

My PBA 2.0 Wireframes

New Transactions:

Form 700 Application for Benefits

Form 701 Payee Information Form

Form 702 General Information Form

Form 705 Beneficiary Application for Benefits

Form 706 Beneficiary Application for Benefits-OF

Form 707 Designation of Beneficiary

Request an Estimate

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This package represents key screens from the My PBA 2.0 application. A complete sample transaction is shown with the Change Contact Information transaction. Each transaction follows the same basic flow: input screen or screens, confirmation/review screen, Secret Question/Secret Answer input screen, final confirmation screen. For all the other transactions included in this package, only the input screen or screens is shown to reduce redundancy.

Transactions listed above designated as (***NEW***) are not in the current application and will be available after the July 2005 launch.

Login

Welcome to My PBA!

With My PBA you can perform the following tasks:

- Apply for Electronic Direct Deposit (EDD)
- Edit your existing EDD information
- Designate Federal Tax Withholdings
- Change your address, telephone number, or e-mail address
- Apply for Benefits
- Request an Estimate of your Benefits
- Designate a Beneficiary

New to My PBA?

Already Have an Account? Log in.

User ID:

Password:

[Forgot your password?](#)

Apply for an Account

Step 1: Find Your Plan

Enter the PBGC-trusteed pension plan **name** or **number** that is the original source of your benefit, then click "Next." You can find your plan's name and number in the top left corner of the letter you should have received from PBGC announcing trusteeship. To open a new account, you must be able to find at least one plan that owes you a benefit. If you are owed a benefit from multiple plans, you need only find one of these plans.

Pension Plan Name: <input type="text"/>	OR	Pension Plan Number: <input type="text"/>
---	----	---

Step 1: Find Your Plan

Select **one** plan from the list below that owes you a pension benefit. If you are receiving benefits for more than one of the plans listed, you still need only select one to open a new account.

- LTV Steel Corporation – Hourly (#19524000)
- LTV Steel Corporation – Mining (#19524700)
- LTV Steel Corporation – Salary (#19524100)
- LTV Steel Corporation – Railroads (#19524200)

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PLANS RETURNED

Step 1: Find Your Plan

We were unable to find a match for <plan name and/or plan number>. Please enter another Plan Name or Plan Number. If you are unable to find your plan after several tries, your plan may not be eligible for an account. If you have additional questions or need assistance, please call our Contact Center at 1-800-400-7242.

Pension Plan Name:

Pension Plan Number:

OR

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NO RESULTS

Step 2: Enter Personal Information

Your Plan Information [Edit](#)

Plan Name: LTV Steel Corporation - Salary

Plan #: 195241

Please use your full legal name.

First Name:

Middle Name (optional):

Last Name:

Social Security Number: 222-22-2222

Date of Birth: MM/DD/YYYY

E-mail Address:

Confirm E-mail Address:

Notice to Customers using E-mail Filtering "SPAM" Software:

Necessary account information communicated through e-mail may be affected by any e-mail filtering "SPAM" software you have installed on your computer. We use your e-mail address to confirm your registration, respond to inquiries and to keep you updated about your account.

To ensure that you receive necessary e-mails, add the "pbgc.gov" domain to your e-mail "safe list". Also, check trash, deleted, or quarantined folders for e-mails from pbgc.gov.

If your settings do not allow you to add e-mail addresses to a "safe list", use the Help section or contact your e-mail/internet provider's Customer Support to research your configuration options.

[< Back](#)

[Cancel](#)

[Next >](#)

Step 2: Enter Personal Information

Please enter your contact information.

Mailing Address:

City:

State:

Province/Region (if outside US):

Zip/Postal Code:

Country:

Daytime Phone: Ext.

Evening Phone (optional):

Fax (optional):

Step 3: Secret Question/Answer

Create your security key by selecting a secret question from the dropdown list and then entering a secret answer to the question.

Remember your secret question and secret answer combination because My PBA will ask you to enter it whenever you conduct a transaction.

Secret Question:

Secret Answer:

Confirm Secret Answer:

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as an inked signature.

Step 4: Review Your Information

Please review the information you have submitted.

Your Plan Information [Edit](#)

Plan Name: LTV Steel Corporation–Salary
Plan Number: 195241

Your Personal Information [Edit](#)

First Name: Doris
Middle Name (optional):
Last Name: Jones
Social Security Number: 222-22-2222
Date of Birth: 12/06/1945
E-mail Address: jones_d@aol.com
Mailing Address: 123 North Main Street *
Big City, CA 22222-2222
UNITED STATES
Daytime Phone: 321-431-4545
Evening Phone (optional): 321-431-4545
Fax Number (optional):

Your Secret Question/Answer [Edit](#)

Secret Question: What is your favorite pet's name?
Secret Answer: ****

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[Cancel](#)

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* Should not appear if user auto-matches and is not asked to enter this information

Apply for an Account

Congratulations!

