



# NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS

PBGC Form 200  
Approved OMB #1212-0041  
Expires 02/28/09

File this form to notify the Pension Benefit Guaranty Corporation of a failure to make required contributions (see ERISA section 302(f)(4)(A) and Code section 412(n)(4)(A)) to a single-employer plan that is covered under ERISA section 4021.

- Do NOT file this form for any other employee benefit plan (e.g., a defined contribution plan).
- Do NOT file this form with the Internal Revenue Service.
- Do NOT file this form UNLESS the plan's funded current liability percentage is less than 100 percent.
- Do NOT file this form UNLESS the total of unpaid balances of required payments exceeds \$1 million.

## PART I. GENERAL PLAN INFORMATION

1a Plan name \_\_\_\_\_

b. Plan year commencement date  -  -   
Month Day Year

2 Plan administrator

Name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone number \_\_\_\_\_

3a Contributing sponsor

Name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone number \_\_\_\_\_

b Employer identification and plan numbers

9-digit EIN

3-digit PN

c Different EIN and/or PN used in previous filings with PBGC, DOL, or IRS. Enter "NA" if not applicable.

9-digit EIN

3-digit PN

4a Is the contributing sponsor in item 3a a member of a controlled group? YES  NO

b If you checked "YES" to item 4a, enter that contributing sponsor's parent (if none, enter "none").

Name

Street address

City, State, Zip

Telephone number

Enter parent's 9-digit EIN

c If you checked "YES" to item 4a, are there any controlled group members other than the one(s) identified in item 3a and/or item 4b? YES  NO

d If you checked "YES" to item 4c, submit the name, address, telephone number, and EIN of each controlled group member for which information is not provided in item 3a or item 4b and a description of the structure of the controlled group.

5a Is there more than one contributing sponsor? YES  NO

b If you checked "YES" to item 5a, submit the name of each contributing sponsor and, for each contributing sponsor for which information is not provided in previous items, the address, telephone number, and EIN.

6 Authorized contact (if same as individual signing certification in item 12, enter "same").

Name

Street address

City, State, Zip

Telephone number

**PART II. PLAN FUNDING INFORMATION**

7a Describe the required payment that resulted in the requirement to notify the PBGC.

[Large yellowed-out area for description of required payment]

b Due date for the required payment described in item 7a.

-  -   
Month Day Year

8a Total of unpaid balances of required payments (including interest). \$

b Describe how the amount in item 8a was determined.

9 Submit the following documentation and information with this form:

- a Copy of most recent plan actuarial valuation report;
- b Copy of Form 5500, Schedule B, for most recent plan year for which filed;
- c Copy of any IRS letter(s) granting or modifying a funding waiver and/or an extension of the amortization period;
- d Statement describing any pending request(s) for a funding waiver and/or for an extension of the amortization period.

**PART III. CONTRIBUTING SPONSOR & CONTROLLED GROUP FINANCIAL**

10 Submit the following documentation with this form with respect to the contributing sponsor in item 3a and each other member of the same controlled group as that contributing sponsor:

- a Copies of financial statements for the most recent three fiscal years for which available and of the most recent interim financial statements;
- b Copies of any SEC filings during the past 6 months, including Form 10-K, Form 10-Q, and Form 8-K;
- c If any member of the controlled group currently is the subject of a bankruptcy, insolvency, receivership, or similar proceeding, copies of any Statement of Affairs, Disclosure Statement, and Plan of Reorganization (or similar filing(s)) and interim financial reports filed in such proceeding.

**PART IV. CERTIFICATIONS**

11 Enrolled Actuary Certification.

I certify that, to the best of my knowledge and belief, the information contained in items 7 and 8 of this form is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. 1001.

Name

Street address

Enrollment number

City, State, Zip

Company / Firm

Telephone number

Signature

Date

12 Contributing Sponsor or Parent Certification.

I certify that, to the best of my knowledge and belief, the information made available to the enrolled actuary and all other information and documentation in this filing is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. 1001.

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Name of contributing sponsor or parent

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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