

**Notice of Insolvency Benefit Level****\*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:

\$

The amount of financial assistance, if any, requested from the PBGC:

\$

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## Notice of Insolvency Benefit Level

### Attached Documents

Documents #1 - #3 listed below are required for all filings.  
Document #4 is only required if it has 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 Benefit Level 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) – *not required if previously submitted to PBGC*
5. Other

**Data Summary**
**Notice of Insolvency Benefit Level**

Test - 11-1111111/002

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**Plan Filing Information**
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Plan name:	Test
EIN / PN:	11-1111111/002
Notice filer name:	██████████
Role of filer:	Accountant

**Plan Sponsor Information**

Name:	Test
Address:	1200 K St Washington, DC 20005
Phone:	202-326-4000
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
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PBGC case number:	N/A
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Insolvency year for which the notice is being filed:	2018
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The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year:	\$1,000.00
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The estimated amount of the plan's available resources for the insolvency year:	\$100.00
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The estimated amount of the annual benefits guaranteed by the PBGC for the insolvency year:	\$800.00
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The amount of financial assistance, if any, requested from the PBGC:	N/A
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## Attached Documents

[Edit](#)

- Notice of Insolvency Benefit Level 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) – not required if previously submitted to PBGC
- Other

## Comments

N/A