Your request for a Pension Benefit Account has been received and approved. Please complete the following steps to activate your account:

1. Check your e-mail account for a message from "My PBA Customer Support."
2. Click the link in the e-mail message to begin activating your account.
3. Use the temporary User ID and Password sent to you in the message to log into My PBA.

If you have additional questions or need assistance, please call our Contact Center at 1-800-400-7242.

[Go to My PBA Login](#)

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AUTO-MATCHED

Reset Password

Reset Your Password

To reset your password, enter the information requested below. We will confirm that it matches our records, then send you an e-mail with additional instructions.

Social Security Number: 222-22-2222

Secret Question:

Secret Answer:

Cancel

Next >

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Reset - Unlock Confirm

An e-mail message has been sent to you with a new password. Please check your e-mail account and follow the login instructions in the message.

[Return to My PBA Login](#)

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Unlock Account

Unlock Your Account

To unlock your account, enter the information requested below. We will confirm that it matches our records, then send you an e-mail with additional instructions.

Social Security Number: 222-22-2222

Secret Question:

Secret Answer:

Cancel

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Unlock Your Account

An e-mail message has been sent to you with a new password. Please check your e-mail account and follow the login instructions in the message.

If you have additional questions or need assistance, please call our Contact Center at 1-800-400-7242.

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Change Password

Change Your Password

To change your password, first provide the answer to your secret question. Then enter your old password and, finally, your new password.

<Variable Secret Question>:

Old Password:

New Password:

[Password Tips](#)

Your new password must contain at least one letter and one number and it must be between 8 and 12 characters long. Your new password is case sensitive, so make sure to enter it exactly as you do here when you log in to My PBA.

Confirm New Password:

Cancel

Next >

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Change Password Confirm

You have successfully changed your password. We will send you an e-mail message confirming this transaction.

[Go to My PBA Home](#)

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First Time Login
Form 701 (PIF)
Form 702 (GIF)

Activate Your Account

Create Your Permanent User ID and Password

Step 1 Enter the answer you gave to your secret question.

<variable>:

Step 2 Enter new User ID:

Your User ID can be any combination of letters and/or numbers and it must be between 6 and 25 characters long. Your User ID is not case sensitive. This is the last time that you will be able to change your User ID.

Step 3 Enter new Password:

[Password Tips](#)

Your password must contain at least one letter and one number and it must be between 8 and 12 characters long. Your password is case sensitive, so make sure to enter it exactly as you do here when you log in to My PBA.

Confirm new Password:

Cancel

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Activate Your Account

About Activating Your Account

In order to better serve its customers, PBGC requires that all new and current My PBA users provide the following personal information.

. For each plan you are in, PBGC will use the information you provide to determine either your right to a pension benefit or your right to continue receiving benefits for a particular plan. You must complete this process to access your My PBA account.

You may need the following to activate your account:

- Date of Plan Termination
- Marriage Documentation
- Employment Information
- QDRO Information [More info...](#)

Our records indicate you are a:

<variable role> in the <variable plan> <variable form> <Incomplete><Completed>
<variable role> in the <variable plan> <variable form> <Incomplete><Completed>
<variable role> in the <variable plan> <variable form> <Incomplete><Completed>

Note: You will be required to enter information for each plan. If you cancel before providing all information needed for each plan, you will lose any information you entered for that plan.

Cancel

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Activate Your Account

Verify Your Current Personal Information for <variable plan name>

If your name, Social Security Number, or date of birth is incorrect please contact PBGC at 1-800-400-7242.

Name:	Doris Jones
Other Name(s) Used (optional):	<input type="text"/>
Social Security Number:	222-22-2222
Date of Birth:	06/13/1913
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Mailing Address:	<input type="text" value="222 South Street"/> <input type="text"/>
City:	<input type="text" value="Cityville"/>
State:	<input type="text" value="VA"/> <input type="button" value="v"/>
Province/Region (if outside US):	<input type="text"/>
Zip/Postal Code:	<input type="text" value="22222-2222"/> <small>22222-2222</small>
Country:	<input type="text" value="UNITED STATES"/> <input type="button" value="v"/>
Daytime Phone:	<input type="text" value="703-555-5555"/> <small>111-111-1111</small> Ext. <input type="text"/>
Evening Phone (optional):	<input type="text" value="703-555-1111"/> <small>111-111-1111</small>
Fax Number (optional):	<input type="text"/> <small>111-111-1111</small>
E-mail Address:	<input type="text" value="dorisjones@aol.com"/>
Confirm E-mail Address:	<input type="text" value="dorisjones@aol.com"/>

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Cancel

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Activate Your Account

Answer the Following Questions for <variable plan name>

Are you currently employed?

