2 Enter responses to Self Assessment questions

- Enter responses into the RM Self-Assessment Tool. Responses are entered as Y, S or N as follows:

  - Y (Yes) means that the RM Program is in compliance

  - S (Somewhat) means that the RM Program meets the requirement in part, but has some compliance gaps.

  - N (No) means that the RM Program is not in compliance.

- Enter additional information into the Comments fields of the RM Self-Assessment Tool as needed to clarify the response. If the response to a question is "No" or "Somewhat", the comment must include an explanation of the compliance gap.

- Note: Comments entered into the RM Self-Assessment Tool should be brief. Detailed comments should be included, and supporting documentation cited, in the Compliance Review Report. A table for capturing detailed comments is shown in *Appendix B2 – Detailed Gap Analysis Table*.

5.3.3 Retain results and supporting documentation

- After all responses have been entered, the RM Self-Assessment Tool will automatically calculate weighted scores by modules. Access the Tool's Dashboard tab to view results. See *Appendix B4 – RM Self-Assessment Tool Executive Dashboard* for an example of the dashboard display.

- Retain supporting documentation and supplementary comments along with the tool results as a record of the assessment responses.

5.4 Analyze Results

This activity will be performed by the Records Officer or delegated authority.

5.4.1 Review RM Self-Assessment Tool results

- Review overall self-assessment tool score and compare with previous assessments and the baseline.

- Review the scores by module and identify the trends, progress and gaps at the module level.

- Review individual question responses and flag gaps in the highest risk areas by comparing with NARA focus areas and RM program priorities.

5.4.2 Measure progress and address gaps and priorities

- Review findings which indicate that progress has been made since previous assessments. Examine each progress area to validate the findings.

- Identify areas to target for immediate improvement. Quick wins and high risk gaps are candidates for immediate action.

- Identify areas to target for development of long-term program improvement plans. Recommend approaches to program improvement where applicable.

5.4.3 Develop findings and recommendations

- Develop preliminary findings and recommendations, supported by the gaps and opportunities identified in the assessment.

- Identify successes, provide feedback on progress and reaffirm goals.

5.4.4 Verify information is available for Compliance Review Report

- Gather all supporting information and make sure that results (including dashboard) support recommendations and gaps identified.

- Identify RM Program strategies or priorities that impact recommendations, noting any changes from the previous assessment.

5.5 Prepare Compliance Review Report

This activity will be performed by the Records Officer or delegated authority.

5.5.1 Finalize Findings and Recommendations

- Write a summary statement describing the overall findings and recommendations developed in *Activity 5.4*.
- Describe how recommendations support the overall RM Program strategy or contribute to addressing gaps and resolving issues.
- Expand on the summary statement with a description of the findings and recommendations by module. Connect each module to an executive level recommendation. Findings should clearly support recommendations.
- Draft an executive summary with an overview of the findings and recommendations.

5.5.2 Draft Compliance Review Report

- Collect and compile the components written in the previous task using the report outline developed in *Activity 5.1*. See *Appendix B1 – Compliance Review Report Outline*.
- Describe briefly how the analysis was conducted and explain the importance of the related Records Management regulations.
- Prepare a concise conclusion that includes immediate next steps and proposed long-term strategy.
- Conduct an in depth peer review of the Draft to make sure that the analysis and recommended actions are appropriately aligned with RM Program strategy and NARA compliance priorities.

5.6 Review Compliance Review Report

This activity will be performed by the RM Program Manager or delegated authority.

5.6.1 Review draft Compliance Review Report

- Review the draft compliance review report for alignment with PBGC's mission, strategy and priorities.
- Review and validate recommendations and verify that each recommendation is supported by the results from at least one module of the questionnaire.
- Identify the partially compliant and non-compliant responses and flag them for appropriate risk evaluation.
- Verify that the reference comments accurately reflect records management practices at PBGC.

5.6.2 Identify changes needed

- Document edits and changes needed to finalize the Compliance Review Report and return to the Records Officer for completion.
- Review and approve changes made.

5.7 Publish and Distribute Compliance Review Report

This activity will be performed by the Records Officer or delegated authority in consultation with the RM Program Manager.

5.7.1 Finalize Compliance Review Report

- Prepare the Compliance Review Report in appropriate format.
- Perform the final review with the RM Program Manager.
- Prepare cover memo with a summary of the overall score and high level expectations.

5.7.2 Publish and distribute the Compliance Review Report

- Identify recipients of the Compliance Review Report.
- Save a copy of the published report and cover memo as a record.
- Distribute the report and cover memo to designated recipients.

5.8 Receive Compliance Review report

This activity will be performed by the RM Program Executive Sponsor in consultation with the RM Program Manager.

5.8.1 Publish and distribute the Compliance Review Report

- Review Compliance Review Report and consult with the RM Program Manager as needed for additional information or clarification of findings and recommendations.
- Forward to other executives as appropriate.

Chapter 6 – Vital Records Procedure

6.0 Overview

6.0.1 Purpose

The Vital Records procedure is used to develop and implement strategies to ensure the protection of records that are vital to continued agency operations or for the protection of legal and financial rights.

The identification and protection of vital records is a regulatory requirement for federal agencies. The requirements for vital records plans are outlined in 36 CFR Part 1223 – Managing Vital Records and in Federal Continuity Directive 1– Federal Executive Branch National Continuity Program and Requirements (FCD 1).

This procedure includes the development, implementation, and maintenance of a Vital Records Plan. The Plan addresses protection strategies for the types of vital records which may be needed for performance of essential functions during an event that disrupts normal operations, and also for those documents identified as legal and financial rights records but not necessarily required to conduct business under emergency operating conditions. For this reason, the procedure calls for the Records Officer to work closely with the Continuity of Operations (COOP) Program to ensure that the Vital Records Plan addresses both emergency and non-emergency situations, and to leverage the resources of both the RM Program and the COOP Program to implement the Plan.

Designating a record as a Vital Record marks the record as needing additional protection during all or part of its retention period. The need for vital protection measures may only be in effect for a short time, and may or may not impact an entire record series. Department file plans should identify records series that have vital records implications; for this reason the *Create File Plans* and *Maintain File Plans* procedures are cited.

6.0.2 Roles

The Records Officer or delegated authority is responsible for establishing the vital records program, conducting inventories of vital records, and developing the Vital Records Plan.

The COOP Program Representative is responsible for consulting on vital records categories and protection measures, reviewing and providing input on the Vital Records Plan, and coordinating the implementation of protection measures for emergency operating records through the COOP program.

The RM Program Manager is responsible for reviewing and approving the Vital Records Plan and program.

COOP Coordinators, Records Coordinators, and other assigned PBGC department resources have the responsibility of participating in vital records inventories and carrying out protection measures as specified by the Vital Records Plan.

6.0.3 Scope

The Vital Records procedure in this manual calls for the PBGC Records Officer to review current vital records standards, roles, and procedures and identify updates and changes needed.   Of particular importance is the systematic development of vital records "categories" for the purpose of streamlining decisions about how to manage different types of vital records based on risk level and emergency access requirements. The development of the categories includes a review of all available protection measures so that the most suitable protection measure can be assigned to each category.

The next stage of the Vital Records procedure is focused on creating or updating the Vital Records Plan. An inventory of vital records is conducted by department representatives using a standard template. Completed templates are reviewed by the Records Officer and combined to create the Vital Records Inventory, which is then expanded into the Vital Records Plan. The plan details the protection measures assigned to each vital record, and assigns responsibility for carrying out the protection measures to the appropriate department or individual. The Records Officer collaborates with representatives from the COOP Program, OIT, and PBGC departments to complete the Vital Records Plan.

Implementation of the Vital Records Plan involves training department representatives to understand and follow procedures for copying and transferring vital records in accordance with the detailed measures identified in the Plan. The Records Officer or delegated authority conducts periodic reviews to ensure that protection measures are being followed and to identify changes needed to the Vital Records Plan. Annual reviews and updates of the Vital Records Plan and inventory are accomplished in accordance with the Vital Records Procedure.

6.0.4 References

The following references tools and templates are used in this procedure:

- 36 CFR Part 1223 – Managing Vital Records
- Federal Continuity Directive 1– Federal Executive Branch National Continuity Program and Requirements (FCD 1)
- PBGC Records and Information Management Strategy
- PBGC COOP Plan
- List of vital records categories
- List of approved records recovery service providers
- List of vital records protection measures and repositories
- Vital records inventory template and instructions (see *Appendix C1* and *Appendix C2*)
- Vital Records Inventory
- PBGC department file plans
- Vital Records Plan

- RM and COOP training materials related to vital records
- Procedures for positioning/transferring vital records
- Vital Records Plan pilot test results
- Vital Records compliance monitoring documentation

6.0.5 Vital Records Process

Vital Records Process

Program Manager	This Task is shared by the Records Officer, Program Manager and Department Representatives VR Program Execution Completed.
Records Officer	
COOP Representative	
OIT Representative	
Department Representatives	

This Task is shared by the Records Officer, Program Manager and COOP Representative

This Task is spearheaded by the Records Officer, with input from the Department Representatives and Department Vital Records Liaisons

This Task is shared by the Records Officer, Department Representatives and COOP Representative

This Task is shared by the Records Officer, Department Representatives, COOP Representative and OIT Representative

This Task is shared by the Records Officer, Program Manager, COOP Representative and OIT Representative

Update Vital Records Standards and Definitions 6.1

Determine Protection Measures 6.2

Create Vital Records Inventory 6.3

Create Vital Records Plan 6.4

Assign Vital Records Responsibility 6.5

Implement Vital Records Plan 6.6

Execute Vital Records program 6.7

VR updates received?

Yes / No

Vital Records Process
PBGC
May, 2010

6.1 Update Vital Records Standards and Definitions

This activity will be performed by the Records Officer or delegated authority in consultation with the RM Program Manager and the COOP Program representative.

6.1.1 Review the current status of the Vital Records program

- Review existing documentation on policies, roles and procedures for protecting PBGC vital records.

- Assess program components to determine level of compliance with 36 CFR Part 1223 – Managing Vital Records and with Federal Continuity Directive 1 (FCD 1) – Federal Executive Branch National Continuity Program and Requirements.

- Review recent audits and assessments of vital records procedure compliance to determine whether existing PBGC vital records procedures are being followed correctly and consistently.

6.1.2 Outline how the program will be developed and administered

- Review existing PBGC vital records roles and responsibilities to determine whether changes are needed. Questions to ask:

    - Has the agency designated a Vital Records Manager?

    - Are roles and responsibilities for managing the vital records program clearly documented and understood?

    - Are sufficient resources available to ensure that the Vital Records Plan can be administered and maintained?

    - Does each department have one or more designated individuals with the responsibility for ensuring protection measures are followed for department vital records?

- Address gaps and develop proposed changes to vital records roles and responsibilities as needed.

- Review COOP plans and disaster recovery plans for physical and electronic record repositories to assess alignment with vital records requirements.

6.1.3 Identify the categories of potential vital records

- Review 36 CFR 1223.2, 36 CFR 1223.16, and FCD 1 Annex 1 to understand how vital records are defined. In particular, note the distinction between Emergency Operating Records and Rights and Interests Records.

- Determine how PBGC vital records are to be categorized for purposes of determining appropriate protection measures.

- Review and identify changes needed to RM Program and COOP Program documentation to ensure that vital records categories are defined in alignment with 36 CFR 1223 and FCD 1 and described in terms that are relevant to PBGC.

- Develop proposed list of vital record categories. Note: The list of categories will be finalized in *Activity 6.2*.

6.1.4 Coordinate with other impacted business areas

- Review proposed changes in program roles, responsibilities, procedures and definitions with the RM Program Manager, the COOP Program Manager, Facilities Management and the Office of Information Technology (OIT).

- Consult with the COOP Program representative to establish schedule and responsibilities for implementing changes.

- Collaborate with the RM Program Manager to outline the Vital Records Plan and document program roles and responsibilities

6.2 Determine Protection Measures

This activity will be performed by the Records Officer or delegated authority in consultation with representatives from the COOP Program and OIT.

6.2.1 Identify available Vital Records protection measures and repositories

- Review current protection measures in place for PBGC vital records.

- Identify all potential protection measures currently available to PBGC for the duplication, protective onsite storage, or remote offsite storage of physical and electronic records.

- Document the costs, risks and benefits of each potential protection measure. Include an assessment of whether each measure could provide for immediate access to emergency operating records, long-term protection of rights and interest records, or both.

- Identify possible threats and determine risk levels based on probability (examples: fire damage, water damage, winds, storms, tornados, sabotage or terrorism, power loss or electric surge, pests, mold or mildew, media deterioration).

- Identify available records recovery service providers in each region where PBGC records are located. Verify the service capabilities of each provider and determine whether they are approved for federal contracts.

6.2.2 Develop list of protection measures by category

- Review list of potential Vital Records categories developed in *Activity 6.1*.

- Determine which protection measures would be suitable for each category, based on emergency access requirements and level of risk. List all protection measures that might apply for each category.

6.2.3 Finalize list of categories and protection measures

- Determine the best choice of protection measure for each category, considering cost, emergency access requirements, level of risk, and potential impact on PBGC business processes and COOP response plans.

- Finalize list of vital records categories and protection measures to produce the vital records protection strategy.

- Select preferred records recovery service providers and prepare a list for distribution within PBGC. The list should include contact information, services available and guidance on engaging records recovery service providers in the event of damage to records.

6.3 Create Vital Records Inventory

This activity will be performed by the Records Officer or delegated authority in consultation with representatives from PBGC departments.

6.3.1 Identify participants and prepare templates

- Identify the appropriate representatives in each department to participate in the vital records inventory process.

- Review the vital records inventory template and instructions, and update as needed. (See *Appendix C1 – Vital Records Inventory Template* and *Appendix C2 – Vital Records Inventory Template Instructions* for the current template.)

- Pre-populate vital records inventory templates for each department with existing vital records information.

6.3.2 Conduct data gathering for the Vital Records Inventory

- Meet with department participants to brief them on the data gathering process and to answer questions as needed.

  - Distribute pre-populated templates and instructions

  - Review instructions and note changes or updates to the process

- Monitor the vital records data gathering process as the department representatives work on completing the templates. Follow up, as needed, to ensure the process is understood and offer to review interim work to validate understanding or provide further guidance and direction.

- Log receipt of completed templates as they are submitted by each department and combine the information received to create the draft Vital Records Inventory.

6.3.3 Update department file plans as needed

- Compare the draft Vital Records Inventory with existing department file plans. Verify that the following information is included:

  - In the Vital Records Inventory, verify that the original record format, location and file plan ID are correct.

  - In the file plan, verify that the vital record field is checked.

- Make corrections, as needed, to file plan references in the Vital Records Inventory.

- Note: If corrections are needed to department file plans, document the changes needed and submit them through the *Maintain File Plans Procedure*.

6.4 Create Vital Records Plan

This activity will be performed by the Records Officer or delegated authority in consultation with representatives from PBGC departments and the COOP Program.

6.4.1 Review draft Vital Records Inventory

- Confirm that information from templates and file plans in the draft Vital Records Inventory is correct.

- Check the draft Vital Records Inventory for duplicate entries and verify that fields have been populated correctly and consistently.

- Verify that preliminary categories have been assigned for all items in the Vital Records Inventory and that COOP records have been flagged. Consult with department representatives as needed to verify information.

6.4.2 Validate categories and identify protection measures

- Review preliminary vital record category assignments to confirm they are aligned with risk level and access requirements, using categories as defined in *Activity 6.2* and making changes as needed.

- Identify protection measures based on category assignments as defined in *Activity 6.2*.

6.4.3 Finalize category assignments and protection measures

- Validate category assignments and protection measures for each vital record, consulting with COOP representative on emergency operating requirements as appropriate.

- Finalize category assignments and protection measures for each vital record, reviewing changes with department representatives as appropriate.

- Specify details of location, format and update frequency for each vital record. Consult with department representatives as needed to verify details.

- Add the protection measures, location, format and update frequency to the Vital Records Inventory to create the Vital Records Plan.

6.5 Assign Vital Records Responsibility

This activity will be performed by the Records Officer or delegated authority in consultation with representatives from PBGC departments and the COOP Program.

6.5.1 Assign responsibility for each vital record

- Consult with department representatives to identify who is responsible for carrying out the protection measures for each vital record.

  - If assignment has been carried over from a previous vital records list, verify that the assignment is still valid.

  - If no assignment has been made, consult with department representative to identify the responsible party.

- Update the Vital Records Plan to include responsibility assignments. Use position or role titles as well as names when recording assignments.

6.5.2 Identify security access requirements

- Review records identified in the Vital Records Inventory as containing sensitive information.

- Update the Vital Records Plan to document security access requirements for the protection of sensitive information.

6.6 Implement Vital Records Plan

This activity will be performed by the Records Officer or delegated authority in consultation with the RM Program Manager and representatives from the COOP Program and OIT.

6.6.1 Update Records Management and COOP Training as needed

- Review existing Records Management and COOP training materials related to vital records.

- Determine which training will be delivered through the COOP program and which will be delivered through the RM program.

- Update training materials, as needed, to provide appropriate role-based instruction on vital records responsibilities.

6.6.2 Perform preliminary/pilot test of the Vital Records Plan

- Select an appropriate department as a test case/environment well before the planned execution date.

