

## Notice of Insolvency

## \*Required fields

\*Plan name: \*EIN:  (ex. 33-3333333) \*PN:  (ex. 333)\*Notice filer name: \*Role of filer: 

## Plan Sponsor Information

\*Plan sponsor name: \*Address: \*City: \*State: \*Zip Code:  (ex. 12345-1234)\*Telephone:  (ex. 202-111-1111)Ext. E-mail address:  (ex. aa@a.com)Fax:  (ex. 202-111-1111)

## Plan Sponsor's Duly Authorized Representative (if any)

First Name: Last Name: Company: Title: Address: City: State: Zip Code:  (ex. 12345-1234)Telephone:  (ex. 202-111-1111)Ext. E-mail address:  (ex. aa@a.com)Fax:  (ex. 202-111-1111)IRS Key District (if applicable):

PBGC case number (if applicable):

\*Insolvency year for which the notice is being filed:  (mm)

\*The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year:

\$

\*The estimated amount of the plan's available resources for the insolvency year:

\$

\*The estimated amount of the annual benefits guaranteed by the PBGC for the insolvency year:

\$

\*Estimated month of insolvency:  (MM)

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## Notice of Insolvency

### Attached Documents

Documents #1 - #3 listed below are required for all filings.  
Documents #4 and #5 are only required if they have not previously been submitted to PBGC.  
Provide an explanation in the "Comments" box for any missing documents.

Comments:

File:  No file chosen

Document Type:

**Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link: <http://PBGC.leapfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at [multiemployerprogram@pbgc.gov](mailto:multiemployerprogram@pbgc.gov) or 1-800-400-7242 Ext. 6047.**

#### \*Required documents

1. \*Notice of Insolvency Letter
2. \*Most recent actuarial valuation for the plan
3. \*Certification, signed by the plan sponsor (or duly authorized representative), that the notices of insolvency have been given to all interested parties (defined 29 CFR 4245.3(e))
4. Plan document (Including any amendments/restatements)
5. Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)
6. Other

## Data Summary

### Notice of Insolvency

Plan name - 99-9999999/002

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#### Plan Filing Information

[Edit](#)

Plan name:	Plan name
EIN / PN:	99-9999999/002
Notice filer name:	██████████
Role of filer:	Accountant

#### Plan Sponsor Information

Name:	first and last name
Address:	1200 K St Eawoerpwoeriwpoer Washington, DC 20005
Phone:	202-320-4000
Email:	N/A
Fax:	N/A

#### Plan Sponsor's Duly Authorized Representative

Name:	
Company:	N/A
Title:	N/A
Address:	
Phone:	N/A
Email:	N/A
Fax:	N/A

IRS Key District: N/A

PBGC case number: N/A

Insolvency year for which the notice is being filed: 2018

The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year: \$1,000.00

The estimated amount of the plan's available resources for the insolvency year: \$0.00

The estimated amount of the annual benefits guaranteed by the PBGC for the insolvency year: \$900.00

Estimated month of insolvency: 12

## Attached Documents

[Edit](#)

- Notice of Insolvency Letter
- Most recent actuarial valuation for the plan
- Certification, signed by the plan sponsor (or duly authorized representative), that the notices of insolvency have been given to all interested parties (defined 29 CFR 4245.3(e))
- Plan document (including any amendments/restatements)
- Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)
- Other

## Comments

N/A