Yes No

Is there a Qualified Domestic Relations Order (QDRO) from a court that requires we pay some or all of your benefit for this plan to someone else?

Yes No

If Yes, how many QDRO's?

Were you married when you began receiving benefit payments for this plan?

Yes No

Cancel

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PIF, Role PP and WC

Activate Your Account

Enter Your Current Employment Information for <variable plan name>

Employed By:	<input type="text" value="Steel Retirement Inc."/>
Mailing Address:	<input type="text" value="555 Bending Rd."/>
	<input type="text"/>
City:	<input type="text" value="Cityville"/>
State:	<input type="text" value="VA"/>
Province/Region (if outside US):	<input type="text"/>
Zip/Postal Code:	<input type="text" value="22222-2222"/> <small>22222-2222</small>
Country:	<input type="text" value="UNITED STATES"/>

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Cancel

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Role PP and WC
(Yes to Currently Employed question)

Activate Your Account

Enter Your Marriage Information for <variable plan name> as of <variable DOPT>

Marriage Date:	<input type="text" value="03/10/1962"/>	MM/DD/YYYY
Spouse's First Name:	<input type="text" value="Bob"/>	
Middle Name (optional):	<input type="text"/>	
Current Last Name:	<input type="text" value="Jones"/>	
Maiden Name (optional):	<input type="text"/>	
Other Name(s) Used (optional):	<input type="text"/>	
Social Security Number:	<input type="text" value="333-44-5555"/>	111-11-1111
Date of Birth:	<input type="text" value="11/12/1940"/>	MM/DD/YYYY
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Mailing Address:	<input type="text" value="222 South Street"/>	
	<input type="text"/>	
City:	<input type="text" value="Cityville"/>	
State:	<input type="text" value="VA"/>	
Province/Region (if outside US):	<input type="text"/>	
Zip/Postal Code:	<input type="text" value="22222-2222"/>	22222-2222
Country:	<input type="text" value="UNITED STATES"/>	
Daytime Phone:	<input type="text" value="703-555-5555"/>	111-111-1111 Ext. <input type="text"/>
Evening Phone (optional):	<input type="text"/>	111-111-1111
Fax Number (optional):	<input type="text"/>	111-111-1111
E-mail Address (optional):	<input type="text" value="bobjones@aol.com"/>	

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Note: The option to choose this person as your beneficiary has been removed

Role PP NOT IN PAY (Yes to Married question)

Activate Your Account

Designate Your Beneficiary for the <variable> Plan

Designation of Beneficiary - If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) you designate below. If you do not designate anyone, or if the beneficiary you name dies before you, PBGC will pay the underpayment in this order: your spouse, your children, your parents, your estate, and your next of kin.

I name the following person as my beneficiary for amounts owed to me at my death. This replaces any previous designation and will only be effective when PBGC receives it.

Beneficiary's First Name:	<input type="text" value="Jack"/>
Middle Name (optional):	<input type="text"/>
Last Name:	<input type="text" value="Smith"/>
Other Name(s) Used (optional):	<input type="text"/>
Relationship to me:	<input type="text" value="brother"/>
Social Security Number:	<input type="text" value="222-44-6666"/> <input type="text" value="111-11-1111"/>
Date of Birth:	<input type="text" value="08/08/1940"/> <input type="text" value="MM/DD/YYYY"/>
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Mailing Address:	<input type="text" value="111 West Ave."/> <input type="text"/>
City:	<input type="text" value="Benefit City"/>
State:	<input type="text" value="VA"/> <input type="button" value="v"/>
Province/Region (if outside US):	<input type="text"/>
Zip/Postal Code:	<input type="text" value="33333"/> <input type="text" value="22222-2222"/>
Country:	<input type="text" value="UNITED STATES"/> <input type="button" value="v"/>
Daytime Phone:	<input type="text" value="333-333-9999"/> <input type="text" value="111-111-1111"/> Ext. <input type="text"/>
Evening Phone (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>
Fax Number (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>
E-mail Address (optional):	<input type="text"/>

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ALL ROLES

Activate Your Account

Enter Qualified Domestic Relations Order (QDRO) Information for <variable plan name>

<variable> Plan

There is a QDRO from a court that requires PBGC to pay some or all of my benefit for the <variable> plan to the following person:

First Name:
Middle Name (optional):
Last Name:
Other Name(s) Used (optional):
Date of QDRO: MM/DD/YYYY

<variable> Plan

There is a QDRO from a court that requires PBGC to pay some or all of my benefit for the <variable> plan to the following person:

First Name:
Middle Name (optional):
Last Name:
Other Name(s) Used (optional):
Date of QDRO: MM/DD/YYYY

