



Plan Participation Information

PBGC Form 709

Approved OMB 1212-0055

Expires 08/31/08

Pension Benefit Guaranty Corporation.
P.O. Box 151750 Alexandria Virginia 22315-1750

For assistance, call 1-800-400-7242

Plan Name: «PrismCase.CaseTitle»
Plan Number: «PrismCase.CaseldNmbr»
Date Printed: 02/06/2021
Date of Plan Termination: «PrismCase.DOPT»

Participant Name: «PrismCust.FullName»

INSTRUCTIONS: Complete this form if you believe you are eligible for a pension. Use dark ink and be sure to print clearly. If you have questions, call our Customer Contact Center at 1-800-400-7242 for information.

1. General information about you

Last Name				First Name			
Middle Name				Other Name(s) Used			
Social Security Number		Date of Birth		Gender		<input type="checkbox"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/>	
Mailing Address				Apartment / Route Number			
City				State		Zip Code	
<input type="text"/>				<input type="text"/>		<input type="text"/>	
Country				Email (optional)			
<input type="text"/>				<input type="text"/>			
Daytime Phone		EXTENSION		Evening Phone		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name of plan participant, if different						Social Security Number	
<input type="text"/>						<input type="text"/>	

2. Participant employment information - Related to the claim for benefits.

Employer Name				City and State							
Title				Location of Employment							
Date of Hire				Date Employment Terminated				Reason for Termination			
<input type="text"/>				<input type="text"/>				<input type="text"/>			

CONTINUE

Plan Number: «PrismCase.CaseldNbr»

Participant Name: «PrismCust.FullName»

Was the plan participant covered by a collective bargaining agreement (union contract) with the employer identified above? If yes, during what period:

No

Yes

From

MONTH				YEAR			

 /

To

MONTH				YEAR			

Name of Local Union:

Address

Was the plan participant ever hired as a salaried employee?

<input type="checkbox"/>	<input type="checkbox"/>
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Was the plan participant transferred between hourly and salaried?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, specify type and date of each transfer:

Any breaks in service?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, specify what period? (from when to when):

Explain in detail why you think you may be covered by the pension plan.

3. Signature – You must sign and date this document. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

SIGNATURE

DATE

SIGN & DATE BEFORE SUBMITTING. THANK YOU