



# NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS

**PBGC Form 200**  
Approved OMB #Pending  
Expires XX/XX/XXXX

File this form to notify the Pension Benefit Guaranty Corporation of a failure to make required contributions to a single-employer plan that is covered under ERISA §4021 and whose FTAP is less than 100% if the total of unpaid balances, including interest, exceeds \$1 million (see ERISA section 303(k)(4)(A) and Code §430(k)(4)(A)). For questions regarding this form, contact (202) 326-4070 or form200@pbgc.gov

## GENERAL PLAN INFORMATION

Name of Plan \_\_\_\_\_

Plan year commencement date \_\_\_\_\_

EIN of contributing sponsor / Plan number \_\_\_\_\_

EIN/PN used in previous filings, if different \_\_\_\_\_

### Plan Administrator:

### Contributing Sponsor:

Name of Plan Administrator \_\_\_\_\_

Name of Contributing Sponsor \_\_\_\_\_

Street address of Plan Administrator \_\_\_\_\_

Street address of Contributing Sponsor \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Ext. \_\_\_\_\_

Telephone number \_\_\_\_\_ Ext. \_\_\_\_\_

### Individual to Contact:

Name of contact \_\_\_\_\_

Street address of contact \_\_\_\_\_

Title of contact \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email of contact \_\_\_\_\_

Telephone number \_\_\_\_\_ Ext. \_\_\_\_\_

## PLAN FUNDING INFORMATION

Due date of required payment that resulted in requirement to notify PBGC \_\_\_\_\_

Total unpaid balance of required payments (including interest) \_\_\_\_\_

## EXPLANATION

Describe the required payment that resulted in the requirement to notify PBGC and state how the total unpaid balance of required payments (including interest) was determined. (See Appendix instructions for details) Attach additional pages if necessary.

The next page lists additional information that must be submitted with this form, if not included above.

## ADDITIONAL INFORMATION TO BE FILED

Check box to indicate the item is attached. If not attached, explain below.

For each controlled group member:

- Name, address, telephone number and EIN of each controlled group member
- Name, address, telephone number and EIN of the ultimate parent of the controlled group
- Name, address, telephone number and EIN of each contributing sponsor of the plan
- Location of all real property owned by each member of the controlled group
- Name and address of the controlled group's principal executive offices
- Operational status of each controlled group member (in Chapter 7 proceedings, liquidating outside of bankruptcy, in Chapter 11 proceedings, on-going, etc.)

- Reason contribution was not made by due date
- Copy of any IRS letter(s) granting or modifying a funding waiver and/or extension of the amortization period
- Statement describing any pending request(s) for a funding waiver and/or extension of the amortization period
- Actuarial Information (see Form 200 instructions)
- Copies of financial statements for the most recent three fiscal years available, and the most recent available interim financial statement, for each member of the plan's controlled group, including the contributing sponsor and the ultimate parent

## MISSING INFORMATION

If required information has not been submitted with this Form 200, explain below.

## FILING INFORMATION

Notice Due Date

Notice Filing Date (if late, explain below)

## REASON FOR LATE FILING

If filing is late, explain below.

## ENROLLED ACTUARY CERTIFICATION

I certify that, to the best of my knowledge and belief, the Plan Funding Information and related explanation above is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

Name

Street address

Enrollment number

City, State, Zip

Company/Firm

Telephone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Filing Date

**CONTRIBUTING SPONSOR OR PARENT CERTIFICATION**

I certify that, to the best of my knowledge and belief, the information provided in this Form 200 is true, correct, and complete, and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Name of contributing sponsor or parent

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Filing Date

DRAFT