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Role PP BASED ON NUMBER OF QDROS

Home page

LTV STEEL CORPORATION - SALARY

Plan #:	195241	<ul style="list-style-type: none"> View Payment Details Apply for Electronic Direct Deposit (if not already enrolled) Edit Electronic Direct Deposit (if already enrolled) Edit Federal Tax Withholding Designate a Beneficiary
Your Role:	Participant	
Payment Status:	Receiving Payments	

My PBA Transaction Log

You have conducted the following transactions using My PBA:

- 10/17/2003
Edited Personal Information
- 10/14/2003
Logged into My PBA

Your Personal Information

[Edit Personal Information](#)

First Name:	Doris
Middle Name (optional):	
Last Name:	Jones
Social Security Number:	222-22-2222
Date of Birth:	06/13/1913
Mailing Address:	222 South Street Cityville, VA 22222-2222 United States
Daytime Phone:	703-555-5555
Evening Phone (optional):	703-555-1111
Fax Number (optional):	
E-mail Address:	jones_d@aol.com

For your security, My PBA will automatically log you out after 20 minutes of inactivity.

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In Pay

- [View Payment Details](#)
- [Apply for Electronic Direct Deposit \(if not already enrolled\)](#)
- [Edit Electronic Direct Deposit \(if already enrolled\)](#)
- [Edit Federal Tax Withholding](#)
- [Designate a Beneficiary](#)

Variable

LTV STEEL CORPORATION - SALARY

Plan #: 195241
Your Role: Participant
Payment Status: Not Receiving Payments

- [Apply for Benefits](#)
- [Request an Estimate of your Benefits](#)
- [Designate a Beneficiary](#)

Your Personal Information

[Edit Personal Information](#)

First Name: Doris
Middle Name (optional):
Last Name: Jones
Social Security Number: 222-22-2222
Date of Birth: 06/13/1913
Mailing Address: 222 South Street
Cityville, VA 22222-2222
United States
Daytime Phone: 703-555-5555
Evening Phone (optional): 703-555-1111
Fax Number (optional):
E-mail Address: jones_d@aol.com

My PBA Transaction Log

You have conducted the following transactions using My PBA:

10/17/2003
Edited Personal Information
10/14/2003
Logged into My PBA

For your security, My PBA will automatically log you out after 20 minutes of inactivity.

Not In Pay

Change Contact Information

Edit Personal Information

Enter Your Current Personal Information

If your name, Social Security Number, or date of birth is incorrect please contact PBGC at 1-800-400-7242.

Name: Doris Jones
Social Security Number: 222-22-2222
Date of Birth: 06/13/1913

Mailing Address:

City:
State:
Province/Region (if outside US):
Zip/Postal Code: 22222-2222
Country:
Daytime Phone: 111-111-1111 Ext.
Evening Phone (optional): 111-111-1111
Fax Number (optional): 111-111-1111
E-mail Address:
Confirm E-mail Address:

Edit Personal Information

Review Your Information

Please check that your new contact information is correct. The information that you edited is shown below in **bold faced type**. If you need to change any information, click the "Edit" link.

If your name, Social Security Number, or date of birth is incorrect please contact PBGC at 1-800-400-7242.

Your Personal Information

[Edit](#)

Name: Doris Jones
Social Security Number: 222-22-2222
Date of Birth: 06/13/1913
Mailing Address: **100 Main St.
Apt 201
New Town, OH 12345
UNITED STATES**
Daytime Phone: 202-555-1212
Evening Phone (optional):
Fax Number (optional):
E-mail Address: jones_d@aol.com

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Your Current Tax Withholding Information [Edit](#)

LTV STEEL CORPORATION - SALARY

You have elected: To have Federal income tax withheld based on IRS instructions.

Marital Status: Married

Number of withholding allowances: 1

Additional amount to be withheld (optional):

Verify Secret Answer

Enter the Answer to Your Secret Question

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as an inked signature.

Enter the answer you gave to your secret question to ensure a secure transaction of your information.

<variable>:

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Cancel

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Edit Personal Information

Thank you for using My PBA to edit your contact information. No further action is necessary on your part. Your new contact information will become effective within the next 30 days. We will send you an e-mail message confirming this transaction.

[Go to My PBA Home](#)

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Apply for EDD

Apply for Electronic Direct Deposit

<variable plan name>

Any changes made to your electronic direct deposit information apply only to this plan. To change electronic direct deposit for another plan, please return to My PBA Home and select a different plan.

