PBGC

Protecting America's Pensions

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
Plan Number: FX.PrismCase.CaseIdNmbr.XF   Participant Name: FX.PrismCust.FullName.XF
Date Printed: 01/20/2021
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

Zip Code

Country

Email (optional)

Daytime Phone

Extension

Evening 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

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| 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 [ ] [ ] / [ ] [ ] [ ] [ ]   To [ ] [ ] / [ ] [ ] [ ]
MONTH   YEAR   MONTH   YEAR

Name of Local Union:

Address

	Hourly	Salary
Was the plan participant an hourly paid or a salaried employee?		
Was the plan participant transferred between hourly and salary?	Yes	No

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