

# Certification of Pension Plan Disability Status

**PBGC Form 716A**

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 your current disability status.

- I certify that I am still disabled as previously determined under my pension plan.
- I certify that effective \_\_\_/\_\_\_/\_\_\_\_\_ I am no longer disabled as previously determined under my pension plan.

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

**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