Type of Bank Account:	<input type="text" value="<Please Select>"/>	
Bank Account Number:	<input type="text"/>	View example
Bank Routing Number:	<input type="text"/>	View example
Name on Account: (your name must be on the account)	<input type="text"/>	
Bank Name:	<input type="text"/>	
Bank Branch Name:	<input type="text"/>	
Bank Branch Address:	<input type="text"/>	
City:	<input type="text" value="<Please Select>"/>	
State:	<input type="text" value="22222-2222"/>	
Zip Code/Postal Code:	<input type="text"/>	
Bank Contact Person (optional):	<input type="text" value="111-111-1111"/> Ext: <input type="text"/>	
Contact's Phone (optional):		

Apply for Electronic Direct Deposit

<variable plan name>

Please check that your new bank account information is correct. The information that you edited is shown on the right in **bold faced type**. If you need to change any information click the "Edit" link.

Your Electronic Direct Deposit Information [Edit](#)

Type of Bank Account:	Checking
Bank Account Number:	123456789
Bank Routing Number:	123456789
Name on Account:	Walter Collins
Bank Name:	Big Bank
Bank Branch Name:	Lower City Branch
Bank Branch Address:	234 Anywhere Street Epicenter, MD 33333
Bank Contact Person (optional):	James Smith
Contact's Phone (optional):	321-431-4545

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Verify Secret Answer

Enter the Answer to Your Secret Question

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as an inked signature.

Enter the answer you gave to your secret question to ensure a secure transaction of your information.

<variable>:

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New EDD Confirm

Thank you for using My PBA to apply for electronic direct deposit. No further action is necessary on your part. Your new account information will become effective within the next 30 days. We will send you an e-mail message confirming this transaction.

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Payment Details

<variable plan name>

Plan #: 195241
Your Role: Participant
Payment Status: Receiving payments
Payment Method: Electronic Direct Deposit

Direct Deposit Information [Edit](#)

Type of Bank Account: Checking
Bank Account Number: 123456789
Bank Routing Number: 987654321
Name on Account: Doris Jones
Bank Name: Big Bank
Bank Branch Name: Lower City Branch
Bank Branch Mailing Address: 123 North City Branch
Big City, VA 22222-2222
United States
Name of Contact at Bank (optional): James Smith
Contact's Phone (optional): 123-123-4444

Federal Tax Withholding Election [Edit](#)

You have elected: To have \$_____ withheld monthly.

[Go To My PBA Home](#)

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Payment Details

<variable plan name>

Plan #: 195241
Your Role: Participant
Payment Status: Receiving payments
Payment Method: Electronic Direct Deposit

Direct Deposit Information

[Apply for Direct Deposit](#)

Federal Tax Withholding Election

[Edit](#)

You have elected: To not have Federal income tax withheld.
Marital Status: Married
Number of withholding allowances:
Additional amount to be withheld (optional):

**SEE BELOW FOR OTHER
VARIATIONS.**

[Go To My PBA Home](#)

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You have elected: To have Federal income tax withheld based on IRS instructions.

You have elected: To have \$_____ withheld monthly.

“Periodic Election”
a.k.a - Edit Federal Tax
Withholding Election

Edit Federal Tax Withholding Election

Select a Tax Withholding Option

Tax laws require that PBGC withhold Federal income tax from your pension payment(s) unless you instruct us to do otherwise. You must select one of the three withholding options shown below. [More info ...](#)

A

I elect not to have Federal income tax withheld from my payment(s). (U.S. residents only)

B

I elect to have Federal income tax withheld from my payment(s) based on IRS Instructions

Marital Status: Single Married

Number of withholding allowances:

Additional amount to be withheld (optional): \$.00

C

I elect to have the following amount of Federal income tax withheld from my payment(s):

\$.00

Cancel

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Designate a Beneficiary

Form 707

Designate a Beneficiary

Designate Your Beneficiary for the <variable> Plan

Who can Designate a Beneficiary?

If you are **currently** receiving a pension check from PBGC, you can use this form to designate a beneficiary. If you are receiving a **Joint & Survivor Annuity**, you cannot change the beneficiary designation you made at the time you applied for benefits. If you do not designate a beneficiary, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate, and your next of kin.

You may be eligible for the following beneficiary designations:

Designation of Beneficiary for Annuity Benefits Payable after Death- Annuity benefits, other than joint-and-survivor benefits, that are payable to your beneficiary for periods after your death.

Designation of Beneficiary for Benefits Due at Death – This designation covers payments that PBGC may owe you at the time of your death, including back payments for benefit estimates that were too low and certain lump-sum amounts (usually for small benefits). If your benefit is one that provides for benefits to be paid after your death (as with a joint-and-survivor or certain-and-continuous annuity), the person named to receive those continuing benefits will receive any payments due to you at the time of your death. If not, PBGC will make any payments due to you at the time of your death to the person you name below. If you do not name anyone, or if the person you name dies before you, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate and your next of kin, in that order.

