

Certification of Social Security Disability Status

PBGC Form 716

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

INSTRUCTIONS: Please complete and return this form to PBGC within the timeframe indicated in the cover letter. PBGC needs your certification to determine whether to continue paying your current benefit amount. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please 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
□ □ □ - □ □ - □ □ □ □ □ □	□ □ / □ □ / □ □ □ □

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

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

2. Certification – Check the box below that describes the current status regarding your disability benefit from the Social Security Administration (SSA).

- I certify that I am still eligible for Social Security disability benefits.
- I certify that effective ___ / ___ / _____ I am no longer eligible for SSA disability benefits. .

I understand that in the future I may be required to provide supporting documentation.

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3. Signature – Sign and date this form. 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