



Plan Participation Information

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	Participant Name: FX.PrismCust.FullName.XF
Plan Number: FX.PrismCase.CaseIdNmbr.XF	
Date Printed: 01/24/2021	
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 blue or black ink.**

1. General information about you

Last Name		First Name	
Middle Name		Other Last Name(s) Used	
Social Security Number		Date of Birth	
Gender			
Mailing Address		Apartment / Route Number	
City		State	
Country		Zip Code	
Home Phone		Extension	
Work Phone		Faxing Phone	
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 ON BACK

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

Hourly

Salary

Was the plan participant an hourly paid or a salaried employee?

Yes

No

Was the plan participant transferred between hourly and salary?

If yes, specify type and date of each transfer:

Yes

No

Any breaks in service?

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

SIGN & DATE BEFORE SUBMITTING. THANK YOU