Remember that each time you designate a beneficiary, you replace any previous designation.

If you are unsure what type of annuity you have, don't remember who you previously designated as your beneficiary, or you have any other questions about your beneficiary designation, please contact PBGC at 1-800-400-7242.

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In Pay Participant

Designate a Beneficiary

Designate Your Beneficiary for the <variable> Plan

Note: This designation replaces any designation you may have made previously.

Designation of Beneficiary for Benefits Due at Death – This designation covers payments that PBGC may owe you at the time of your death, including back payments for benefit estimates that were too low and certain lump-sum amounts (usually for small benefits).
When you apply for benefits you will have an opportunity to designate a Beneficiary for benefits to be paid after your death (as with a Joint & Survivor (J&S) or Certain & Continuous (C&C) annuity.) [More Info...](#)

Beneficiary's First Name:	<input type="text" value="Jack"/>	
Middle Name (optional):	<input type="text"/>	
Last Name:	<input type="text" value="Smith"/>	
Other Name(s) Used (optional):	<input type="text"/>	
Relationship to me, if any:	<input type="text" value="brother"/>	e.g., spouse, granddaughter, friend
Social Security Number:	<input type="text" value="222-44-6666"/> <input type="text" value="111-11-1111"/>	
Date of Birth:	<input type="text" value="08/08/1940"/> <input type="text" value="MM/DD/YYYY"/>	
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Mailing Address:	<input type="text" value="111 West Ave."/>	
	<input type="text"/>	
City:	<input type="text" value="Benefit City"/>	
State:	<input type="text" value="VA"/> <input type="button" value="v"/>	
Province/Region (if outside US):	<input type="text"/>	
Zip/Postal Code:	<input type="text" value="33333"/> <input type="text" value="22222-2222"/>	
Country:	<input type="text" value="UNITED STATES"/> <input type="button" value="v"/>	
Daytime Phone:	<input type="text" value="333-333-9999"/> <input type="text" value="111-111-1111"/> Ext. <input type="text"/>	
Evening Phone (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>	
Fax Number (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>	
E-mail Address (optional):	<input type="text"/>	

You can also choose a [Contingent Beneficiary](#) (except in the case of a joint-and-survivor annuity). A Contingent Beneficiary becomes eligible for your benefit if the person you have designated as your beneficiary dies **before** you.

Would you like to designate a contingent beneficiary for this benefit?

Yes No

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Not in Pay Participant

Designate a Beneficiary

Designate Your Contingent Beneficiary for the <variable> Plan

Please provide the contingent beneficiary information requested below for:
Designation of Beneficiary for Benefits Due at Death [More info...](#)

Contingent Beneficiary's First Name:	<input type="text" value="Mary"/>	
Middle Name (optional):	<input type="text"/>	
Last Name:	<input type="text" value="Edwards"/>	
Other Name(s) Used (optional):	<input type="text"/>	
Relationship to me, if any:	<input type="text" value="friend"/>	e.g., spouse, granddaughter, friend
Social Security Number:	<input type="text" value="999-88-7777"/> <input type="text" value="111-11-1111"/>	
Date of Birth:	<input type="text" value="10/10/1939"/> <input type="text" value="MM/DD/YYYY"/>	
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Mailing Address:	<input type="text" value="111 South St."/> <input type="text"/>	
City:	<input type="text" value="Southboro"/>	
State:	<input type="text" value="VA"/> <input type="button" value="v"/>	
Province/Region (if outside US):	<input type="text"/>	
Zip/Postal Code:	<input type="text" value="33333"/> <input type="text" value="22222-2222"/>	
Country:	<input type="text" value="UNITED STATES"/> <input type="button" value="v"/>	
Daytime Phone:	<input type="text" value="333-666-9999"/> <input type="text" value="111-111-1111"/> Ext. <input type="text"/>	
Evening Phone (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>	
Fax Number (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>	
E-mail Address (optional):	<input type="text" value="maryedwards@aol.com"/>	

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Not in Pay Participant

Apply for Benefits Form 700, 705, 706

Apply for Benefits

The Two-Step Process of Applying for Benefits

Step One: Request an estimate

PBGC strongly recommends that you obtain an estimate of your benefit payment(s) prior to applying for benefits. The estimate will show you the amount your payment(s) would be for each possible form of benefit on the date you want your benefits to start. Therefore, having an estimate in hand when you apply for benefits ensures that you will be able to select the form of benefit that will work best for you.

You can expect to receive your benefit estimate from PBGC within 15 to 45 days. If it will take us longer than 45 days to send you a benefit estimate, we will contact you.

Step Two: Complete the benefit application process

Once you have received an estimate of your benefit payments in the mail from PBGC, you are then able to complete the benefit application process.

