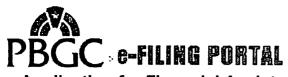
<u>Help</u>



Application for Financial Assistance - Initial

*Required fields	
*Plan name:	
*EIN:	(ex. 33-333333) *PN: (ex. 333)
*Notice filer name:	Zirp Tjzp Caoyl
*Role of filer:	- select a value - 💙
*Insolvency year for which the notice is being filed:	(*****)
*Total Amount Requested: \$	
*Amount for Benefits: \$	
*Amount for Expenses: \$	
Projected Income: \$	
Amount of Current Cash on-hand: \$	
Current Cash as of date:	(MM/DD/YYY)
< 4	
	< Back Cancel Save & Next



Application for Financial Assistance - Initial

Attached Documents

Documents numbered 1 – 11 should be considered especially necessary for this filing. If any of these documents are not available, provide comments in the box below.

Documents numbered 12 – 22 should be included when applicable to the current filing.

Comments:					
File:	Choose File	No file chosen			
Document Type:	- Select a doo	cument type -		٧	

Attach

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 or 1-800-400-7242 Ext. 6047.

- 1. Financial Assistance Request Letter
- 2. Financial Assistance Spreadsheet (Bank Reconciliation)
- 3. Plan's most recent financial statement (audited, or unaudited if audited not available)
- 4. List of all cash and investment accounts maintained for the plan
- 5. Bank statements for all cash and investment accounts since last audited financial statement
- 6. Check registers since last audited financial statement
- 7. Benefit payment registers since last audited financial statement
- 8. Benefit calculations and supporting data (i.e. Accrued Benefit, Years of Service, and etc.) of the benefit cutbacks to PBGC guaranteed level
- 9. Pension plan documents, all versions available, and all amendments signed and dated
- 10. Names, addresses, and employer relationships of all Trustees(s)

- 11. Participant database
- 12. Latest Annual Return/Report of Employee Benefit Plan (Form 5500)
- 13. Most recent actuarial valuation for the plan
- 14. Projected budget for funding period (estimated income, benefit payments and expenses (include copies of pending invoices to be paid))
- 15. Copy of insurance contract/policy in place to cover this plan in accordance with DOL requirements
- 16. Results/report of the latest death search conducted (also indicate frequency at which searches are performed)
- 17. Signed contracts or agreements with service providers of the plan
- 18. Retainer agreements with any professionals held on retainer
- 19. Paid invoices or receipts for all expenses paid for by the plan from the date of the last audited financial statement to the date of the financial assistance request
- 20. Unpaid or pending invoices for all services or expenses outstanding for the plan
- 21. Description of calculation methodology for any expenses shared between multiple plans and allocated
- 22. Other

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