- Document a resource rotation schedule and procedures for duplication and transfer of vital records. Identify the resource responsible for overseeing the transfer.

- Determine the transfer method and copy media for each vital record and confirm that the responsibility assignments and rotation schedules are appropriate.

- Perform drills on use of equipment, supplies and procedures for the duplication, transfer, and positioning of vital records in the department; identify recommendations for changes to procedures as needed.

- Document the results of the pilot and include the transmittal forms or notes.

6.6.3 Deliver Vital Records training

- Deliver updated role-based vital records training to department representatives.

- Offer updated vital records awareness training to all PBGC staff.

- Brief senior executives on the vital records program as appropriate.

6.6.4 Implement security access requirements

- Verify that secure facilities and systems are available at vital records storage locations to support security access requirements for sensitive information.

- Review the Vital Records Plan to verify that the protection measures assigned to vital records containing sensitive information can support security access requirements.

6.7 Execute Vital Records program

This activity will be performed by the Records Officer in consultation with PBGC Department COOP Coordinators and other designated resources, the RM Program Manager and the COOP Program representative.

6.7.1 Implement and monitor vital records protection measures

- Verify that designated PBGC resources understand how to copy and/or transfer vital records to designated locations according to the schedule documented in the Vital Records Plan.

- Check periodically to verify that vital records with update requirements are replaced and the outdated copies disposed of on schedule in accordance with instructions in the Vital Records Plan.

- Establish procedures for maintaining records of the transfer and disposition of vital records.

- Solicit feedback on changes in business requirements, technology and resources that might impact vital records duplication, transfer or security practices.

6.7.2 Monitor performance of the Vital Records Plan and program

- Review information from COOP audits concerning vital records compliance.

- Monitor internal RM audit reports for feedback concerning understanding of and compliance with vital records requirements.

- Conduct periodic reviews of the systems and procedures that support the storage, media or security of vital records.

6.7.3 Identify updates to the Vital Records Plan and program as needed

- Assess information gathered through reviews, audits and feedback in *Task 6.7.2*. Identify recommendations for change, including:

  - Protection measures to be revised or replaced

  - Additions, deletions or changes needed to the Vital Records Inventory

  - Changes needed in the scope or assignment of vital records roles and responsibilities

  - Any other changes recommended to the Vital Records Plan or Program

- Solicit input from department representatives as needed to provide clarification or justification for recommended changes.

- Confirm and document recommendations for the next update of the Vital Records plan and program.

Chapter 7 – Manage RM Audits Procedure

7.0 Overview

7.0.1 Purpose

The Manage RM Audits procedure is used to determine the goals and objectives of records management audits, provide oversight and monitoring of audits in progress and assess the effectiveness of the auditing process.

Federal agencies are required to establish records management programs and evaluate their effectiveness.   36 CFR 1220.34 specifies that agencies should "conduct formal evaluations to measure the effectiveness of records management programs and practices and to ensure that they comply with NARA regulations." PBGC Directive IM 15-1 states that the Records Officer is responsible for "performing operational audits of the efficiency, effectiveness and economy of PBGC RM."

The fundamental goal of the RM Audit processes is to ensure continuous improvement of the RM Program by identifying the strengths and weaknesses of the program and how it is implemented. At PBGC, the RM Program has implemented processes and procedures to help ensure compliance with NARA regulations. Audits may address the level of compliance with these processes and procedures or may focus on the effectiveness of the processes and procedures in supporting records management activities. The Manage RM Audits procedure allows the RM Program leadership to align auditing activities with RM Program strategic goals and to address areas in particular need of attention.

7.0.2 Roles

The RM Council is responsible for developing the Annual Audit Plan in alignment with program goals.

The RM Program Manager is responsible for participating in the development of the Annual Audit Plan and for monitoring auditing activities in progress.

The Records Officer is responsible for participating in the development of the Annual Audit Plan, directing the planning and execution of individual audits and conducting audits in accordance with the plan.

7.0.3 Scope

The Manage RM Audits procedure in this manual calls for the RM Council to consult with the RM Program Manager and the Records Officer to review program strategies and goals, identify compliance issues and establish annual audit goals and budget for the program.

Based on the audit goals established by the RM Council, the RM Program Manager and the Records Officer identify specific audits to be performed during the year. Goals and objectives are established for each proposed audit, resource requirements are identified, and a proposed audit timeline for the year is outlined. The proposed audit schedule is assessed based on the budget established by the RM Council and the Annual Audit Plan is drafted for review.

After the Annual Audit Plan is reviewed and approved by the RM Council, the Records Officer consults with the RM Program Manager to assign resources to conduct the individual audits.   Audits are conducted in accordance with the Conduct RM Audit procedure. The RM Program Manager monitors the auditing activities during the year, assisted, as appropriate, by the Records Officer.

After all of the audits have been completed, a final Annual Summary Audit Report is developed by the Records Officer summarizing the findings, recommendations and lessons learned through the auditing process. The RM Program Manager reviews and approves this annual report, which is submitted to the RM Council.

7.0.4 References

The following references, tools and templates are used in this procedure:

- Annual Audit Plan and Schedule
- Annual Summary Audit Report (previous year)
- Annual Summary Audit Report Outline
- Compliance Review Reports
- Conduct RM Audit Procedure
- RM Program Budget
- RM Strategic Plan
- Sample Audit Description

7.0.5 Manage RM Audits Process

Manage RM Audit

RM Council	**Set Annual Audit Strategy and Goals** 7.1
Records Officer	**Develop Annual Audit Plan and Schedule** 7.2 **Prepare RM Audit Summary Report** 7.4 **Finalize and Present RM Audit Summary Report** 7.6
Program Manager	**Monitor "Conduct Audit" Activities** 7.3 **Review RM Audit Summary Report** 7.5

Manage Records
Management Audit
Process Model
PBGC
August, 2010

Conduct Audit
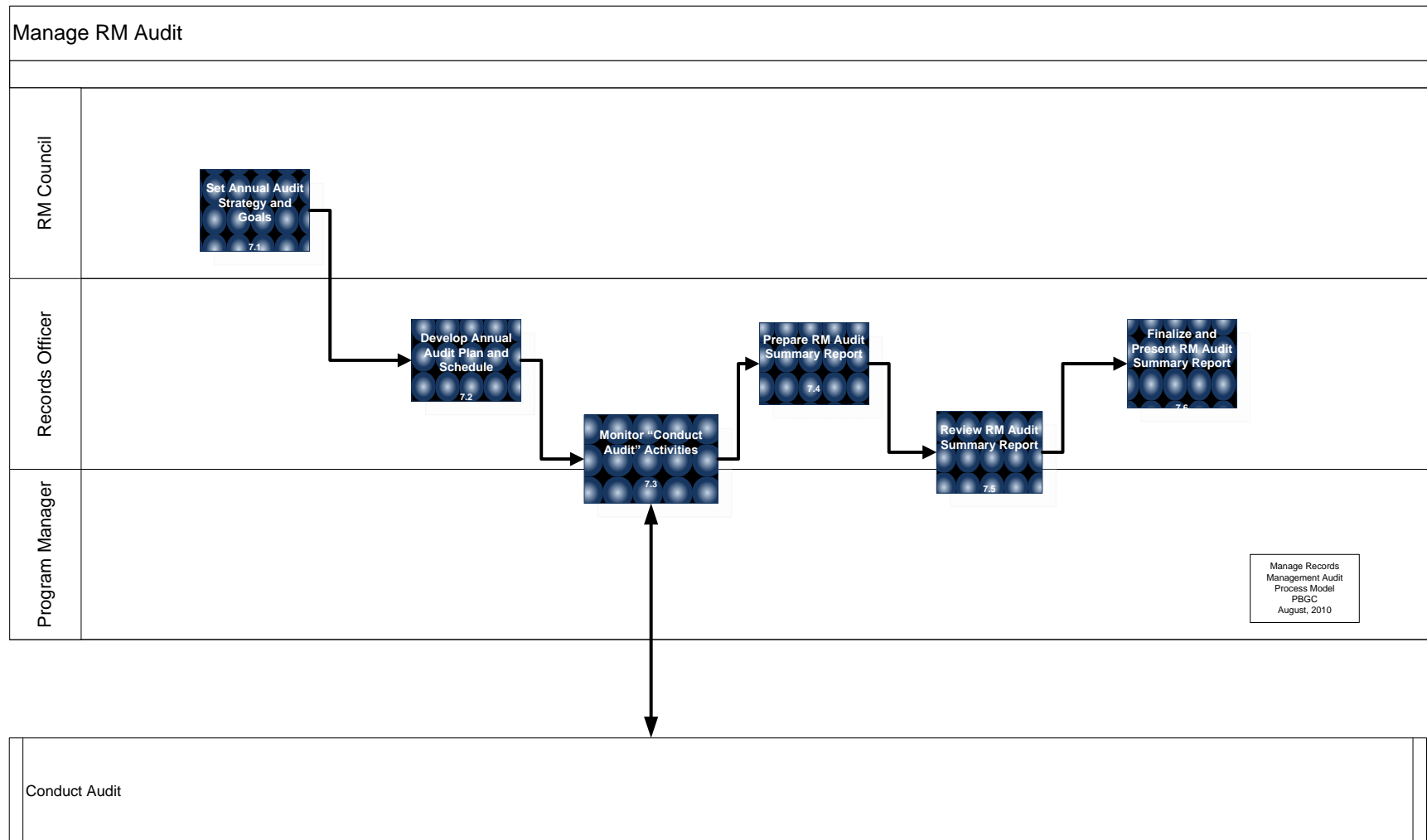
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7.1 Set Annual Audit Strategy and Goals

This activity will be performed by the Records Officer and the RM Program Manager.

7.1.1 Review PBGC and RM Program strategies and compliance issues

- Review strategic planning documents at the agency and RM Program levels to identify high-level goals.

- Review recent guidance and assessment documents from NARA and other relevant oversight agencies. Identify current priorities and areas of focus that impact federal agency records management programs.

- Review recent PBGC Compliance Review Reports, audits and NARA assessments to identify known compliance issues.

- Identify PBGC goals that can be furthered and compliance requirements that can be supported through internal auditing of RM Program functions and department records management practices.

7.1.2 Identify and prioritize information requirements

- Identify the types of information required to address high-level goals and compliance issues.

- Evaluate and prioritize information requirements, considering PBGC and RM Program goals, compliance risk, resource availability and business impact.

7.1.3 Establish overall audit goals and budget

- Develop a high-level statement of audit goals based on information requirements and priorities established in *Task 7.1.2*.

- Review the annual RM Program budget and identify the amount allocated to the auditing function.

- Estimate whether audit goals can be achieved with the budget allocated, comparing the proposed audit goals with audit achievements and resources expended in previous years.

- Finalize audit goals and budget, revising goals or adjusting budgeted amount as needed.

- Document approved audit goals and budget.

7.2 Develop Annual Audit Plan and Schedule

This activity will be performed by the Records Officer or delegated authority in consultation with the RM Program Manager.

7.2.1 Review Audit Goals and Budget

- Review approved audit goals and budget developed in *Activity 7.1*.

- Develop a high-level estimate of the number of audits that can be performed within the budgeted amount.

- Note: The cost in time and resources of a given audit varies depending on the scope of the audit, the amount of information to be collected and analyzed, the approach to information gathering and other factors. Consider alternative approaches to working within the amount budgeted.

7.2.2 Develop proposed list of audits

- Review the prioritized list of information requirements developed in *Activity 7.1*.

- Identify possible audit approaches that may be utilized. Consider the focus, target audience and data gathering techniques currently used at PBGC to audit other areas of the business.

- Develop a list of proposed audits that would address annual audit goals and information requirements.

    - Identify the RM Program functional areas and PBGC departments that would be targeted in gathering the information required.

    - Identify key factors that would impact the audit approach for a given department or RM Program area, including ease of access to information, availability of resources, scheduling constraints, etc.

    - Determine the audit approach that is best suited to obtaining the information required, based on the target audience and the approaches available.

- Create a high-level description for each proposed audit, including scope, objective, target audience and estimated time to complete, using the format shown in *Appendix D1 – Sample Audit Description*.

7.2.3 Estimate time and resource requirements

- Review list of proposed audits developed in *Task 7.2.2*. Based on the high-level audit descriptions, estimate time and resource requirements for each proposed audit.

- Develop proposed overall audit timeline, including milestones and resources for each proposed audit, and taking into account scheduling constraints identified in *Task 7.2.2*.

7.2.4 Develop Annual Audit Plan and schedule

- Review the list of proposed audits, estimated time and resource requirements and the proposed audit timeline with the RM Program Manager. The purpose of this review is to verify that the proposed audits:
    - address the overall audit goals and information requirements,
    - can be completed within the allocated budget,
    - can be completed within the year, and
    - do not conflict with other PBGC or RM Program activities and initiatives.
- Finalize the list of proposed audits, time and resource requirements and audit timeline based on feedback from the RM Program Manager.
- Draft the Annual Audit Plan. The Annual Audit Plan includes:
    - Statement of audit goals
    - Descriptions of proposed audits, including scope, target audience and estimated time to complete
    - List of proposed audits mapped to high-level RM Program goals
    - Proposed audit timeline
- Submit draft Annual Audit Plan to the RM Program Manager for review and approval. Incorporate feedback to finalize the plan.

7.2.5 Determine resource assignments

- Review list of planned audits described in the Annual Audit Plan, focusing on scope, timeline and resource requirements for each audit.
- Determine the resource assignments for each audit, taking into account the skills required to conduct each audit based on the scope, approach and program function involved.
- Review proposed resource assignments with the RM Program Manager and adjust, as needed, based on feedback.
- Communicate audit requirements and schedules to assigned resources, as needed.
- Note: In general, it is assumed that the RM Program Manager will audit those RM Program procedures that are carried out by the Records Officer and the Records Officer will audit records lifecycle procedures carried out by departments. However, the Records Officer may delegate some audit tasks to contractors or to Records Coordinators where appropriate, with the approval of the RM Program Manager.

7.3 Monitor "Conduct Audit" Activities

This activity will be performed by the RM Program Manager in consultation with the Records Officer.

7.3.1 Review audit project plans

- Review proposed project plans for individual audits scheduled in accordance with the Annual Audit Plan and provide feedback as appropriate.

- Note: Individual audits are performed in accordance with the *Conduct RM Audit Procedure*. *Task 8.1.2* of that procedure calls for the individual conducting the audit to review the approach and plan with the RM Program Manager or the Records Officer.

7.3.2 Monitor auditing activities

- Monitor records management auditing activities and provide guidance as appropriate.

7.4 Prepare Annual Summary Audit Report

This activity will be performed by the Records Officer in consultation with the RM Program Manager.

7.4.1 Review and assess individual audit reports

- Review completed audit reports for all records management audits conducted during the year.

- Assess the overall success and results of the auditing activities. Review findings from each audit, note corrective actions and identify major risks and trends demonstrated by audit findings.

7.4.2 Finalize content for the summary report

- Write a summary statement describing the scope and focus of audits conducted during the year.

- Summarize the findings, recommendations and corrective actions of each audit and assess the degree to which the audit objectives were met.

- Describe knowledge gained through the auditing process that could help to improve the next annual RM Audit Plan, provide input to the RM Program strategic planning process or contribute to the Compliance Review process.

- Draft an executive summary with an overview of the findings and recommendations.

7.4.3 Create Draft Annual Summary Audit Report

- Collect and compile the components written in the previous task. See *Appendix D2 – Annual Summary Audit Report Outline* for a sample outline.

- Prepare a concise conclusion that summarizes overall findings and strategy for addressing gaps and corrective actions.

- Conduct an in-depth peer review of the Draft to make sure that the analysis and recommended actions are appropriately aligned with the annual RM Audit Plan and the reporting requirements of the RM Council.

7.5 Review Annual Summary Audit Report

This activity will be performed by the RM Program Manager or delegated authority.

7.5.1 Review draft Annual Summary Audit Report

- Review the draft audit summary report for alignment with RM Program goals.
- Review and validate summarized audit findings and verify that the information provided fully addresses the goals and objectives outlined in the RM Audit Plan.
- Verify that recommendations and ideas presented as input to the strategic planning process are clearly supported by knowledge gained through the findings presented.

7.5.2 Identify changes needed

- Document edits and changes needed to finalize the Annual Summary Audit Report and return to the Records Officer for completion.
- Review and approve changes made.

7.6 Finalize and Present Annual Summary Audit Report

This activity will be performed by the Records Officer and the RM Program Manager.

7.6.1 Finalize Annual Summary Audit Report

- Prepare the Annual Summary Audit Report in appropriate format.
- Perform the final review with the RM Program Manager.
- Prepare cover memo with a summary of the overall performance and results of the audit process.

7.6.2 Present the Annual Summary Audit Report

- Present the Annual Summary Audit Report to the RM Council. Provide additional information or clarification of findings and recommendations as needed.
- Note findings and recommendations that provide input for future RM Audit Plans or for RM Program strategic planning.
- Save a copy of the published report and cover memo as a record.

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Chapter 8 – Conduct RM Audit Procedure

8.0 Overview

8.0.1 Purpose

The Conduct RM Audit procedure outlines the steps to be followed for every type of records management audit. Further guidance for specific types of audits may be found in the RM Audit Planning Supplements (see *Appendix D4* and *Appendix D5*).