Things to remember about applying for benefits:

- * You should apply for benefits no more than 90 days before you wish to receive your first payment
- * PBGC will contact you after receipt of your application to confirm the amount of your payment(s) and the date on which you will receive your first payment
- * PBGC will contact you if you are missing any "proof documents" (e.g., birth certificate) that are required to complete your application. Please be sure to note the required proof documents that are listed at the end of the application process.
- * If you are currently married **and** select certain forms of benefit, you will be asked to obtain a notarized signature from your spouse. To facilitate this requirement, My PBA will generate a printable Adobe .PDF version of your completed application at the end of the application process. You will be asked to print the generated application, obtain the necessary signatures, and mail it to PBGC. In order for this process to work, you must have Adobe Acrobat software installed on your computer. You can download this software for free from the [Adobe Web site](#).

If you have additional questions or need assistance, please call our Customer Contact Center at 1-800-400-7242.

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PP,BE,SP Not in Pay

Apply for Benefits

Enter Estimate Status for <variable plan name>

Have you received an estimate from PBGC of your benefit payments for the <variable> plan?

Yes No

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Apply for Benefits

Answer the following questions for <variable plan name>

Are you currently married?

Yes No

Are you currently employed?

Yes No

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Role PP only

Application for Benefits

Enter Your Current Employment Information

Employed By:	<input type="text" value="Steel Retirement Inc."/>
Mailing Address:	<input type="text" value="555 Bending Rd."/> <input type="text"/>
City:	<input type="text" value="Cityville"/>
State:	<input type="text" value="VA"/> ▼
Province/Region (if outside US):	<input type="text"/>
Zip/Postal Code:	<input type="text" value="22222-2222"/> <input type="text" value="22222-2222"/>
Country:	<input type="text" value="UNITED STATES"/> ▼

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Role PP only
(Yes to Currently Employed question)

Apply for Benefits

Enter Your Marriage Information

Marriage Date:	<input type="text" value="06/24/1964"/> MM/DD/YYYY
Spouse's First Name:	<input type="text" value="Walter"/>
Middle Name (optional):	<input type="text" value="Ernest"/>
Last Name:	<input type="text" value="Collins"/>
Maiden Name (optional):	<input type="text"/>
Other Name(s) Used (optional):	<input type="text" value="Wally"/>
Social Security Number:	<input type="text" value="929-65-9870"/> 111-11-1111
Date of Birth:	<input type="text" value="01/02/1929"/> MM/DD/YYYY
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Mailing Address:	<input type="text" value="1212 Tidewater Road"/> <input type="text"/>
City:	<input type="text" value="Hamlet"/>
State:	<input type="text" value="MD"/> ▼
Province/Region (if outside US):	<input type="text"/>
Zip/Postal Code:	<input type="text" value="22222"/> 22222-2222
Country:	<input type="text" value="UNITED STATES"/> ▼
Daytime Phone:	<input type="text" value="310-555-5555"/> 111-111-1111 Ext. <input type="text"/>
Evening Phone (optional):	<input type="text" value="310-555-1111"/> 111-111-1111
Fax Number (optional):	<input type="text"/> 111-111-1111
E-mail Address (optional):	<input type="text" value="janetandwalt@comcast.com"/>

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Role PP only
(Yes to Married question)

Apply for Benefits

Select a Form of Benefit

Enter the month and year in which you would like your pension benefit payments to begin:

MM/YYYY

Note: The month you enter must be in the future, but no more than 90 days from the date that you submit this application

Select a Form of Benefit and Beneficiary [More info about your benefit options...](#)

If you are currently married and select any option below **except B**, your spouse must provide their consent. In addition, your spouse must provide their consent if you select "Other" under Beneficiary. To facilitate spousal consent, My PBA will generate a printable Adobe .PDF version of your completed application at the end of this "Apply for Benefits" process. You will be asked to print the generated application, obtain the necessary signatures, and mail it to PBGC. In order for this process to work, you must have Adobe Acrobat software installed on your computer. You can download this software for free from the [Adobe Web site](#).

If you elect a joint-and-survivor annuity, your beneficiary designation is final and cannot be changed after PBGC makes your first payment. If you elect a certain-and-continuous annuity, you may change your beneficiary at any time.

Form of Benefit

- A. Plan's Automatic Form for an Unmarried Participant [Details](#)
- B. Plan's Automatic Form for a Married Participant [Details](#)
- C. Straight Life Annuity [Details](#)
- D. Joint-and-50% Survivor Annuity [Details](#)
- E. Joint-and-75% Survivor Annuity [Details](#)
- F. Joint-and-100% Survivor Annuity [Details](#)
- G. Joint-and-50% Survivor "Pop-up" Annuity [Details](#)
- H. 5-year Certain-and-Continuous Annuity [Details](#)
- I. 10-year Certain-and-Continuous Annuity [Details](#)
- J. 15-year Certain-and-Continuous Annuity [Details](#)

Beneficiary

- Spouse Other

Note: If you choose option C (Straight Life Annuity), do not select a Beneficiary

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Role PP
MARRIED

Apply for Benefits

Designate a Beneficiary

Your Beneficiary's Personal Information

I name the following person as my beneficiary. If my beneficiary receives benefits that continue after my death, he or she will also receive any benefits owed to me at my death.

