

# Plan Participation Information

PBGC Form 709

Approved OMB 1212-0055

Expires

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

For assistance, call 1-800-400-7242

Plan Name: FX.PrismCase.CaseTitle.XF	
Plan Number: FX.PrismCase.CaseIdNmbr.XF	Participant Name: FX.PrismCust.FullName.XF
Date Printed: 01/30/2021	
Date of Plan Termination: FX.PrismCase.DOPT.XF	

**INSTRUCTIONS: Please complete this form for PBGC to determine your eligibility for a pension. If you have questions, call our Customer Contact Center at 1-800-400-7242. Print clearly with dark ink.**

## 1. General information about you

Last Name	First Name
Middle Name	Other Name(s) Used

Social Security Number	Date of Birth	Gender	MALE <input type="checkbox"/>
			FEMALE <input type="checkbox"/>

Mailing Address	Apartment / Route Number
City	State Zip Code
Country	Email (optional)

Daytime Phone	Extension	Evening Phone
( ) - x ( ) -		( ) -

Name of plan participant, if different	Social Security Number
	- -

## 2. Participant employment information - Relating to the sponsor of the plan.

Employer Name	City and State	
Job Title	Plant or Facility	
Date of Hire	Date Employment Terminated	Reason for Termination
/ /	/ /	

CONTINUE 

**Plan Participation Information Form 709, page 2 of 2**

Plan Number: FX.PrismCase.CaseIdNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

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 an hourly paid or a salaried employee?

Hourly

Salary

Was the plan participant transferred between hourly and salary?

Yes

No

If yes, specify type and date of each transfer:

Any breaks in service?

Yes

No

If yes, specify the period(s) (from when to when):

Please attach any documentation to verify the participant's employment and/or plan participation.

**3. Signature** – 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