Federal agencies are required to establish records management programs and evaluate their effectiveness. 36 CFR 1220.34 specifies that agencies should "conduct formal evaluations to measure the effectiveness of records management programs and practices, and to ensure that they comply with NARA regulations."

The fundamental goal of the RM Audit process is to ensure continuous improvement of the RM Program by identifying the strengths and weaknesses of the program and how it is implemented. At PBGC, the RM Program has implemented processes and procedures to help ensure compliance with NARA regulations. Audits may address the level of compliance with these processes and procedures or may focus on the effectiveness of the processes and procedures in supporting records management activities.

The Conduct RM Audit procedure establishes general standards for planning, conducting and reporting results of individual audits. These standards are based, in part, on guidelines for performance audits published in Chapters 7 and 8 of *Government Auditing Standards*, July 2007 Revision (GAO-07-731G), published by the U.S. Government Accountability Office. Although compliance with this standard is not required for internal auditing of records management functions, it is listed as a useful reference for this procedure.

8.0.2 Roles

The Records Officer is responsible for directing the planning and execution of individual audits, conducting audits in accordance with the plan and monitoring auditing activities delegated to other resources.

The RM Program Manager is responsible for reviewing and approving individual audit reports, providing oversight to the auditing process and monitoring auditing activities performed by the Records Officer.

8.0.3 Scope

The Conduct RM Audit procedure in this manual calls for the Records Officer or delegated authority to review the goals and objectives of the assigned audit, identify sources of information needed to support the audit, determine the data gathering approach and develop a plan for conducting the audit. The audit plan is reviewed and approved by the RM Program Manager prior to beginning the audit.

Upon approval of the audit plan, the resource assigned to conduct the audit commences the data gathering stage of the audit, conducting documentation reviews, interviews and/or site visits in accordance with the audit plan. As information is gathered, it is

assessed to verify that it is valid, appropriate and sufficient to provide the level of information needed to support audit objectives.

In the analysis stage of the audit, information gathered is organized, reviewed and compared with compliance criteria or other standards, as needed, to develop an objective understanding of the strengths and weaknesses of the current state as required by the audit objectives. Preliminary findings, conclusions and recommendations are developed based on the supporting evidence from the information gathered. The Records Officer and the RM Program Manager review the preliminary findings, conclusions and recommendations to verify that the findings and conclusions are supported by the evidence gathered and that the recommendations are appropriate and aligned with RM Program policies and strategies.

As the final step in the procedure, an Audit Report is produced by the assigned resource in consultation with the Records Officer. This report outlines the goals and objectives of the audit, describes the data gathering approach, presents the findings, conclusions and recommendations, and specifies any corrective actions to be taken. The Audit Report is reviewed and approved by the RM Program Manager.

8.0.4 References

The following references, tools and templates are used in this procedure:

- Audit Information Sources
- Audit Objectives
- Audit Planning Aids
- Audit Standards and Criteria

8.0.5 Conduct RM Audit Process

Conduct RM Audit

<table>
<tr><td rowspan="3">Records Officer</td><td></td></tr>
</table>

Records Officer

Publish and Distribute Audit Report 8.6

Auditor

Plan Audit and Prepare Tools 8.1

Conduct Audit 8.2

Analyze Information and Develop Findings 8.3

Create Audit Report 8.4

Program Manager

Review Audit Report 8.5

Conduct Records Management Audit Process Model PBGC August, 2010
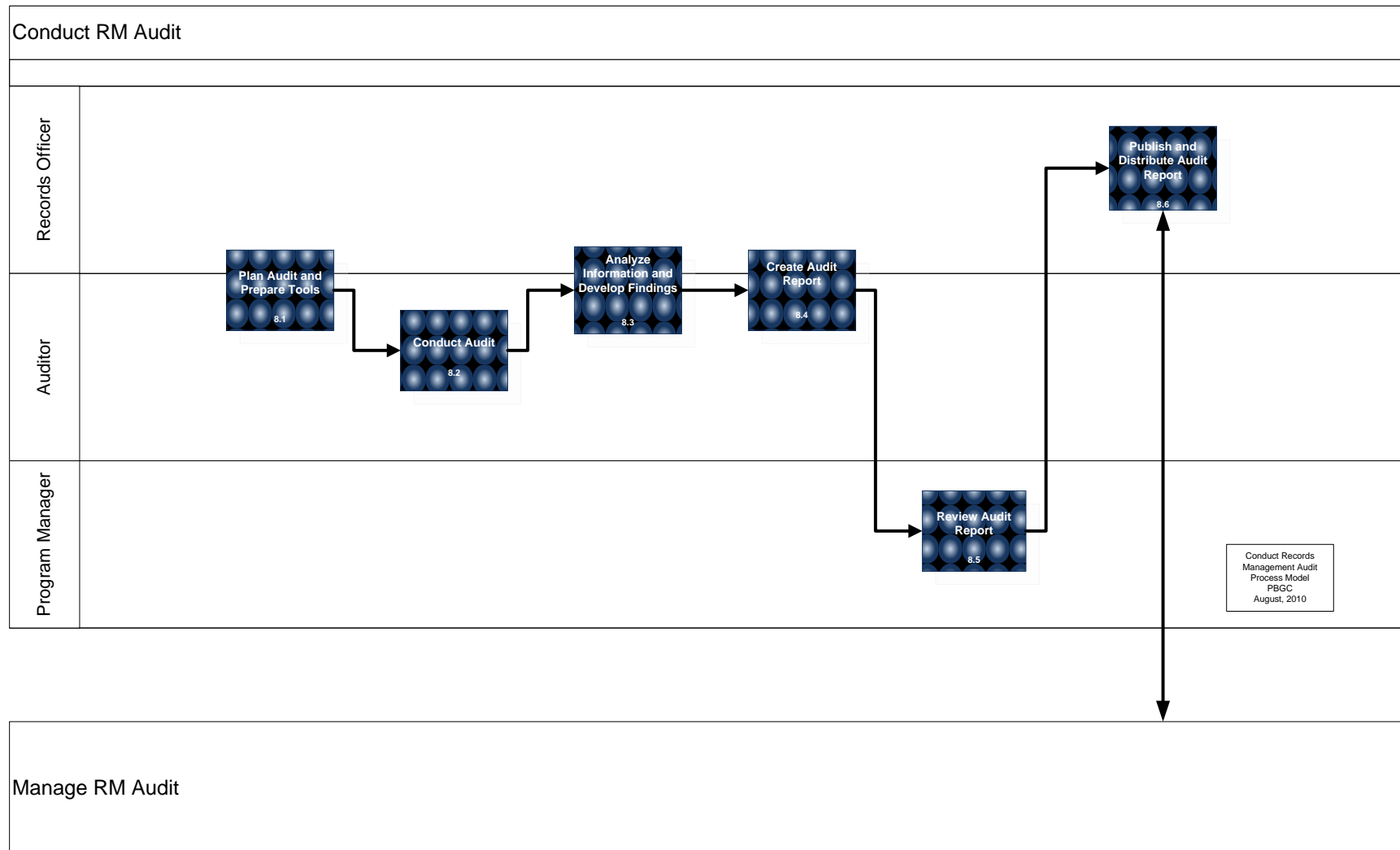
Manage RM Audit

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8.1 Plan Audit and Prepare Tools

This activity will be performed by the assigned auditor in consultation with the Records Officer. Audits may be conducted by the Records Officer, RM Program Manager or delegated authority.

8.1.1 Review audit objective, scope and information requirements

- Review the selected audit description as published in the Annual Audit Plan to understand the objective and scope of the audit.

- Identify the RM Program areas or department functions targeted for the selected audit.

- Review the audit reporting requirements and identify the information and tools that will be needed to provide evidence, analyze findings and support conclusions for the selected audit.

- Review any available audit planning supplements that apply to the selected audit type, RM Program area or department function.

- Note: Audit planning supplements include information on criteria, tools and data gathering approaches for the types of audits that are conducted on a regular basis. Audit planning supplements make the auditing process more efficient and more easily delegated.   See *Appendix D4* and *Appendix D5* for examples of audit planning supplements.

8.1.2 Develop audit approach and project plan

- Determine the sources of information to be accessed and reviewed for the selected audit, including:

  - Standards and criteria relevant to the area being audited

  - Supporting documentation that can provide evidence of activities and results in the audited area

  - Information to be obtained through surveys or interviews of persons involved in the area being audited

- Determine the data gathering approach to be utilized. Consult the appropriate audit planning supplement, if available, for recommended approaches suitable to standard audits. If an audit planning supplement is not available, select an approach that best meets the requirements of the audit. See *Appendix D3 – Audit Data Gathering Approaches* for examples of data gathering approaches used to collect different types of evidence.

- Outline the tasks to be accomplished in order to complete the selected audit. Estimate the time required to access and review documentation, interview or survey audited entities, analyze results, develop conclusions and produce the audit report.

- Develop a project plan and timeline as required for the selected audit. Review plan with the Records Officer or RM Program Manager and revise, as needed.

- Note: Some audits are more complex than others. A complex audit involving several weeks of effort and including interviews and site visits will require a formal project management approach. A simple audit that can be accomplished in less than a week may not require a project plan. The Records Officer or RM Program Manager will provide guidance, as needed, on the level of project management documentation required for individual audits.

8.1.3 Prepare data gathering tools and audit communications

- Identify and prepare data gathering tools as appropriate. Examples of data gathering tools include questionnaires, compliance checklists, etc.

- Prepare communication materials for signature by the Records Officer informing the target areas of the planned audit and alerting them to planned data gathering activities.

- Note: The communication should be addressed to the department manager and to other representatives such as Records Coordinators or systems administrators who will support information gathering. Include an overview of the audit objectives, a summary of the information to be collected and notification of any interviews or site visits to be scheduled.

8.1.4 Schedule meetings and arrange for site/system access

- Review list of sites to be visited and information systems to be accessed during the data gathering phase of the audit.

- Determine whether targeted facilities or systems require security clearance or special training in order to permit access.

- If special training is required to access a site or system and if the auditor has not already received this training, consult with the Records Officer or RM Program Manager to decide whether to pursue the training, delegate the data gathering to a trained individual or identify other means of obtaining the information needed.

- Contact the appropriate departments and system administrators to make arrangements for access.

- Retain copies of security clearances and other access approvals and document the access approval process for use in future audits of those sites and systems.

8.2 Gather and Review Information

This activity will be performed by the assigned auditor in consultation with the Records Officer. Audits may be conducted by the Records Officer, RM Program Manager, or delegated authority.

8.2.1 Initiate information gathering stage

- Review the list of information sources to be accessed and reviewed for the selected audit, identified in *Task 8.1.2*.

- Obtain copies of standards and criteria relevant to the area being audited. Consult the appropriate audit planning supplement, if available, for standards and criteria applicable to standard audits.

- Identify individuals in the targeted areas to be interviewed during the data gathering phase of the audit, and schedule interviews as appropriate. Meeting invitations should include a summary of the purpose of the interview and provide guidance on preparing for the meeting. Depending on the approach and the purpose of the interview, the invitation may also include an attached survey or list of interview questions.

- Identify location of supporting documentation that can provide evidence of activities and results in the audited area. Contact the appropriate department or information custodian to obtain copies.

- Note: In many cases, supporting documentation will be provided by a department representative during or after a site visit or interview. Consider inviting the department representative to help identify the most complete and current sources to address audit information requirements.

8.2.2 Gather information

- Conduct data gathering activities to gather required information in accordance with the audit plan and approach developed in *Activity 8.1*. Consult the appropriate audit planning supplement, if available, for additional guidance on information to be gathered for standard audits. Activities may include:

  - Review supporting documentation that can provide evidence of activities and results in the audited area.

  - Conduct interviews with individuals who can attest to the practices and conditions of the audited area.

  - Send out surveys, questionnaires, requests for feedback, etc.

  - Conduct site visits to records repositories to collect data on record handling and security practices, condition of records and equipment, compliance with file plans and retention rules, or other information as needed to support audit objectives.

  - Review functionality, outputs, and relevant system metrics for targeted information systems.

- Note: The methods used to gather information should be aligned to the audit objective, able to produce information that is reliable and complete and able to be accomplished within the time and budget constraints of the audit project. The auditor should periodically assess the quality of the data being gathered (see *Task 8.2.3*), be prepared to modify the approach, if needed, and document changes made as "lessons learned" for use in future audits.

8.2.3 Assess information gathered

- Periodically review the documents, interview notes and other data gathered during the audit to determine whether the information being gathered is sufficient and appropriate to support audit objectives. (See *Appendix D3 – Audit Data Gathering Approaches* for a brief overview of sufficiency and appropriateness of evidence.)[2]

- If information gathered appears to fall short of what is needed to support audit objectives, document the nature of the gap and investigate alternatives for obtaining the information needed.

- Note: It is essential to identify issues with information sufficiency and appropriateness early enough to allow time to gather more information and address gaps in the analysis. For this reason, this assessment step is intended to be accomplished concurrently with the data gathering step (*Task 8.2.2*) and continued into the data analysis step (*Task 8.3.1*).

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[2] For more information on understanding and assessing the appropriateness and sufficiency of evidence, see *Government Auditing Standards, July 2007 Revision* (GAO-07-731G), Chapter 7, "Field Work Standards for Performance Audits" (sections 7.55 through 7.71, pp 147-154) and Appendix I, "Supplemental Guidance – Information to Accompany Chapter 7" (pp 192-195).

8.3 Analyze Information and Develop Findings

This activity will be performed by the assigned auditor in consultation with the Records Officer. Audits may be conducted by the Records Officer, RM Program Manager, or delegated authority.

8.3.1 Analyze information

- Review information gathered in *Activity* 8.2, compiling and organizing the information, as needed, to document the current state of the area being audited.

- Compare observations with standards and criteria relevant to the area being audited and document the degree to which the current state is aligned with the relevant criteria.

- Continue to periodically assess the validity, appropriateness and sufficiency of the information in order to identify issues that might cause gaps in the analysis (see *Task 8.2.3*).

8.3.2 Develop findings and recommendations

- Review the areas in which the current state is not aligned with the relevant criteria and assess each area based on the degree of risk and the possible causes of the non-alignment.

- Develop preliminary findings and conclusions based on the review and assessment of the current state and alignment with criteria and standards. Make sure that supporting documentation is available to support findings.

- Identify preliminary recommendations for improvement, including corrective actions for non-compliant areas, and modifications or enhancements to records management processes or procedures.

- Note: The reasons for non-compliance with criteria and standards may be due to a lack of training, a lack of adequate tools or other factors beyond the control of the audited area. Since the primary purpose of the RM Audit process is to improve records management at PBGC, the auditor should consider whether to recommend improvements or enhancements to the RM Program, rather than corrective actions for the audited area.

8.3.3 Review findings and recommendations

- Conduct an in-depth review of preliminary findings, conclusions, recommendations and supporting documentation with the RM Program Manager and the Records Officer.

- Finalize the findings, conclusions and recommendations based on feedback from the review. If the feedback indicates further information gathering or analysis is required, repeat the in-depth review before continuing to the next step.

8.4 Create Audit Report

This activity will be performed by the assigned auditor in consultation with the Records Officer. Audits may be conducted by the Records Officer, RM Program Manager or delegated authority.

8.4.1 Compile content for the audit report[3]

- Identify the relevant content and format requirements for the audit report. The format of the audit report may vary depending on the type of audit.

- Write a description of the audit objectives and the scope and methodology used for addressing the audit objectives.

- Describe audit findings, presenting sufficient, appropriate evidence to support the findings and conclusions in relation to the audit objectives.

- Report any conclusions about the audited area or the RM Program that were arrived at based on the audit objectives and the audit findings.

- Summarize recommendations for corrective actions and improvements. Describe how recommendations are substantiated by the reported findings and conclusions.

8.4.2 Review findings with audited entity

- Meet with the manager of the audited department or program to review audit findings, conclusions and recommendations. The Records Officer should lead this meeting, with the auditor participating if appropriate.

- Solicit feedback from the audited department or program and invite them to provide a written response to be included in the audit report.

- If findings are disputed or evidence called into question, refer the matter to the Records Officer and RM Program Manager for resolution before continuing with the next task.

8.4.3 Create Draft Audit Report

- Collect and compile the components written in the previous tasks using the relevant content and format requirements for the type of audit.

- Draft additional content as needed to provide context, clarify the scope of the audit, explain information gathering constraints or otherwise ensure that the audit objectives and results will be fully understood by the intended audience.

- Conduct an in-depth peer review of the Draft to make sure that the audit objectives, scope and methodology are clearly described; findings are supported by sufficient and appropriate evidence; and conclusions and recommended actions are supported by the findings and aligned with audit objectives.

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[3] For further guidance on developing content for audit reports, see *Government Auditing Standards, July 2007 Revision* (GAO-07-731G), Chapter 8, "Reporting Standards for Performance Audits," pp 160-173.

8.5 Review Audit Report

This activity will be performed by the RM Program Manager or delegated authority.

8.5.1 Review draft Audit Report

- Review the draft audit report for alignment with the audit goals and objectives.
- Verify that audit objectives, scope and methodology are clearly described; findings are supported by sufficient and appropriate evidence; and conclusions and recommended actions are supported by the findings.

