

**Application for Financial Assistance - Recurring****\*Required fields****\*Plan name:** **\*EIN:**  (ex. 33-3333333) **\*PN:**  (ex. 333)**\*Notice filer name:** **\*Role of filer:** IRS Key District (if applicable): PBGC case number (if applicable): **\*Insolvency year for which the notice is being filed:**  (YYYY)**\*Date range for funds requested period: From:**  (MM/DD/YYYY) **\*To:**  (MM/DD/YYYY)**\*Total Amount Requested: \$** **\*Amount for Benefits: \$** **\*Amount for Expenses: \$** Projected Income: \$ Amount of Current Cash on-hand: \$ Current Cash as of date:  (MM/DD/YYYY)

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**Application for Financial Assistance - Recurring****Attached Documents**

Documents numbered 1 – 8 should be considered especially necessary for this filing. If any of these documents are not available, provide comments in the box below.  
Documents numbered 9 – 15 should be included when applicable to the current filing.

Comments:

File:  No file chosenDocument 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.

1. Financial Assistance Request Letter
2. Financial Assistance Spreadsheet (Bank Reconciliation)
3. Bank statements for all cash and/or investment accounts for the period being submitted for reconciliation
4. Check registers since last financial assistance request
5. Benefit payment registers since last financial assistance request
6. Benefit packages
7. Results/report of death searches conducted for the months of the period submitted for reconciliation
8. Paid invoices or receipts for all expenses paid for by the plan for the period being submitted for reconciliation
9. Projected budget for funding period (estimated income, benefit payments and expenses (include copies of pending invoices to be paid))
10. Monthly reconciliation of participants/beneficiaries for the period being submitted for reconciliation. This should include participants placed into pay, removed from pay, or suspended on a monthly basis
11. Any new signed contracts, agreements (including retainer agreements) with service providers and professionals of the plan entered into since the date of the last financial assistance request
12. Calculation of any expenses shared between multiple plans and allocated to the plan for the period being submitted for reconciliation
13. Unpaid or pending invoices for all services or expenses outstanding for the plan
14. Retroactive Requests
15. Other

**Data Summary****Application for Financial Assistance - Recurring**

Test - 11-1111111/002

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Plan name:	Test
EIN / PN:	11-1111111/002
Notice filer name:	██████████
Role of filer:	Accountant
IRS Key District:	N/A
PBGC case number:	N/A
Insolvency year for which the notice is being filed:	2018
Date range for funds requested period:	From: 9/1/2018 To: 9/30/2018
Total amount requested:	\$1,000.00
Amount for benefits:	\$900.00
Amount for expenses:	\$100.00
Projected Income:	N/A
Amount of current Cash on-hand:	N/A
Current cash as of date:	N/A

## Attached Documents

[Edit](#)

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- Other

## Comments

N/A