Beneficiary's First Name:	<input type="text" value="Eileen"/>
Middle Name (optional):	<input type="text"/>
Last Name:	<input type="text" value="Collins"/>
Other Name(s) Used (optional):	<input type="text"/>
Relationship to me:	<input type="text" value="Sister-In-Law"/>
Social Security Number:	<input type="text" value="929-65-9870"/> <input type="text" value="111-11-1111"/>
Date of Birth:	<input type="text" value="06/02/1960"/> <small>MM/DD/YYYY</small>
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Mailing Address:	<input type="text" value="1212 Windy Lane"/> <input type="text"/>
City:	<input type="text" value="Lincoln"/>
State:	<input type="text" value="NB"/> ▼
Province/Region (if outside US):	<input type="text"/>
Zip/Postal Code:	<input type="text" value="22222"/> <input type="text" value="22222-2222"/>
Country:	<input type="text" value="UNITED STATES"/> ▼
Daytime Phone:	<input type="text" value="431-555-5555"/> <input type="text" value="111-111-1111"/> Ext. <input type="text"/>
Evening Phone (optional):	<input type="text" value="431-555-1111"/> <input type="text" value="111-111-1111"/>
Fax Number (optional):	<input type="text"/> <input type="text" value="111-111-1111"/>
E-mail Address (optional):	<input type="text"/>

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Apply for Benefits

Select a Tax Withholding Option

Tax laws require that PBGC withhold Federal income tax from your pension payment(s) unless you instruct us to do otherwise. You must select one of the three withholding options shown below. [More info ...](#)

A

I elect not to have Federal income tax withheld from my payment(s). (U.S. residents only)

B

I elect to have Federal income tax withheld from my payment(s) based on IRS Instructions

Marital Status: Single Married

Number of withholding allowances:

Additional amount to be withheld (optional): .00

C

I elect to have the following amount of Federal income tax withheld from my payment(s):

\$.00

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Apply for Benefits

Select a Payment Method Option

A

Electronic Direct Deposit (EDD)

I want to receive my benefit payments via EDD to the following bank account:

Type of Bank Account:	<input type="text" value="Checking"/>
Bank Account Number:	<input type="text" value="123456789"/> View example
Bank Routing Number:	<input type="text" value="123456789"/> View example
Name on Account: (your name must be on the account)	<input type="text" value="Walter Collins"/> <input type="text" value="Big Bank"/>
Bank Name:	<input type="text" value="Lower City Branch"/>
Bank Branch Name:	<input type="text" value="123 North Main Street"/>
Bank Branch Address:	<input type="text" value="Big City"/>
City:	<input type="text" value="IL"/>
State:	<input type="text" value="34567"/> <small>22222-2222</small>
Zip Code:	<input type="text" value="James Smith"/>
Bank Contact Person (optional):	<input type="text" value="1231234444"/> <small>111-111-1111</small> Ext. <input type="text"/>
Contact's Phone (optional):	

B

Mailed Paper Check

Note that you may only select Option B if you cannot use EDD because of physical, mental, geographic, language, or literacy barriers; or if using EDD would cause you financial difficulties.

I want to receive my benefit payments by check sent to:

1234 North Main Street, Apt. 6
Small Town, VA 22222.

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Request an Estimate

Request an Estimate

Select Your Retirement Ages & Enter Your Beneficiary's Information

Select Your Retirement Ages

I want PBGC to estimate the benefit payment that I would receive as a result of retiring at:

- The "early" retirement age the participant's plan has designated
- The "normal" retirement age the participant's plan has designated
- The following "alternate" retirement age:

Enter Your Beneficiary's Information

Note: The beneficiary information you enter here will only be used to provide you with an estimate — it will not be saved to your account.

Beneficiary's First Name:	<input type="text" value="Karen"/>
Middle Name (optional):	<input type="text"/>
Last Name:	<input type="text" value="Parkin"/>
Other Name(s) Used (optional):	<input type="text"/>
Relationship to me:	<input type="text" value="Sister"/>
Social Security Number:	<input type="text" value="920-34-4587"/> <input type="text" value="111-11-1111"/>
Date of Birth:	<input type="text" value="01/02/1967"/> <small>MM/DD/YYYY</small>
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female

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