8.5.2 Identify changes needed

- Document edits and changes needed to finalize the audit report and return to the Records Officer for completion.
- Review and approve changes made.

8.6 Publish and Distribute Audit Report

This activity will be performed by the Records Officer or delegated authority in consultation with the RM Program Manager.

8.6.1 Finalize Audit Report

- Prepare the Audit Report in appropriate format.
- Perform the final review with the RM Program Manager.
- Prepare cover memo with a summary of the overall results of the audit.

8.6.2 Publish and distribute the Audit Report

- Identify recipients of the Audit Report.
- Save a copy of the published report and cover memo as a record, along with the audit work papers.
- Note corrective actions in a tracking log so that they can be monitored. The tracking log should include:
  - Auditor Name
  - Audited Entity
  - Audit Title
  - Date Identified
  - Recommended Action
  - Supporting Guidance for Action
  - Recommended Action Due Date
  - Date Action Completed
  - Description of Final Action (if different from Recommended Action)
  - Other information to enable tracking, for example, priority and risk level and Status.
- Distribute the report and cover memo to designated recipients.

APPENDIX A – Create and Maintain File Plans Procedures Supporting Documents

- A1 File Plan Data Gathering Approaches
- A2 File Plan Project Communications
- A3 File Plan Target State
- A4 File Plan Template
- A5 File Plan Template Instructions
- A6 File Plan Composite Tool Requirements

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A1 File Plan Data Gathering Approaches

There are many ways to gather information for file plans. The data gathering approach should take into consideration the resources available, the information to be collected and the potential impact to business units. A combination of approaches may be used, particularly when resource availability and time constraints vary for individual business units.

Potential approaches may include one or more of the following:

- Group sessions. RM project team conducts facilitated group sessions with business unit representatives and subject matter experts to capture information about records in the context of business processes. Session findings are compiled in the form of diagrams and file plan templates and forwarded to business unit representatives to validate and complete.

  - o Advantages: A very efficient way to identify records in the context of business processes, particularly effective in identifying electronic records. Typical sessions last from 60 to 90 minutes and only one session is needed for a business unit in most cases.   Information gathered during sessions can also provide high-level input for business process documentation.

  - o Disadvantages: Detailed information on locations and formats of records is not gathered during the session and must be populated afterwards by a business unit representative. Also, scheduling the right people for a group session can be a challenge.

- Interviews. RM project team conducts interviews with subject matter experts in business units. Interview findings are compiled in file plan templates and forwarded to business unit representatives to validate and complete.

  - o Advantages: The interview approach makes it possible to gather more detailed information on records familiar to the interviewee. Additional information of value to the RM Program often surfaces in the interview as well.

  - o Disadvantages: Multiple interviews may be required for a business unit, since interviewees may not have information about records outside their immediate job duties. Also, the transcription of interview notes and information for the template can be very time-consuming.

- Template completion. File plan templates are distributed to business unit representatives, along with training on how to gather information and populate the template. Business unit representatives complete the templates, with RM project team providing assistance as needed.

  - o Advantages: Less impact on RM Program resources, as business units do most of the data gathering work.

  - o Disadvantages: Information is filtered through business unit representatives before it reaches the RM Program project team and results can be uneven due to different levels of expertise among representatives. No opportunity for RM

project team to build understanding through face-to-face contact with record owners.

- Documentation review. RM project team members review all available documentation about business units (existing file plans, shared drives, work process documentation, etc.) and extract information about the records.

  - Advantages: Minimal impact to business units' time and resources. Project schedule is more flexible since there is no need to schedule meetings or interviews with business units.

  - Disadvantages: Documentation is not always kept current. Recent changes in business units and old or inaccurate information could affect the quality of the data recorded in the file plan.

Data gathering approaches are often combined to take advantage of opportunities and to overcome obstacles unique to the organization. For example, the Records Officer may decide to begin with a review of existing documentation, proceed with group sessions and selectively schedule follow-up interviews.

Note that each approach requires some level of active participation from each business unit and some level of active involvement by a project team led by the Records Officer or delegated authority. Both roles are essential regardless of the approach selected. The variance is in the degree of expertise needed and the amount of time each will contribute.

Questions to ask in selecting an approach include:

- Which approach is most conducive to producing the level of information required to meet the standards established in the File Plan Target State?

- Which approach is likely to yield the most accurate information? The most complete? The most useful?

- Will business units be able to commit significant time and resources to gathering the information?

- Will the Records Officer provide additional resources to assist business units with gathering information?

- How much training/facilitation/guidance will be needed to ensure business units can provide the right level of information?

- Which approach can accomplish the goals of the data gathering phase within the timeline and resource budget established for the overall project?

Selecting the right approach or combination of approaches depends on many factors. Each requires different types of resources and methods of preparation and has different implications for the overall project timeline and budget.

A2 Developing File Plan Project Communications

An effective communication plan helps to ensure that business units are prepared to participate in the data gathering process, understand the information needed and are aware of their responsibilities with regard to file plan creation, approval and dissemination. In addition, every communication has the potential for raising awareness of the RM Program and reinforcing the importance of effective management of information and records.

Communications and presentations may include the following, depending on the scope of the file plan creation project:

1. Pre-engagement communication – communication sent to build awareness of the project, alert management of the importance of the project and ask for support in allocating business unit resources to ensure accurate, complete and timely responses.

    TIP: Compose as an email message, to be sent by the RM Program executive sponsor to managers across the organization.

2. Engagement meeting invitation – email/invitation sent to the participants identified in the Planning stage, describing the project and how they should prepare for the meeting.

    TIP: This invitation is sent to each business unit when ready to schedule their session. If a pre-engagement communication was sent at the start of the project, it should be cited in this invitation. Invite both the business unit manager and the designated Records Coordinator and ask that they forward the invitation to others as appropriate.

3. Engagement meeting presentation/training materials – materials to be presented at each business unit's engagement meeting to brief them on the reason for the project, review basic RM concepts (record vs. non-record, records schedules, etc.), introduce the data gathering process and walk through an example from their business unit.

    TIP: Tailor the engagement presentation as a management briefing rather than as a training exercise and emphasize the importance of documenting electronic as well as physical records. The formal presentation should be brief so that there is ample time for questions. If records coordinators are expected to do the information gathering, schedule a separate meeting for training immediately after the engagement presentation.

4. Project tracking tool – used to keep track of where business units are in the file plan data gathering process, track issues and actions, schedule follow-up calls, etc.

5. Final communication to business units presenting the approved file plans

    TIP: This communication is primarily designed to present the final approved business unit file plan. It can also be a vehicle for restating records management principles and responsibilities, underscoring the importance of the disposition process, communicating information about file plan maintenance or addressing other gaps in records management understanding that may be revealed during the project.

Note: Except for item (1), all of the above communications and presentations will be utilized multiple times as the project is rolled out to different business units. Be prepared to revise individual communications if the business unit feedback indicates they are not effective.

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A3 File Plan Target State

The purpose of the File Plan Target State is to define the desired model for file plans. File plans can take many forms and should be defined based on their intended use. The file plan template in *Appendix A4*, template instructions in *Appendix A5* and composite tool requirements in *Appendix A6* are designed to support the target state shown below.

Sample File Plan Target State:

- A file plan is published for each business unit which:
    - identifies record types maintained by the business unit
    - describes records according to standards established by the Records Officer
    - identifies the records schedule requirement for each record type
    - includes a general description of how the business unit organizes and manages each record type in order to support access, retrieval and disposition

- File plan information is maintained in a composite tool which:
    - Includes data on record descriptions, locations, formats and retention requirements used to generate business unit file plans
    - Includes data on record repositories and information systems that contain records
    - Includes authority lists for controlled data fields
    - Is used to approve and publish business unit file plans
    - is managed by the Records Officer

- File plans are used by business units as:
    - A set of guidelines on how specific types of records are to be created and managed within the business unit
    - An affirmation of ownership of the business unit's records and of accountability for maintaining records as described in the file plan

- The File Plan composite dataset is used by the Records Officer:
    - to support records disposition audits
    - to locate record groups in support of hold orders
    - to provide information for records management improvement initiatives

A4 File Plan Template

The current File Plan Template is based on the Target State as defined in Appendix A4 – File Plan Template Instructions. The template is in the form of an Excel spreadsheet as shown below:

PBGC File Plan Worksheet

| Business Unit | FASD | Manager: | Patti Davis | Applicable File Stucture | |
| Date Submitted: | | Records Coordinator: | Rod MacPhail | | |

No.	Record Description				Format/Location				Disposition		Arrangement		Special Handling		Comments
	Title	Description	Function	Maintained By	Format	Repository	Info System/ Application	Location	Schedule	Citation	Filing Approach	File Structure Reference	Security	Vital Record	
	Enter record series title	*Enter brief description of record series*	*Indicate business function that generates or receives the record*	*Indicate maintaining office or record custodian by title, position or role*	*Select format in which the official record is maintained*	*For physical records: indicate name of record repository where these records are kept*	*For electronic records - indicate information system in which these records reside*	*For physical and electronic records - indicate details of location (room number, shelf location, drive path, folder, etc.)*	*Select records schedule: PBGC GRS Not Scheduled Unknown*	*For PBGC and GRS schedules, enter schedule citation*	*Describe how files are organized for this record type or series (e.g. by date, account, facility, subject, etc.)*	*Cite classification in applicable file structure, if any (attach copy of file structure)*	*Desribe restrictions on access applied to records*	*Indicate whether record is considered a Vital Record*	*Additional comments or issues concerning the creation, management or disposition of this record type or series*
1	**Records Disposition Files**	Descriptive inventories, disposal authorizations, schedules and reports. A. Basic documentation of records description and disposition programs, including SF 115, Request for records Disposition Authority; SF 135, Records Transmittal and Receipt; SF 258	Recording of Records Disposition	Records Management Officer	Paper	FASD Office Files		4th Floor - File Cabinet A	GRS	16.2.a.2	By Record Series			No	
2	**COOP Vital Record Plans**	Continuity of Operations documentation and listing of agency vital records.	COOP Documentation	COOP Manager	Paper	COOP Facility at Kingstown		Kingstowne, VA - File Cabinet A	Unknown		By Department			Yes	Updated annually

A5 File Plan Template Instructions

The File Plan Template is designed to capture information from individual business units to create file plans in accordance with the File Plan Target State. The following fields are included in the template:

Header data fields:

- **Business Unit** – department, division or other organizational entity covered by this file plan
- **Manager** – name and title of business manager responsible for appointing the Records Liaison and accountable for the business unit's records management practices
- **Records Coordinator** – name and title of individual appointed by the Manager to receive and disseminate information from the Records Officer, represent the business unit in Records Management-related matters and act as a resource to the business unit for guidance on records handling
- **Applicable File Structure** – name of attached file structure, if applicable. Business units that have documented file structures in place should provide a copy of their structure as an attachment to the completed file plan template.

Record Description fields:

- **No** – can be either a sequential number or inherited from a legacy file plan
- **Title** – name of the record type or series
- **Description** – brief summary of the type of information contained in the record
- **Function** – the business function or process with which the record is associated as an input or output
- **Maintained by** – the position title or group responsible for maintaining the record

Format/Location fields:

- **Format** – the medium (paper, electronic, microprint, etc.) in which the record is maintained
- **Repository** – for physical records, the department file room or storage facility where the records are kept
- **Information System/Application** – for electronic records, the system in which the records are maintained.
- **Location** – details on the physical or virtual location where this type of record is maintained while in the custody of the business unit (room number, shelf location, drive path, folder name, etc.)

Disposition fields:

- **Schedule** – indicate whether the disposition authority is from the NARA General Records Schedules (GRS) or from the PBGC Simplified Records Schedules
- **Citation** – references the GRS or PBGC records schedule rule that applies

Arrangement fields:

- **Filing Approach** – brief summary of how records of this type are organized, i.e. by date, by client name, by account number, etc.
- **File Structure Reference** – for business units with a documented filing structure, this field can be used to denote the appropriate classification code from that structure.

Special Handling fields:

- **Security** – information on security classifications, password requirements or other rules in place to restrict access to the record
- **Vital Record** – note whether the record is considered a Vital Record

Comments field:

- **Comments** – additional comments or issues concerning the creation, management or disposition of this record type or series

A6 File Plan Composite Tool Requirements

No	Requirement	Purpose
Basic File Plan functionality		
1	The tool should include all of the fields in the file plan template.	This feature ensures that all information gathered via templates is available for analysis and reporting.
2	The tool should include all of the fields recommended by NARA for records inventories.	The primary purpose of a records inventory is to ensure that new record types are identified so that they can be added to the records schedule. Since the type of information gathered is very similar, aligning the data fields with NARA inventory guidelines will allow the file plan process to supplant the need for inventories in the future, since new record types will be identified through file plan updates.
3	The tool should support importing of file plan data and business unit header information from the file plan template.	This feature ensures that file plan templates completed by individual business units can be easily uploaded to the Composite data set.
4	The tool should support exporting of file plan data and business unit header information to the file plan template.	This feature ensures that pre-populated templates can be distributed to business units for updating on either an ad-hoc basis or as part of a planned file plan maintenance cycle.
5	The tool should support publishing completed and approved file plans for individual business units.	This feature enables the Records Officer to generate "published" file plans for distribution in a format that cannot be changed. A further enhancement would be to publish the file plans in PDF format with the ability to add content such as instructions and legends.
6	The tool should support adding, deleting and editing individual data elements.	This feature enables further editing of file plan data after it is uploaded. A further enhancement would be to include an audit trail to track changes to the data.
Functionality to support management of information related to File Plans		
7	The tool should support documentation of file plan approval and publication.	This feature would enable the Records Officer to determine the last time a BU updated their file plan, identify file plans still waiting for final approval and enable published file plans to display the date of publication and/or approval. A further enhancement would be to support tracking revision histories.
8	The tool should have the ability to import additions, changes and deletions from file plan templates.	This feature ensures that changes made to an individual business unit file plan using an update template are correctly reflected in the database, while protecting information associated with file plans for other business units.

No	Requirement	Purpose
9	The tool should support the maintenance of business unit header information.	This feature would maintain business unit header information separately from individual record types, eliminating redundant information in the main file plan data table. Also supports requirements 15 and 16.
10	The tool should support the maintenance of an information systems inventory.	This feature would provide a place to maintain expanded information related to electronic information systems containing records, such as system owners, features and retention strategies.
11	The tool should include all of the fields recommended by NARA for information systems inventories.	This feature would ensure that the information systems inventory data is captured in a way that meets NARA's requirements for identifying and describing electronic information systems containing records.
12	The tool should support the maintenance of a records repository list.	This feature would provide a place to maintain expanded information related to onsite and offsite physical records repositories, such as locations, contacts, etc.
13	The tool should support linking record types to the records repository list.	This feature would enable reporting on record types and departments associated with a given physical records repository. It could also support populating pull-down lists for the Repository field in the file plan template and ensure that new or previously unknown repositories are identified when importing completed templates.
14	The tool should support linking record types to the information systems inventory.	This feature would enable reporting on record types and departments associated with a given information system. It could also support populating pull-down lists for the System/Application field in the file plan template and ensure that new or previously unknown information systems are identified when importing completed templates.
Functionality for analysis, reporting, and the management of change		
15	The tool should allow one business unit to be mapped to multiple record types.	This feature would allow a business unit to drop a record type from their file plan, while enabling the record type to remain in the table and be reassigned to another business unit. See also requirements 9 and 16.
16	The tool should allow one record type to be mapped to multiple business units.	This feature would enable the record type and its associated format/repository information to be captured once, and mapped to all of the business units that name it as a record. The linking table could also include a field for record ownership, indicating ultimate responsibility by one business unit while enabling the record to appear on other business units' file plans. The feature could also support the creation and use of standard descriptions for general administrative records found in most departments. See also requirements 9 and 15.

No	Requirement	Purpose
17	The tool should support analysis of data gathered from multiple templates.	This feature would support both ad-hoc and standard queries and reports designed to select, group and sort information in the consolidated data set by any combination of fields.
18	The tool should support the production of a records crosswalk as defined by NARA.	This feature would allow the Records Officer to generate a records crosswalk from the consolidated data set rather than having to maintain the crosswalk separately. Records crosswalks are required by NARA for agencies with media-neutral records schedules.

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APPENDIX B – Compliance Review Supporting Documents

B1 Compliance Review Report Outline
B2 Detailed Gap Analysis Table

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B1 Compliance Review Report Outline

The following outline is used for developing the Compliance Review Report:

Executive Summary
1.0: Background
    1.1: PBGC Records Management Program
    1.2: RM Self-Assessment Project Goals
    1.3: RM Self-Assessment Project Deliverables
2.0: RM Self-Assessment Scope and Methods
    2.1: Methodology
        2.1.1: RM Self-Assessment Components
        2.1.1: RM Self-Assessment Scoring
    2.2:   Standards and Regulations
3.0: Assessment Findings
    3.1: General Observations
    3.2: Findings by Module
        3.2.1: Module 1 – Program Authorization and Organization
        3.2.2: Module 2 – Guidance, Training and Evaluation
        3.2.3: Module 3 – Record Creation/Recordkeeping Requirements
        3.2.4: Module 4 – Records Maintenance – General
        3.2.5: Module 5 – Records Maintenance – Electronic Records
        3.2.6: Module 6 – Records Maintenance – Email Records
        3.2.7: Module 7 – Records Maintenance – Special Formats
        3.2.8: Module 8 – Records Scheduling and Disposition
        3.2.9: Module 9 – Vital Records Protection
    3.3: Identifying Quick-Win Opportunities
4.0: Recommendations and Conclusion
    4.1: Recommendations
    4.2: Conclusion
Appendix A: RM Self-Assessment Questions and Responses
Appendix B: Contacts

B2 Detailed Gap Analysis Table

The following table shows the layout of the detailed gap analysis table presented in *Appendix A – RM Self Assessment Questions and Responses* of the Compliance Review Report.

Item	Target State	Response	Citation	Current State	Gap Identified	Bridge Gap Recommendation
MODULE 1: Program Authorization and Organization						
M1.1	Agency has formally designated a records officer with responsibility for carrying out its records management program.	Y	36 CFR 1220.34(a) and (b)	The records officer has been identified and responsibilities have been assigned.	The establishment of records management leadership is required to provide accountability, responsibility and authority for the program.	Establish formal program leadership.
MODULE 4: Records Maintenance – General						
M4.3	Cutoffs (file breaks) are clearly defined and implemented for each records series.	Y	36 CFR 1220.34(i) 36 CFR 1225.16(b)(3)	Cutoffs are clearly defined in the agency records schedules.	Record cutoffs are not always implemented or observed.	Review practices as part of file plan development and auditing activities.
MODULE 8: Records Scheduling and Disposition						
M8.9	Disposition instructions provide information on transferring records proposed for permanent retention to the National Archives.	Y	36 CFR 1225.14	Schedule includes guidance on when to transfer permanent records to NARA. Instructions for transfers are provided in the RM process and procedure documents.	No gap identified.	

B3 RM Self-Assessment Tool Instructions Tab

The first tab of the RM Self-Assessment tool displays an overview of the tool with data entry instructions. The contents of this tab are displayed below.

Records Management Assessment Tool Overview

The PBGC Records Management Assessment Tool (RM Assessment Tool) is used by the Records Officer to support the Compliance Review process. The tool is designed to measure the level of compliance with RM program components and performance standards, using a series of questions based on standards defined by the National Archives and Records Administration (NARA) and International Standard ISO 15489.   Responses are scored and the results used to present a high-level view of the level of compliance with standards and to highlight areas for improvement.

The RM Assessment Tool supports documentation and analysis of results over a three-stage assessment cycle: Baseline, Assessment 1, and Assessment 2. An interim assessment feature is also provided to facilitate informal trials and analyses by the Records Officer. (Note: For optimal viewing, set your screen zoom to 80%.)

PBGC records management baseline was assessed and set: 03/10

Data Entry

Data entry is permitted on the RM Dashboard and in the four Assessment pages as follows:

* RM Dashboard page
- Allows modification of module weights; see detailed instructions above weight table.
- Allows changing of the designated assessment for display on the Executive Summary tab; see Admin Control Panel at top right of page.
- Allows modification of question numbers, text, and NARA cross-references; see Master Assessment section.

Note: Questions can be changed, however developer support is required to increase or decrease the total number of questions in a module. Module title changes also require development support.

 * Assessment pages
- Allow entry of responses and comments. Responses are entered by selecting the appropriate value from the pulldown list (Y=Yes, N=No, S=Somewhat). Comments may be added as needed to clarify a response.

Note:
The assessment criteria, weights and tool functionality reflect the requirements as provided by the Pension Benefit Guaranty Corporation (PBGC) .

Tool Components

The RM Assessment Tool is an integrated spreadsheet with the following sections or tabs:

Overview – Describes the tool and provides instructions for its use.

Executive Summary – Presents a high-level summary of results from an individual assessment. The executive summary tab is auto-generated from options selected on the RM Management Dashboard.

RM Dashboard – Allows updating of assessment questions, scoring parameters, and display options. Also includes an enhanced scorecard, from which the executive dashboard is linked, and displays comparative results from multiple assessments.

Baseline Assessment – Used to enter baseline responses to assessment questions against which later assessments are compared. Once entered, press the "Lock" button on the RM Dashboard to secure the baseline, press "Unlock" to reopen the baseline to make modifications. If baseline changed, update baselne date on Overview tab and label name

Interim Assessment – used to enter updated responses based on informal surveys or to perform projections.

Assessment 1 – Used to enter responses for the first formal assessment conducted following the baseline. The data entered here will appear as a line across the executive bar graph to show changes from the baseline.

Assessment 2 – Used to enter responses for the second formal assessment conducted. The data entered here will appear as a line across the executive bar graph to show changes from the baseline and the first formal assessment.

B4 RM Self-Assessment Tool Executive Dashboard

The display below shows the layout of the RM Self-Assessment Tool Executive Dashboard. The Executive Dashboard displays the results of the self-assessment, summarizing scores by module. Individual graphs and tables from the Executive Dashboard can be cut and pasted into the Compliance Review Report as needed.

Module # and Name	Baseline Assessment
MODULE 1: Program Authorization and Organization	⬤ 4.76
MODULE 2: Guidance, Training and Evaluation	⬤ 2.93
MODULE 3: Record Creation / Recordkeeping Requirements	⬤ 3.72
MODULE 4: Records Maintenance – General	⬤ 6.52
MODULE 5: Records Maintenance – Electronic Records	⬤ 3.02
MODULE 6: Records Maintenance – Email Records	⬤ 2.54
MODULE 7: Records Maintenance – Special Formats	⬤ 9.52
MODULE 8: Records Scheduling and Disposition	⬤ 5.21
MODULE 9: Vital Records Protection	⬤ 7.14

Overall PBGC Average Score (Current)	⬤ 5.0
	(Max = 9.3)

Scorecard Coloring Criteria	
(green)	Score 7.00 or above
(yellow)	Score between 4.00 and 7.00
(red)	Score below 4.0

Records Management

Current Overall PBCG Assessment Scor

	1	2	3	4	5	6	7	8	9
Baseline Assessment	4.76	2.93	3.72	6.52	3.02	2.54	9.52	5.21	7.14

CHART LEGEND
M1: Program Authorization and Organization
M2: Guidance, Training and Evaluation
M3: Record Creation / Recordkeeping Requirements
M4: Records Maintenance - General
M5: Records Maintenance - Electronic Records
M6: Records Maintenance - Email Records
M7: Records Maintenance - Special Formats
M8: Records Scheduling and Disposition
M9: Vital Records Protection

APPENDIX C – Vital Records Supporting Documents

C1 Vital Records Inventory Template

C2 Vital Records Inventory Template Instructions

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C1 Vital Records Inventory Template

Vital Record Identification						Vital Record Classification		Vital Record Protection Strategy					
Department	Record Title	Business Function	Location of Original Record	Format of Original Record	File Plan ID	COOP Y/N	Category	Protection Method	Security Access Requirement	Update frequency	Location of vital record	Format of vital record	Person Responsible
OGC	Delegations of Authority	All	Corporate Library	Paper		Y				Annual	Paper (Kingstowne ERS, COOP Office); Electronic (Q:\LMR\GL&O\COOP)	Paper and electronic	OGC CP Coordinator

C2 Vital Records Inventory Template Instructions

Purpose of the Vital Records Inventory:

The Vital Records Inventory is designed to identify all PBGC vital records so that measures can be taken to ensure that business-critical records are not lost. The inventory includes both COOP and non-COOP vital records. Vital records include:

- **emergency operating records –** essential agency records that are needed to meet operational responsibilities under national security emergencies or other emergency conditions

- **legal and financial rights records –** essential agency records that are needed to protect the legal and financial rights of the Government and those affected by Government activities

Questions to ask in identifying vital records:

- What critical functions could not be carried out if the record is destroyed?
- Would there be significant risk to the department or to PBGC if the record is lost?
- Would there be serious consequences to PBGC clients if the record is lost?
- Is the record irreplaceable? Would the cost of reconstructing the record be prohibitive?

Completing the Vital Records Inventory form:

Vital Record Identification
- **Department** – enter name of department
- **Record Title** – enter title of record that is considered Vital
- **Business Function** – indicate the business function associated with the record
- **Location of Original Record** – location of the official record (NOT the copy made for backup purposes)
- **Format of Original Record** – format (paper, electronic, both) of the official record
- **File Plan ID** – enter record series reference from department file plan, if applicable

Vital Record Classification
- **COOP Y/N** – indicate whether this record is essential to the continued functioning of the organization during and immediately after a COOP event
- **Category** – indicate recommended vital record category assignment based on approved category definitions

Vital Record Protection Strategy
- **Protection Method** – assign protection method strategy based on category
- **Security Access Requirement** – for vital records containing sensitive information, indicate method for restricting access
- **Update frequency** – if only the current version of a record is considered vital, indicate how often the backup copy is to be replaced with an updated version.

- **Location of vital record** – indicate where the backup or emergency access copy of the record is to be maintained
- **Format of vital record** – format (paper, electronic, both) of the vital record backup or emergency access copy
- **Person Responsible** – individual responsible for ensuring that vital records are located, protection methods applied and update copies refreshed as needed.

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APPENDIX D – RM Audit Supporting Documents

D1 Sample Audit Description

D2 Annual Summary Audit Report Outline

D3 Audit Data Gathering Approaches

D4 RM Audit Planning Supplement: Records Management Process

D5 RM Audit Planning Supplement: Compliance Review Process

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D1 Sample Audit Description

The following is an example of an audit description. Audit descriptions are developed by the Records Officer for the Annual RM Audit Plan. Assigned auditors review the audit descriptions to understand the audit objectives as a first step in planning individual audits.

Evaluation of PBGC Compliance with NARA Requirements for Electronic Information Systems

Background: Electronic information systems are defined as information systems that contain and provide access to computerized federal records and other information. NARA requires federal agencies to establish controls to manage the reliability, authenticity, integrity, usability, content, context and structure of records in electronic information systems in accordance with 36 CFR 1236. Agencies must either incorporate controls into the electronic information system, or integrate them into a recordkeeping system that is external to the information system itself. The records management controls are needed to ensure that federal records in electronic information systems can provide adequate and proper documentation of agency business for as long as the information is needed.

Objective: The objective of this project is to assess the capability of providing controls over electronic records at PBGC. The project will identify electronic information systems containing records, determine the retention requirements of the records in each system and perform a high-level assessment of each system's ability to support adequate records management controls.

Scope: The Records Officer or delegated authority will identify electronic information systems containing records in each PBGC department and determine the retention requirements based on the PBGC Simplified Records Schedules. Both structured and unstructured information systems will be included in the evaluation. A high-level assessment of system capabilities related to records management controls will be conducted, using a survey instrument to be developed and completed in consultation with system owners and OIT.

Estimated Staff Days: 90

Targeted organizations: All PBGC departments

D2 Annual Summary Audit Report Outline

Executive Summary

1. **Introduction**

2. **RM Audit Plan and Goals**

   2.1 Goals established

   2.2 Performance against goals

   2.3 Impact on future audit plans and goals

3. **RM Audits**

   3.1 through 3.x Summarized findings for each audit conducted during the year

4. **Lessons Learned**

   4.1 RM Program and Operational Issues Identified

   4.2 RM Program Improvement Ideas

5. **Conclusion**

D3 Audit Data Gathering Approaches[4]

The purpose of the data gathering phase of an RM Audit is to obtain sufficient, appropriate evidence to provide a reasonable basis for supporting audit findings and conclusions related to the audit objectives.   Evidence may be categorized as physical, documentary or testimonial.

- **Physical evidence** is obtained by auditors' direct inspection or observation of people, property or events. Examples of data gathering approaches to gather physical evidence:
    - o Examine the condition and organization of files in a physical storage facility to determine whether standards are met and procedures followed
    - o Examine the organization of documents in a shared drive or electronic document repository
    - o Observe as staff go through routine procedures for identifying, classifying and filing records

- **Documentary evidence** is obtained in the form of already existing information such as letters, contracts, accounting records, invoices, spreadsheets, database extracts, electronically stored information and management information on performance. Examples of data gathering approaches to gather documentary evidence:
    - o Review transmittals, disposition approvals and other forms completed in accordance with the required procedures for records disposition and transfer
    - o Review department procedures and work instructions for records classification and filing
    - o Review system reports that track records lifecycle actions in electronic recordkeeping systems

- **Testimonial evidence** is obtained through inquiries, interviews, focus groups, public forums or questionnaires. Examples of data gathering approaches to gather testimonial evidence:
    - o Interview records center customers to understand how they use the center
    - o Conduct a survey to gather information from record users on how they create, file and access records
    - o Interview records coordinators to understand the routine procedures they follow in managing department records

Planning the data gathering approach should begin by considering what sort of evidence is needed to support audit objectives and then determining whether the evidence needed can be obtained using physical, documentary or testimonial approaches.

The auditor may have to choose from multiple sources of evidence in order to achieve the audit objectives within the time and resources allotted. In making such choices, the auditor should

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[4] This appendix is based on *Government Auditing Standards, July 2007 Revision* (GAO-07-731G), Chapter 7, "Field Work Standards for Performance Audits" (pp 122-159) and Appendix I, "Supplemental Guidance – Information to Accompany Chapter 7" (pp 192-195).

consider the **sufficiency** and **appropriateness** of the evidence available from each source in supporting audit findings and objectives.

- **Sufficiency** is a measure of the *quantity* of evidence used for addressing the audit objectives and supporting findings and conclusions.

- **Appropriateness** is a measure of the *quality* (relevance, validity and reliability) of evidence used for addressing the audit objectives and supporting findings and conclusions.

The auditor should use professional judgment in balancing sufficiency and appropriateness. If the evidence is highly reliable, less may be needed. On the other hand, a large volume of unreliable evidence increases the probability of inaccurate audit findings and conclusions.

D4 RM Audit Planning Supplement: Records Management Process

Overview

This supplement is designed to be used in planning internal audits to verify that the records management practices in PBGC departments are in compliance with the PBGC Records Management Procedure Manual.

Assessment criteria

The Records Management Procedures establish guidelines for managing records at PBGC over each stage of the records lifecycle:

- Create Records: Receive or create records by following the RM Order and procedures, practices and guidelines that ensure reliable, usable records and record content to document PBGC actions, decisions and related work activity.

- Distribute and Use Records: Share and use records in a manner that preserves the overall integrity of the records during the normal course of business in accordance with established PBGC policies.

- Store Records: When no longer required for business purposes, store records to meet legal, regulatory and retention requirements.

- Retrieve Records: Retrieve stored records from storage when needed.

- Retain Records: Retain records so they remain retrievable and accessible during the retention period.

- Disposition of Records: Designate records as either temporary or permanent in accordance with approved schedules. Destroy temporary records when they reach their scheduled disposition. Prepare permanent records for NARA.

A detailed list of expected outcomes and suggested information sources for auditing records management practices covering each stage of the records lifecycle is presented in this appendix as the *Records Management Process Audit Criteria Table*.

References and standards

The assessment criteria in this supplement are based on the PBGC Records Management Procedure Manual, Version 1.0.

Additional sources for records management compliance criteria:

- PBGC Records Management Process Manual, Version 1.0

- PBGC Directive IM 15-1 – PBGC Records Management Program

- PBGC Simplified Records Schedules

- NARA General Records Schedules

- NARA Guidance documents, in particular:

    o *Disposition of Federal Records: A Records Management Handbook*

- NARA Regulations, in particular:
  - o 36 CFR 1220, Subpart B--Agency Records Management Responsibilities
  - o 36 CFR 1222--Creation and Maintenance of Federal Records
  - o 36 CFR 1226--Implementing Disposition
  - o 36 CFR 1232--Transfer of Records to Records Storage Facilities
  - o 36 CFR 1233--Transfer, Use and Disposition of Records in a NARA Federal Records Center
  - o 36 CFR 1234--Facility Standards for Records Storage Facilities
  - o 36 CFR 1235--Transfer of Records to the National Archives of the United States
  - o 36 CFR 1236--Electronic Records Management

Gathering and analyzing information

The data gathering for this audit may involve interviews, site visits and documentation reviews to verify the records management practices in individual PBGC departments. Depending on the scope of the audit, the auditor may examine all records management practices in a single department or focus on examining how a particular stage of the lifecycle, such as Disposition, is handled across multiple departments.

The Records Coordinator is the primary source for information on the records management practices within a department. The auditor may also wish to interview a selection of authorized records users within a department for information on records creation, distribution and use and retrieval of records from the user's point of view.

Records Management Process Audit Criteria Table

The following table identifies expected outcomes and suggested information sources for planning and conducting audits assessing compliance with the Records Management Procedures.

Procedure	Activity	Expected outcomes	Suggested information sources
Procedure – 2.1 Create Records			
	Identify Record		
		Records are identified or declared and are distinguished from non-records.	The process by which records are identified or declared depends on the practices or tools in place for the system or repository. Look for documentation of practices and tools in place or ask the record custodian/system administrator to explain the process.
		When records are identified or declared, they are frozen to prevent further changes in order to preserves the authenticity, reliability and integrity of the record.	Ask the record custodian/system administrator to explain the safeguards that are in place to prevent unauthorized access to records and to prevent records from being altered or deleted.
	Classify Record		
		Records are classified according to the appropriate department file plan and filing structure.	Review existing documentation of filing structures or classification rules, then sample check to see if records are classified appropriately. If filing structure is not documented, examine overall organization of the files to determine whether a structure is in place and being followed.
		The department's file plan and filing structures support the division of records into Permanent, Temporary or Hold categories.	Ask the record custodian/system administrator to explain or provide documentation on how permanent records are distinguished from temporary records and how records are handled in the event of a hold order.
Procedure – 2.2 Distribute and Use Records			
	Identify Records for Distribution and Use		
		Only authorized record users are allowed to access and utilize official records.	Ask the record custodian/system administrator to explain the safeguards that are in place to prevent unauthorized access to records.

Procedure	Activity	Expected outcomes	Suggested information sources
		Official records are accurately identified and classified before distribution to authorized record users.	Ask the record custodian/system administrator to explain how records are added to the repository or system and the process whereby they are classified.
		Authorized record users verify that records have been officially identified and classified before relying on them for business purposes.	The process by which records are identified and classified depends on the practices or tools in place for the system or repository. Examine how records are distinguished from non-records and investigate whether end users are made aware of the distinction. Interview a selection of record users to ask how they locate and identify official records.
	Access and Gather Records		
		Authorized record users have the ability to access official records in the designated departmental repositories.	Ask the record custodian/system administrator to explain the process whereby record users access official records. Interview a selection of record users to ask how they locate and access official records and verify that they can do so.
		Authorized record users do not change or disturb folder structures, folders and contents of official records when accessing records in departmental repositories.	Ask the record custodian/system administrator to identify the safeguards in place to ensure the integrity of records and the filing systems in which they reside.
		Filing structures in departmental repositories are designed to reflect the records schedule structure so that records with different retention rules are not commingled.	Review existing documentation of filing structures or classification rules and assess whether the structures are aligned with the PBGC Simplified Records Schedules.
	Distribute and Use Records		
		The transfer of official records between departments is documented to ensure the integrity, retrievability and traceability of records.	Ask the record custodian/system administrator to explain the process whereby record transfers are documented, and sample check the documentation to assess whether it is adequate and consistent with the process described.
		Departments maintain documentation of records transfers with other departmental records management records.	Verify that the documentation identified in the previous step is retained as a record in an appropriate location.

Procedure	Activity	Expected outcomes	Suggested information sources
		Departments utilize the Departmental Distribution & Use Record Tracking Form to document records distribution and transfer activities.	Verify that the documentation identified in the previous step is created using the Record Tracking Form. If another form of documentation is used, check to see whether the information captured is consistent with the Record Tracking Form requirements.
Procedure – 2.3 Store Records			
		Records storage practices ensure that all records, regardless of media or format, remain accessible to authorized record users throughout the retention period.	Identify each repository, physical or electronic, where records are maintained. Ask the record custodian/system administrator in charge of each repository to verify whether records remain in the repository for the entire retention period or are moved to another repository when they become inactive. Check that authorized record users are able to access records in both active and inactive repositories.
	Identify Hard Copy Records Eligible for Storage		
		Hard copy records are reviewed at least annually to identify records that should be moved to inactive storage or transferred to NARA.	Ask the record custodian to explain the process for identifying records to be transferred or moved and sample check records in the repository to verify whether records cutoffs have been observed and the transfer/move process has been followed. Note that although the Store Records Procedure calls for this to be done on a quarterly basis, annually is sufficient for most records series.
		Hard copy records subject to active hold orders are retained in active storage and segregated from other records until the hold order is no longer in effect.	Ask the record custodian to explain the process for identifying records subject to active hold orders and for returning records to their normal records schedule when the hold order is lifted. Sample check records in the repository to verify whether hold orders have been implemented and records segregated.
	Electronic Records Storage		

Procedure	Activity	Expected outcomes	Suggested information sources
		Electronic records are stored so that temporary records are segregated from permanent records.	Ask the record custodian/system administrator to explain or provide documentation on how permanent records are distinguished from temporary records in the system and sample check foldering structures or metadata values to verify that the process has been followed. If information systems contain only temporary records or only permanent records, document this information for the RM Information Systems Inventory.
		Electronic records subject to hold orders are segregated from other records until the hold order is no longer in effect.	Ask the record custodian/system administrator to explain the process for identifying records subject to active hold orders, and for returning records to their normal records schedule when the hold order is lifted. Sample check records in the repository to verify whether hold orders have been implemented and records segregated.
	Hardcopy Records Storage		
		Hardcopy records are prepared for transfer to offsite storage using standard records storage boxes.	Verify that the record custodian is aware of and knows how to obtain standard record storage boxes. Ask the Records Officer to explain the process whereby outgoing shipments are arranged and monitored and determine whether boxes are checked as part of that process.
		Hardcopy records being prepared for transfer to offsite storage are foldered, organized and boxed in accordance with the detailed instructions in the PBGC Store Records procedure.	Ask the record custodian to explain the process for preparing records for offsite storage. Sample check boxes to verify the process has been followed; note that this may require retrieving boxes from offsite storage.
		Hardcopy records with different retention periods or from different records series are boxed separately.	Review transmittal forms and box inventories to verify that records are boxed by record series or retention rule. Ask the Records Officer to explain the process whereby outgoing transmittals are reviewed and approved prior to shipment and determine whether compliance with this requirement is checked as part of the review process.

Procedure	Activity	Expected outcomes	Suggested information sources
		Non-paper hardcopy records are boxed separately from paper records.	Check whether the department maintains hard copy records on non-paper media. Compare transmittal forms and box inventories with media/format information on department file plans to verify that media types are not commingled in record storage boxes. If documentation suggests that media types have been commingled, request retrieval of a few suspect boxes and check to verify commingling before identifying as a finding. Note: Special attention must be paid to ensuring appropriate storage conditions for records on non paper-based media (e.g., film, audio tape, magnetic tape), especially those that are scheduled for long-term or permanent retention, as those records typically require more stringent environmental controls (see 36 CFR parts 1236 and 1237).
		Transitory documents and other non-record materials are kept separately from official records and are not transferred to offsite storage.	Ask the records custodian to identify locations where transitory documents and non-records are maintained. If they are kept adjacent to records in a shared filing area, visually check to verify that the records are easily distinguished and separately filed from non-records. Review transmittal forms and box inventories to verify that non-records are not transferred to offsite storage or determine whether compliance with this requirement is checked by the Records Officer when reviewing and approving transmittals.
		**Prepare Hardcopy Forms / Submit SF-1351 / Contact Federal Records Center / Fully Executed SF-135**	
		A transmittal form (SF-135) is prepared for each shipment of boxes to offsite records storage.	Ask the Records Officer to explain the process whereby outgoing transmittals are reviewed and approved prior to shipment and determine whether compliance with this requirement is checked as part of the review process. If the SF-135 form is not used for shipments to commercial offsite storage, check that an equivalent transmittal document is created.

Procedure	Activity	Expected outcomes	Suggested information sources
		A records inventory list is prepared for each box shipped to offsite records storage and is detailed enough to enable future retrieval of required records.	Ask the Records Officer to explain the process whereby records inventory lists for outgoing shipments are reviewed and approved prior to shipment and determine whether compliance with this requirement is checked as part of the review process. Sample check actual records inventory lists for boxes prepared by different departments to determine whether inventories are detailed enough to enable retrieval.
		SF-135 transmittal forms are reviewed and submitted and arrangements made to transfer boxes to the offsite storage facility, in accordance with the detailed instructions in the PBGC Store Records procedure.	Ask the Records Officer to explain the process whereby arrangements are made to transfer boxes to offsite storage facilities and sample check documentation of box transfers as available to verify that procedures are followed. Note that the process may be different for federal versus commercial records storage facilities.
		Copies of executed SF-135 transmittal forms, records inventory lists and other documentation of records transfers are retained by both the Records Officer and the department Records Coordinator.	Check with the Records Officer and the Records Coordinator to verify that each retains copies of executed transmittals, records inventory lists and other documentation of records transfers as records in an appropriate location. Sample check to compare the records maintained to verify that copies exist in both places.
Procedure – 2.4 Retrieve Records			
		Department Records Coordinators maintain information on where department records are stored and how to retrieve them, for both onsite and offsite records.	Ask the Records Coordinator to provide copies of existing department file plans, retrieval procedures or equivalent documentation maintained in compliance with this requirement. Review documentation and verify whether record identification and location information is up to date and whether retrieval processes are followed as written.
	On-Site Electronic Records		
		Authorized record users are able to locate and retrieve electronic records by directly accessing the repository drive or system where the records are stored.	Ask the record custodian/system administrator to explain the process whereby record users locate and retrieve electronic records. Interview a selection of record users to ask how they locate and access electronic records and verify that they directly access the repository drive or system.

Procedure	Activity	Expected outcomes	Suggested information sources
		On-Site Physical Records	
		Records Coordinators locate and retrieve hardcopy records in on-site repositories upon request by an authorized record user.	Ask the records custodian to explain the process whereby on-site hardcopy records are located and retrieved when requested by an authorized record user. Interview a selection of record users to ask how they request hardcopy records and verify that the process is fully understood and consistently followed.
		Authorized record users safeguard the integrity of records they have retrieved from the official record repository and return records promptly to the Records Coordinator when no longer needed.	Ask the records custodian to explain the process whereby hardcopy records are checked in after being returned by a record user and verify that a check is done on the contents of the file prior to refiling.
		Off-Site Records / Submit Manual Request / Order Confirmation	
		Authorized record users consult SF-135s and off-site records inventory lists to identify records to be retrieved from offsite storage.	Ask the records custodian to explain the process whereby authorized record users identify and locate records in off-site storage. Interview a selection of record users to ask how they identify and locate records in off-site storage and verify that the process is fully understood and consistently followed. Note that the process may be different for federal versus commercial records storage facilities.
		Records Coordinators submit retrieval requests for records in off-site storage using the appropriate ordering method as detailed in the PBGC Store Records procedure.	Ask the records custodian to explain the process whereby records in off-site storage are requested by an authorized record user and how they are located and retrieved. Interview a selection of record users to ask how they request records from off-site storage, and verify that the process is fully understood and consistently followed. Note that the process may be different for federal versus commercial records storage facilities.

Procedure	Activity	Expected outcomes	Suggested information sources
		The Records Officer reviews retrieval requests for records in off-site storage, submits requests to the off-site facility and forwards confirmations to Records Coordinators in accordance with the detailed instructions in the PBGC Store Records procedure.	Ask the Records Officer to explain the process whereby requests for retrieval of records from off-site storage are reviewed, submitted and confirmed. Ask the Records Coordinators to explain the process whereby they submit retrieval requests and verify that the process is fully understood and correctly followed. Note that the process may be different for federal versus commercial records storage facilities.
	Receive Requested Records		
		Records Coordinators arrange for received records storage boxes to be transferred promptly from the loading dock to the requesting department.	Ask the Records Coordinators to explain the process whereby they are notified of the arrival of records from off-site storage and for arranging for the records to be delivered to the requesting department. If possible, check with the shipping/receiving department to verify the consistency and timeliness of box pickups. If records of the arrival and pickup of shipments are maintained by the loading dock, sample check to determine average time that boxes are kept waiting at the loading dock.
	Return Records for Re-File		
		Records retrieved from off-site storage are returned within 60 calendar days.	Ask Records Coordinators to describe the process whereby they keep track of the status of records retrieved from off-site storage and review available documentation of off-site records retrieval requests and box returns to verify that records were returned within the required period. If possible, contact off-site storage facilities to request documentation of retrievals and returns and compare with the documentation maintained by the Records Coordinators. Note: Off-site storage facilities often maintain retrieval and refile information in a database. If possible, ask for a report in table form that includes at least the requesting department, box identifier, date retrieved and data returned information for all retrievals within a set period.

Procedure	Activity	Expected outcomes	Suggested information sources
		Records Coordinators check the contents of records storage boxes against the box inventories before returning the boxes to the off-site storage facility.	Ask the Records Coordinator to explain the process whereby records retrieved from off-site storage are checked in after being returned by a record user and verify that a check is done on the contents of the box prior to returning to storage.
		Records Coordinators arrange for boxes to be returned to storage and check to make sure that boxes were picked up as scheduled, in accordance with the detailed instructions in the PBGC Store Records procedure.	Ask the Records Coordinators to explain the process whereby they arrange for boxes to be returned to storage, and how they verify whether the boxes were picked up as scheduled. If possible, interview a representative from the shipping/receiving department to verify the consistency and timeliness of box pickups. If records of the arrival and pickup of shipments are maintained by the loading dock, sample check to determine average time that boxes are kept waiting at the loading dock.
		Copies of records retrieval requests, order confirmations and other documentation of off-site records retrieval are retained by the department Records Coordinator.	Check with the Records Coordinator to verify that all documentation of off-site records retrievals and returns are retained as records in an appropriate location. If possible, compare with records obtained from the off-site storage facilities (as described above in the first part of this section) and sample check a particular time range to verify that documentation is consistently retained.
Procedure – 2.5 Retain Records			
	Record Appraisal/Evaluation		
		Individual records are correctly and consistently identified and assigned to the appropriate records schedule.	The process by which records are identified and assigned to the correct records schedule depends on the practices or tools in place for the system or repository. Look for documentation of practices and tools in place or ask the record custodian/system administrator to explain the process. Note that the identification of records and assignment of records schedules may be imbedded in work processes or filing structures.

Procedure	Activity	Expected outcomes	Suggested information sources
		Records Coordinators review and validate records schedule assignments for individual records.	Ask the Records Coordinator to explain the process whereby records schedule assignments are validated for individual records. Note that more than one process may be in place for a given department, depending on the practices or tools in place for the systems or repositories containing the department's records.
		Records that cannot be located in the records schedule are referred to the Records Coordinator or Records Officer for appraisal to verify whether they are unscheduled.	Ask the Records Coordinators to explain the process whereby unscheduled records are identified and reported to the Records Officer for appraisal. Ask the Records Officer to explain the process for appraisal of unscheduled records. Review records maintained by the Records Coordinators and the Records Officer documenting recent instances of reporting and appraisal of unscheduled records and check whether the process is fully documented and procedures followed correctly.
		Unscheduled records are identified and submitted to NARA for scheduling.	Ask the Records Officer to explain the process for submission of unscheduled records to NARA for scheduling. Review records documenting recent instances of submission of unscheduled records and check whether the process is fully documented and procedures followed correctly.
	Scheduling Records		
		Records are retained according to the assigned records schedules.	Ask the record custodian/system administrator to explain the process for identifying records to be transferred or moved and sample check records in the repository to verify whether records cutoffs have been observed and the transfer/move process has been followed.
		Records are moved from Active to Inactive storage in compliance with the assigned records schedules.	Ask the record custodian/system administrator to explain the process for identifying records to be transferred or moved and sample check records in the repository to verify whether records cutoffs have been observed and the transfer/move process has been followed.

Procedure	Activity	Expected outcomes	Suggested information sources
		Record location information in department records inventories is updated as records move from Active to Inactive storage.	Sample check transmittal forms and inventories of boxes recently sent to off-site storage against department records inventories to verify whether inventories have been updated with the new status and location information.
Procedure – 2.6 Disposition of Records			
		Summary of requirements: Permanent records are transferred to NARA at the end of the agency retention period. Temporary records are destroyed at the end of the agency retention period, unless subject to a hold order. All transfer and destruction actions are documented, reviewed and approved prior to execution.	See below for details of criteria and sources of information. Note that the current Disposition of Records Procedure addresses only those records in off-site storage, so the auditor will need to adapt the criteria for on-site records if needed, using the Disposition of Records Process as a guideline. If practices differ from the PBGC procedure or for further clarification of the requirements, refer to NARA regulations as published in **36 CFR 1226--*Implementing Disposition*** and clarified in *Disposition of Federal Records: A Records Management Handbook*.
Temporary Records			
		Off-site storage providers notify Records Coordinators when temporary records have reached the end of their retention periods and are eligible for destruction.	Sample check Notice of Eligibility forms (or equivalent) against the off-site records inventory. Review to verify that records eligible for destruction according to the inventory were identified in notices of eligibility at the appropriate time.
		Notices of eligibility for destruction are reviewed and validated by the Records Coordinators.	Ask Records Coordinators to describe the process whereby they review and validate notices of eligibility for destruction. Check that the review and validation is documented consistently and appropriately.
		Record Owners review lists of records eligible for destruction; verify that the retention period has ended and that the records are not subject to litigation, audit, or investigation; and approve or decline the destruction.	Review documentation of approvals and denials of record destruction and check for Record Owner signature. Ask the Record Owner to describe the process whereby notices of eligibility are reviewed and how litigation hold requirements are identified.

Procedure	Activity	Expected outcomes	Suggested information sources
		If the Record Owner approves the destruction, the notice of eligibility is signed by the Records Coordinator and the Records Officer and returned to the off-site storage provider. The off-site storage provider sends confirmation for any records destruction that has been carried out.	Check records to verify that approved notice of eligibility forms can be matched to destruction confirmation notices. If possible, check the records maintained by the off-site storage provider as well as those maintained by the Records Coordinator and the Records Officer, sampling to determine whether the records agree for a given time period.
		If the Record Owner denies the destruction, a Contingent Disposal Form is completed and returned to the off-site storage provider. The off-site storage provider sends annual notifications of records retained under Contingent Disposal status until destruction is authorized by the Record Owner.	Check records to verify that denied notice of eligibility forms can be matched to contingent disposal forms. If possible, check the records maintained by the off-site storage provider as well as those maintained by the Records Coordinator, sampling to determine whether the records agree for a given time period.
	Permanent Records		
		Off-site storage providers notify Records Coordinators when permanent records have reached the end of their agency retention periods and are eligible for transfer to the National Archives.	Sample check Agreement to Transfer forms (or equivalent) against the off-site records inventory. Review to verify that records eligible for destruction according to the inventory were identified in notices of eligibility at the appropriate time.
		Proposed transfers of permanent records to the National Archives are reviewed and validated by the Records Coordinators.	Ask Records Coordinators to describe the process whereby they review and validate proposed transfer agreements. Check that the review and validation is documented consistently and appropriately.
		Record Owners review lists of records eligible for transfer to the National Archives; verify that the retention period has ended and that the records are not subject to litigation, audit, or investigation; and approve or decline the transfer.	Review documentation of approvals and denials of record transfers and check for Record Owner signature. Ask the Record Owner to describe the process whereby transfer agreements are reviewed and how litigation hold requirements are identified.

Procedure	Activity	Expected outcomes	Suggested information sources
		If the Record Owner approves the transfer, the transfer agreement is signed by the Records Coordinator and the Records Officer and returned to the offsite storage provider. The off-site storage provider sends confirmation that the transfer has been completed and the record is no longer the responsibility of PBGC.	Check records to verify that approved transfer agreements can be matched to transfer confirmation notices. If possible, check the records maintained by the off-site storage provider as well as those maintained by the Records Coordinator and the Records Officer, sampling to determine whether the records agree for a given time period.
		If the Record Owner denies the transfer, a Contingent Disposal Form is completed and returned to the off-site storage provider. The off-site storage provider sends annual notifications of records retained under Contingent Disposal status until transfer to the National Archives is authorized by the Record Owner.	Check records to verify that denied transfer agreements can be matched to contingent disposal forms. If possible, check the records maintained by the off-site storage provider as well as those maintained by the Records Coordinator, sampling to determine whether the records agree for a given time period.

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D5 RM Audit Planning Supplement: Compliance Review Process

Overview

This supplement is designed to be used in planning internal audits to verify that compliance reviews of the PBGC Records Management Program are conducted in accordance with the PBGC Compliance Review Process and Procedure.

Performance criteria

A detailed list of expected outcomes and suggested information sources for auditing the compliance review process is presented in this appendix as the *Compliance Review Process Audit Criteria Table*.

Actual information sources generated for a given compliance review may differ somewhat from the specific items identified as suggested information sources. The auditor should consult the Records Officer to identify and locate the available sources.

References and standards

The Compliance Review Procedure is the primary source of assessment criteria for this audit.

Additional references that may be relevant:

- Previous Compliance Review Reports

- Previous NARA Self-Assessment Surveys

- Current NARA regulations and guidance documents

Gathering and analyzing information

The data gathering for this audit consists primarily of documentation review. The auditor should review the Compliance Review Procedure to understand the activities and documentation to be created. The Compliance Review Report and the RM Self-Assessment Tool are the primary documents to be reviewed for evidence of compliance with the procedure.

The Records Officer is the primary source for information on the assessment process. If any part of the assessment was delegated to others, those individuals should be identified for possible interviews if the evidence from the documentation review or the Records Officer is incomplete.

Compliance Review Process Audit Criteria Table

The following table identifies expected outcomes and suggested information sources for planning and conducting audits assessing compliance with the Compliance Review Procedure.

Activity	Expected outcomes	Suggested information sources
5.1 Plan Compliance Review		
	Recently updated regulations, guidance documents and relevant PBGC strategy documents were identified and reviewed.	Consult the Compliance Review Report for recommended changes and suggestions for adjustments to priorities based on changes in strategy, regulations or guidance documents. Review the documents cited as having influenced changes and ask the Records Officer to clarify the changes as needed.
	Assessment questions and module weights were reviewed to determine need for updates to the assessment tool.	Review the documentation for evidence of recommended changes. If no changes were recommended, this should be stated in the Compliance Review Report.
	Reporting requirements were reviewed to determine need for changes to the Compliance Report outline.	Compare the Compliance Review Report with the previous report outline. If the report outline was changed, ask the Records Officer to clarify the reasons for the change.
	Updates to the assessment tool and the Compliance Report outline were documented and approved	Request documentation of the RM Program Manager's approval of recommended changes.
5.2 Assemble Tools and Resources		
	Questions and weights in the assessment tool were updated with approved changes as needed.	Compare a copy of the RM Self-Assessment Tool version used for the compliance review with the previous version. Confirm that approved changes were made to questions and weights.
	The Compliance Review Report outline was updated with approved changes as needed.	Compare the Compliance Review Report with the previous report outline. Confirm that approved changes were made to the outline. Note that the Compliance Review Report outline in the Procedure appendix should also be updated if the outline changes.
5.3 Assess and Document Current State		
	Responses to all questions are supported with documentation	Ask the Records Officer to provide copies of all documentation supporting self-assessment responses.

Activity	Expected outcomes	Suggested information sources
	Comments are added to clarify "No" or "Somewhat" responses.	Check that the Comments field in the self-assessment tool is populated for all "No" and "Somewhat" responses.
	Detailed notes and supporting documentation are created and retained to further support responses.	Review the supporting documentation and sample check to verify that the information applies to and justifies the responses.
5.4 Analyze Results		
	Module level trends based on scores are documented.	Compare the self-assessment tool dashboard results with the sections of the Compliance Review Report that describe and explain the results and trends by module. Ask the Records Officer to clarify if needed.
	Findings are documented and 'Quick Wins' and high risk gaps are identified for program improvement efforts.	Review the Compliance Review Report sections on findings, gaps and quick wins. Ask the Records Officer to provide documentation of the risk assessment or to describe how gaps were assessed for level of risk. Note that the issue is whether an objective risk assessment was done based on specific documented risk factors versus allowing internal program goals to drive the risk assessment.
	Preliminary recommendations are clearly outlined and are supported by the gaps identified.	Review the Compliance Review Report sections on findings, gaps and recommendations and verify that recommendations are supported by gaps.
	The influence of program strategies and priorities on recommendations is clearly documented.	Review the Compliance Review Report sections on recommendations. Ask the Records Officer to clarify whether recommendations were influenced by program strategies and priorities and check to see if those influences are acknowledged in the Report.
5.5 Prepare Compliance Review Report		
	The Compliance Review Report contains all the components described in the procedure: Short and Long-Term Strategy, alignment with RM Program strategy and NARA priorities.	Compare the Compliance Review Report with the approved outline to verify that all sections were included.

Activity	Expected outcomes	Suggested information sources
	An in-depth peer review of the Compliance Review Report draft was conducted to verify agreement on content prior to submitting for approval.	Ask the Records Officer to describe the peer review process and provide evidence of the review in the form of meeting notes, status reports or other documentation. Note that the purpose of this review is to ensure that at least two people have agreed on the self-assessment responses, findings and recommendations before finalizing the report.
5.6 Review Compliance Review Report		
	A final review of the Compliance Review Report draft was conducted to verify that recommendations are supported by findings and aligned with program strategies and priorities.	Ask the RM Program Manager to provide evidence of the final review in the form of meeting notes, status reports or other documentation.
	The Compliance Review Report is finalized and approved before publication.	Request documentation of the RM Program Manager's approval of the final report.
5.7 Publish and Distribute Compliance Review Report		
	Report and attached cover memorandum are distributed appropriately.	Review cover memo and list of recipients to confirm that the report was sent to the correct individuals and that the cover memo appropriately communicated the report summary and expectations.
	The Compliance Review Report, cover memo and associated supporting documentation are retained as records.	Verify that the report and supporting documents are saved in the appropriate location and format.
5.8 Receive Compliance Review report		
	The Compliance Review Report is received by the designated executive sponsor(s) and the RM Program Manager follows up, as needed, to clarify or expand on its contents.	Ask the RM Program Manager to confirm that the report was received and reviewed by the intended recipient(s).

Information Quality Guidelines

Background

On December 21, 2000, Congress passed Section 515 of the Treasury and General Government Appropriations Act for Fiscal Year 2001 (the Act). On February 22, 2002, OMB issued final guidance for implementing the Act, which required all Federal agencies to:

- Issue information quality guidelines ensuring and maximizing the quality, objectivity, utility, and integrity of information, including statistical information, disseminated by the agency;

- Establish administrative mechanisms allowing affected persons to seek and obtain correction of information maintained and disseminated by the agency that does not comply with the OMB guidelines, and;

- Report to the Director of OMB the number and nature of complaints received regarding compliance with the OMB guidelines, including how the complaints were resolved.

Purpose

The purpose of these guidelines is to establish guidance for implementing an Information Quality program at the Pension Benefit Guaranty Corporation (PBGC). This revised draft Information Quality guidance is intended to enhance the quality of the information disseminated by PBGC.

Where to make an information quality request:

You may submit your information quality request (or your request for review of our initial response to your information quality request) to:

Camilla Perry
Information Quality Officer
Pension Benefit Guaranty Corporation
1200 K Street NW, Suite 240
Washington, DC 20005-4026

OR

Fax your request to (202) 326-4042, Attn: Camilla Perry, Information Quality Officer

OR

Send it by e-mail to infoquality@pbgc.gov.

Do not use these procedures to correct personal information, information about an individual's benefits, information about an individual plan's premium obligations or other information not covered by the Information Quality Guidelines. To seek correction of information not covered by the Information Quality Guidelines, please call us at the appropriate number below between the hours of 8:00 a.m. - 5:00 p.m. Eastern Time, Monday - Friday (Participant Inquiries only: 8 a.m. to 7 p.m. Eastern Time, Monday - Friday).

Participant inquiries: 1-800-400-7242

Plan Administration inquiries: 1-800-736-2444

General inquiries: (202) 326-4000

General Legal inquiries: (202) 326-4020

For TTY-TDD users, call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to the appropriate number.

Information Quality Correspondence

At this time, September 1, 2015, PBGC has received no information quality correction requests; however, PBGC will update this page if it receives any requests.

Bulletin for Peer Review

Based on the review it has conducted, PBGC believes that it does not currently produce or sponsor the distribution of influential scientific information (including highly influential scientific assessments) within the definitions promulgated by OMB. As a result, at this time PBGC has no agenda of forthcoming influential scientific disseminations to post on its website in accordance with OMB's Information Quality Bulletin for Peer Review.

Scope and Applicability

These guidelines are intended, within the context of laws administered and enforced by PBGC, to meet the data quality objectives set forth in OMB's guidelines. They are intended to improve the internal management of the Federal Government. They are not intended to impose any binding requirements or obligations on PBGC or the public or to create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, officers, or any person. They are not intended to provide any right to judicial review.

These guidelines reflect PBGC's commitment to information quality as an important management objective that takes its place alongside other agency objectives, such as ensuring the success of PBGC's mission, observing budget resource priorities and restraints, and providing information to the public. PBGC will strive to assure that these goals reinforce each other as much as is practicable. Where PBGC believes that they conflict, PBGC will, consistent with its legal responsibilities, attempt to reconcile them in a manner which the agency believes will best serve the public interest and help PBGC meet its statutory or program obligations.

Program efficiency must be a critical goal as PBGC carries out its responsibilities under these guidelines. Thus, for example, it may not be in the public interest for PBGC to devote significant resources to correcting information where the expenditure of such resources is not, in PBGC's view, cost effective in light of the significance of the data and PBGC's more pressing priorities and obligations.

PBGC's pre-dissemination reviews apply to information that PBGC first disseminates on or after October 1, 2002. Other aspects of these guidelines, including the information correction process, apply on or after October 1, 2002, with respect to information that PBGC disseminates on or after October 1, 2002, regardless of when PBGC first disseminated the information. Information means any communication or representation of knowledge such as facts or data, in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms. Dissemination includes PBGC initiated or sponsored distribution of information to the public. It does not include PBGC citation to or discussion of information that was prepared by others and considered PBGC in the performance of its responsibilities, unless PBGC disseminates it in a manner that reasonably suggests that PBGC agrees with the information. PBGC sponsored distribution of information covers instances where PBGC has directed a third party to disseminate specific information on its behalf, or where PBGC has exercised its authority to review and approve the information before release. By contrast, if PBGC funds

research, but the researcher decides whether or not to disseminate the results, PBGC has not "sponsored" the dissemination, and the information is not subject to these guidelines. In these instances, PBGC will direct the researcher to include an appropriate disclaimer in the publication. Similarly, the guidelines would not cover publications of their research findings by PBGC employees or Federal grantees or contractors when published in the same manner as their academic colleagues. Again, the researchers should include an appropriate disclaimer noting that the views are theirs and not necessarily those of PBGC.

These guidelines do not apply to the following:

- Information intended to be limited to distribution to government employees, or PBGC contractors or grantees;

- Government information intended to be limited to intra- or inter-agency use or sharing, such as strategic plans, performance plans, program reports, operating plans, or budgets;

- Responses to requests for PBGC records under the Freedom of Information Act, the Privacy Act, the Federal Advisory Committee Act, or other similar laws;

- Correspondence or other communications with individuals, or organizations (for instance, these guidelines do not apply to participant benefit determinations);

- Press releases (except where the press release itself is the primary source of the information);

- Congressional testimony (except where the testimony itself is the primary source of the information);

- Archival records;

- Public filings;

- Dissemination of information through subpoenas or adjudicative processes, such as those recognized under the Administrative Procedure Act or established pursuant to regulation; provided, however, that information originally disseminated through such vehicles could subsequently become subject to these guidelines to the extent it is re-disseminated more broadly through other vehicles;

- Information clearly represented as opinion and not an official PBGC representation;

- Policy guidance, recommendations, or statements or summaries of agency policies, procedures, or programs;

- Statements of legal policy or interpretations, including briefs filed with courts or administrative bodies; and

- Final agency decisions, settlements in litigation and descriptions of these settlements, or determinations of legal force and effect.

For a glossary of numerous terms and their definitions used throughout the rest of this document, please consult the Appendix. The definitions are from OMB guidance for the Act.

Quality Management Principles

PBGC will establish information quality, as defined in OMB and these information quality guidelines, as a performance goal. Quality includes the "utility," "objectivity," and "integrity" of the information. The level of quality will be "appropriate to the nature and timeliness of the information to be disseminated," and will be affected by the resources available and the nature of the underlying data. In considering utility, PBGC will evaluate the usefulness of particular information to those expected to use it. The information also will be objective -- "accurate, reliable, and unbiased," and presented "in an accurate, clear, complete, and unbiased manner." PBGC also will protect the integrity of information from unauthorized access or revision. These objectives and guidelines are to be interpreted consistent with PBGC's statutory obligations.

Where PBGC is disseminating information of a scientific, financial, or statistical nature, it will use sound statistical and research methods to develop and analyze the data. Depending on the type of information disseminated, and consistent with statutory and confidentiality restrictions, PBGC will identify the sources of the information, and where appropriate, the supporting data, models, and error sources.

Where PBGC develops and disseminates "influential" scientific, financial, or statistical information, it will provide a higher level of transparency about data and methods. Unless prevented by confidentiality, legal constraints, limited resources, or other compelling interests, the level of transparency will be such that qualified third parties could reproduce the information. In identifying what kinds of information may be subject to reproducibility standards, PBGC will use commonly accepted scientific, financial, or statistical standards. PBGC, when practicable, will make arrangements that will permit appropriate public access to the related original and supporting data and analytical results. Regarding analytical results in situations where PBGC does not permit access to data or methods due to other compelling interests, such as confidentiality protections, PBGC will, unless otherwise prohibited by law, generally disclose its data sources (at whatever levels of generality are needed to preserve necessary confidentiality), quantitative methods and assumptions that have been employed, and the types of robustness checks (which, in these cases, will be especially rigorous) used to assure the quality of results.

Information Quality Responsibilities

PBGC will make information quality an important goal in every phase of a product's development. The following responsibilities pertain to the implementation of these quality guidelines.

Information Quality Officer

- Maintain a leadership role in overseeing the implementation of these guidelines and in providing guidance to the appropriate PBGC employees on information quality matters.

- Develop and submit to OMB the annual report concerning the number, nature, and resolution of complaints regarding PBGC compliance with OMB guidelines.

- Coordinate, as appropriate, with other Federal organizations on cross-agency information quality issues.

- Apply, consistent with applicable statutes and regulations, these information quality guidelines to PBGC-sponsored information products that PBGC has direct authority to control.

- Ensure that where PBGC-sponsored information does not necessarily reflect the views of PBGC, an appropriate disclaimer will be included.

- Ensure that in its submissions to the OMB under the Paperwork Reduction Act, PBGC demonstrates how it is attempting to provide that information will be collected, maintained, and used in a way consistent with OMB and PBGC information quality standards.

Information Categories

Per OMB's guidance, information means any communication or representation of knowledge such as facts or data, in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms. This definition includes information that PBGC disseminates from a web page, but does not include the provision of hyperlinks to information that others disseminate. This definition does not include opinions, where PBGC's presentation makes it clear that what is being offered is someone's opinion rather than fact or the agency's views on information of the kind that is subject to these guidelines.

PBGC has identified two categories of information that are disseminated to the public, with the level of quality control and review being greater for influential information than for non-influential information. Whether information is influential is to be determined on an item-by-item basis rather than by aggregating multiple studies, documents, or other informational items that may influence a single policy or decision.

Influential

Definition: This category contains scientific, financial, or statistical information when PBGC can reasonably determine that dissemination will have or does have a clear and substantial impact on important public policies or important private sector decisions.

To be influential, information should have a clear and substantial impact. A clear impact is one that is determined by PBGC to have a high probability of occurring. A substantial impact is one that meets the levels of significance described below.

In rulemaking, influential information is scientific, financial, or statistical information that PBGC believes will have a clear and substantial impact on the resolution of one or more key issues in an economically significant rulemaking, as that term is defined in section 3(f)(1) of Executive Order 12866.

In non-rulemaking contexts, PBGC will consider two factors in relation to each other - breadth and intensity - in determining whether information is influential. These factors need to be considered together. Information that has a low cost or modest impact on a limited range of affected parties is less likely to be influential than information that can have a very costly or crucial impact on a broad range of parties. Of course even information that has a low cost or modest impact on any one party can be influential if it can impact a broad range of parties. Within that framework, in considering whether information has a high intensity impact, PBGC will use as a benchmark the $100 million figure used to determine whether a rule is economically significant.

It should be noted that the definition of "influential" applies to information itself and not to the decisions that the information may support. Even if a decision or action by PBGC is very important, a particular piece of information supporting it may not be influential, for example, because it is cumulative to other information or because it involves legal or policy issues.

Moreover, if it is merely arguable that an impact will occur, or if it is a close judgment call, then the impact is probably not clear and substantial. The "influential" designation is intended to be applied to information only when clearly appropriate. PBGC will not designate information products or types of information as influential on a regular or routine basis.

Non-Influential

Definition: All information disseminated to the public that does not meet the criteria set forth in the influential information definition.

Privacy and Security Information

Regardless of the category of information, PBGC will comply with the Privacy Notice and Security Disclaimer posted on its website. PBGC is strongly committed to maintaining the privacy of information and the security of its computer systems. With respect to the collection, use, and disclosure of information, PBGC makes every effort to ensure compliance with applicable Federal laws, including, but not limited to, the Privacy Act of 1974, the Paperwork Reduction Act of 1995, the Trade Secrets Act, and the Freedom of Information Act. PBGC reaffirms its commitment to keep the public appropriately informed.

As part of its efforts to ensure and maintain the integrity of the information disseminated to the public, PBGC's IT security policy and planning framework is designed to protect information from unauthorized access or revision and to ensure that the information is not compromised through corruption or falsification.

Information Quality Assurance Techniques and Methods

PBGC will use the information quality assurance techniques and methods that it determines are most appropriate for the information product being disseminated.

Information Quality Assurance Process

PBGC will use the information quality assurance process described below to maximize the quality of information disseminated. PBGC will use information quality assurance processes that are appropriate to the complexity and importance of the product being developed. PBGC may use appropriate pre-existing information quality assurance processes that are at least as effective as those of OMB guidelines.

The quality assurance process will begin at the inception of the product development process. At the initiation of the product development process, PBGC will consult its existing information quality assurance guidelines. PBGC will determine the information category of the product to be developed, the level of quality assurance needed, and the appropriate techniques required to maximize and ensure information quality.

There are numerous techniques and methods PBGC can utilize to ensure it consistently produces and disseminates quality information. PBGC will use the information quality assurance techniques and methods that it determines are most appropriate for its information products. If PBGC chooses to conduct a formal, independent, external peer review of data and analytical results, the peer review will meet the following general criteria: (a) peer reviewers will be selected primarily on the basis of necessary technical expertise; (b) peer reviewers will be expected to disclose to PBGC prior technical or policy positions they may have taken on the issues at hand; (c) peer reviewers will be expected to disclose to PBGC their sources of personal and institutional funding (private or public sector); and (d) peer reviews will be conducted in an open (made public) and rigorous manner.

PBGC will incorporate the selected quality assurance techniques into the project development schedule. Throughout the product's development, PBGC will ensure that quality assurance decisions are defensible and appropriate to the category of information involved. The product may be subject to internal PBGC quality controls. For example, if PBGC decides to post the information on its website, it will adhere to its own website review and clearance process. PBGC will incorporate lessons learned into future product development activities so as to improve its overall quality management process. For draft information collections designed to gather

information that the agency plans to disseminate, PBGC will demonstrate in its Paperwork Reduction Act clearance packages that each such draft information collection will result in information that will be collected, maintained, and used in a way consistent with the OMB and PBGC information quality standards.

Information Complaint and Review Process

Because PBGC is committed to information dissemination programs based on high standards of quality, it recognizes the value of public input. PBGC therefore encourages the affected public to suggest improvements in PBGC's information practices and to contact it when particular disseminated information may not meet the guidelines set forth above. PBGC believes that in most cases, informal contacts would be appropriate.

Sometimes PBGC and affected persons may find it helpful to resolve concerns about information in a more structured way and may choose to follow a more formal process. Affected persons may submit complaints and requests for review under these guidelines to the Information Quality Officer. Information on where and how to reach the Information Quality Officer will be available on PBGC's website. PBGC will designate one or more officials to review information complaints and another official or officials who will be responsible for request for review if the complainant is dissatisfied with the initial response to the complaint. The official conducting the second level review will not be the same official who responded to the initial request. In determining the person designated to respond to requests for review, PBGC will consider such factors as the qualifications of the person and the significance of the information in question.

The purpose of the information complaint and review process is to deal with information quality matters, not to resolve underlying substantive policy or legal issues or factual disputes.

As in the case with other provisions of these guidelines, the process is intended to improve the internal management of the Federal Government. It is not intended to create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, officers, or any person. It is not intended to provide any right of judicial review.

Moreover, this process is not intended to substitute for other legally authorized processes, such as the Privacy Act, the rulemaking processes, or the administrative review processes. For example, concerns regarding information in a rulemaking must, except as provided below, be presented in the rulemaking in accordance with the rulemaking's procedures.

Overview of Information Complaint and Review Process

Affected persons may indicate their interest in following a more structured complaint and review process by expressing that interest to PBGC. Complainants should:

- Identify themselves and indicate where and how they can be reached;

- Identify, as specifically as possible, the information in question;

- Indicate how they are affected by the information about which they are complaining;

- Carefully describe the nature of the complaint, including an explanation of why they believe the information does not comply with OMB or PBGC guidelines; and

- Describe the change requested and the reason why PBGC should make the change.

Failure to include this information may result in a complainant not receiving a response to the complaint or greatly reducing the usefulness or timeliness of any response. Complainants should be aware that they bear the burden of establishing that they are affected persons and showing the need and justification for the correction they are seeking, including why the information being complained about does not comply with applicable guidelines.

In deciding how to handle complaints, PBGC will be especially mindful of its legal obligations, program priorities, resource constraints, and its duty to use resources efficiently. For example, PBGC has important responsibilities to issue rules and provide compliance guidance to the public. PBGC will administer the complaint and review process, consistent with these obligations and its responsibilities to carry them out in an expeditious manner.

Any structured process would not apply to PBGC's archival information or to public filings. PBGC may choose not to respond to complaints about claimed defects that are frivolous or unlikely to have substantial future impact.

Where procedures exist for dealing with information quality issues, PBGC may consider resolving complaints by referring them to these procedures. For example, complaints about the quality of information in a rulemaking are ordinarily to be submitted and handled in accordance with rulemaking procedures. As PBGC considers information quality issues within the context of a rulemaking, it is reminded of its primary responsibility to resolve these issues in a manner consistent with the Administrative Procedure Act and the substantive statute pursuant to which the rule is being issued. When PBGC disseminates a study, analysis, or other information prior to the final agency action or information product, requests for correction should be considered prior to the final agency action or information product in those cases if PBGC determines that an earlier response would not unduly delay issuance of the agency action or information product and the complainant has shown a reasonable likelihood of suffering actual harm from PBGC's dissemination if PBGC does not resolve the complaint prior to the final agency action or information product. In deciding what action may be appropriate in these unusual circumstances, PBGC will consider the factors previously discussed in these guidelines. It also may consider: (1) the impact of the information on the complainant; (2) the extent to which the complainant's concerns have been rendered moot as a result of actions taken by PBGC; (3) the mechanisms available under the Administrative Procedure Act or other laws to resolve complainant's concerns; and (4) the public interest to be served in pursuing further action on the complaint.

Where PBGC responds directly to a complaint, it will respond in the manner that it deems most suitable, whether by letter, telephone, email, or otherwise.

PBGC will try to respond to complaints and requests for review within sixty (60) days of receipt, unless PBGC deems a response within this time period to be impracticable. If PBGC believes that more time is required to decide how to respond to a complaint or request for review, it will attempt to estimate the time needed and notify the complainant within the 60-day period of the reasons for the delay and the time that it estimates that a decision will be reached. Once PBGC has decided how to address the complaint, it will notify the complainant.

If a complainant is dissatisfied with the initial response to the complaints, he or she may submit a request for review to PBGC.

A complainant may request review within forty five (45) days of the date PBGC notified the complainant how it would handle the complaint or one hundred and five (105) days from the date on which PBGC first received the complaint, whichever is later. The request for review should contain the same contact and descriptive information that was provided in the original complaint and the specific reasons why the initial response was not satisfactory. Once a review decision has been rendered by PBGC, it will notify the affected person.

In processing initial complaints and requests for review, PBGC will be flexible and take into account, among other things, the nature, significance, and volume of complaints, the particular program needs, and available review mechanisms.

PBGC will be prepared to vary its procedures if it believes that other approaches are more suitable to carrying out its mission or would facilitate compliance with the purposes of these guidelines. Moreover, PBGC welcomes any suggestions from the public at any time concerning the improvement of this draft complaint and review process.

Tracking and Reporting Information Complaints and Requests for Review

The Information Quality Officer is responsible for reporting the results of PBGC's information quality efforts as required by OMB guidance.

PBGC will establish on its website an information quality site to keep the public informed about information quality on a timely basis. The purpose of the information quality site would be to inform the public about PBGC's information quality practices and procedures. The information quality site should include, at a minimum, access to PBGC's data quality guidelines and an easy-to-understand explanation of PBGC's procedures regarding requests for correction (which will include an explanation of how a person may file a request and, subsequently, a request for review of the agency's response to the request). The information quality site also could contain other types of information, such as a description of significant corrections that PBGC has made as a result of the correction procedures. PBGC will determine the content of this information page based on its mission, activities subject to the guidelines, and the expected level of interest by members of the public.

Information Quality Reports
  • FY 2014 Information Quality Report

Appendix: Information Quality Glossary

OMB provides the following definitions in its guidance for the Act.

1. "Quality" is an encompassing term comprising utility, objectivity, and integrity. Therefore, the guidelines sometimes refer to these four statutory terms, collectively, as "quality."

2. "Utility" refers to the usefulness of the information for its intended users, including the public. In assessing the usefulness of information that the agency disseminates to the public, the agency needs to consider the uses of information not only from the perspective of the agency but also from the perspective of the public. As a result, when transparency of information is relevant for assessing the information's usefulness from the public's perspective, the agency must take care to ensure that transparency has been addressed in its review of the information.

3. "Objectivity" involves two distinct elements, presentation and substance.
    1. "Objectivity" includes whether disseminated information is being presented in an accurate, clear, complete, and unbiased manner. This involves whether the information is presented within a proper context. Sometimes, in disseminating certain types of information to the public, other information must also be disseminated in order to ensure an accurate, clear, complete, and unbiased presentation. Also, the agency needs to identify the sources of the disseminated information (to the extent possible, consistent with confidentiality protections) and, in scientific, financial, or statistical context, the supporting data and models, so that the public can assess for itself whether there may be some reason to question the objectivity of the sources. Where

appropriate, supporting data should have full, accurate, transparent documentation, and error sources affecting data quality should be identified and disclosed to users.

2. In addition, "objectivity" involves a focus on ensuring accurate, reliable, and unbiased information. In a scientific, financial, or statistical context, the original and supporting data shall be generated, and the analytical results shall be developed, using sound statistical and research methods.

   1. If data and analytic results have been subjected to formal, independent, external peer review, the information may generally be presumed to be of acceptable objectivity. However, this presumption is rebuttable based on a persuasive showing by the petitioner in a particular instance. If agency-sponsored peer review is employed to help satisfy the objectivity standard, the review process employed shall meet the general criteria for competent and credible peer review recommended by OMB-OIRA to the President's Management Council(9/20/01), namely, "that (a) peer reviewers be selected primarily on the basis of necessary technical expertise, (b) peer reviewers be expected to disclose to agencies prior technical/policy positions they may have taken on the issues at hand, (c) peer reviewers be expected to disclose to agencies their sources of personal and institutional funding (private or public sector), and (d) peer reviews be conducted in an open and rigorous manner."

   2. If an agency is responsible for disseminating influential scientific, financial, or statistical information, agency guidelines shall include a high degree of transparency about data and methods to facilitate the reproducibility of such information by qualified third parties.

      1. With regard to original and supporting data related thereto, agency guidelines shall not require that all disseminated data be subjected to a reproducibility requirement. Agencies may identify, in consultation with the relevant scientific and technical communities, those particular types of data that can be practically be subjected to a reproducibility requirement, given ethical, feasibility, or confidentiality restraints. It is understood that reproducibility of data is an indication of transparency about research design and methods and thus a replication exercise (i.e., a new experiment, test, or sample) shall not be required prior to each dissemination.

      2. With regard to analytic results related thereto, agency guidelines shall generally require sufficient transparency about data and methods that an independent reanalysis could be undertaken by a qualified member of the public. These transparency standards apply to agency analysis of information from multiple studies.

         1. Making the data and methods publicly available will assist in determining whether analytic results are reproducible. However, the objectivity standard does not override other compelling interests such as privacy, trade secrets, intellectual property, and other confidentiality protections.

         2. In situations where public access to data and methods will not occur due to other compelling interests, agencies shall apply especially rigorous robustness checks to analytic results and document what checks were undertaken. Agency guidelines shall, however, in all cases, require a disclosure of the specific quantitative methods and assumptions that have been employed. Each agency is authorized to define the type of robustness checks, and the level of detail for documentation thereof, in ways appropriate for it given the nature and multiplicity of issues for which the agency is responsible.

      3. With regard to analysis of risks to human health, safety, and the environment maintained or disseminated by the agencies, agencies shall either adopt or adapt

the quality principles applied by Congress to risk information used and disseminated pursuant to the Safe Drinking Water Act Amendments of 1996 (42 U.S.C. 300g-1(b) (3)(A) and (B)). Agencies responsible for dissemination of vital health and medical information shall interpret the reproducibility and peer review standards in a manner appropriate to assuring the timely flow of vital information from agencies to medical providers, patients, health agencies, and the public. Information quality standards may be waived temporarily by agencies under urgent situations (e.g., imminent threats to public health or homeland security) in accordance with the latitude specified in agency-specific guidelines.

4. "Integrity" refers to the security of information - protection of the information from unauthorized access or revision, to ensure that the information is not compromised through corruption or falsification.

5. "Information" means any communication or representation of knowledge such as facts or data, in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms. This definition includes information that an agency disseminates from a web page, but does not include the provision of hyperlinks to information that others disseminate. This definition does not include opinions, where the agency's presentation makes it clear that what is being offered is someone's opinion rather than fact or the agency's views.

6. "Government information" means information created, collected, processed, disseminated, or disposed of by or for the Federal Government.

7. "Information dissemination product" means any book, paper, map, machine-readable material, audiovisual production, or other documentary material, regardless of physical form or characteristic, an agency disseminates to the public. This definition includes any electronic document, CD-ROM, or web page.

8. "Dissemination" means agency-initiated or sponsored distribution of information to the public (see 5 CFR 1320.3(d) (definition of "Conduct or Sponsor"). Dissemination does not include distribution limited to: government employees or agency contractors or grantees; intra- or inter-agency use or sharing of government information; and responses to requests for agency records under the Freedom of Information Act, the Privacy Act, the Federal Advisory Committee Act, or other similar law. This definition also does not include distribution limited to: correspondence with individuals or persons, press releases, archival records, public filings, subpoenas, or adjudicative processes.

9. "Influential" when used in the phrase "influential scientific, financial, or statistical information" means that the agency can reasonably determine that dissemination of the information will have or does have a clear and substantial impact on important public policies or important private sector decisions. Each agency is authorized to define "influential" in ways appropriate for it given the nature and multiplicity of issues for which the agency is responsible.

10. "Reproducibility" means that the information is capable of being substantially reproduced, subject to an acceptable degree of imprecision. For information judged to have more (less) important impacts, the degree of imprecision that is tolerated is reduced (increased). If agencies apply the reproducibility test to specific types of original or supporting data, the associated guidelines shall provide relevant definitions of reproducibility (e.g., standards for replication of laboratory data). With respect to analytic results, "capable of being substantially reproduced" means that independent analysis of the original or supporting data using identical methods would generate similar analytic results, subject to an acceptable degree of imprecision or error.

September 1, 2015