

### Combined Notice of Insolvency and 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)

\*The Plan is insolvent under:  Mass Withdrawal (Sec. 4281)  
 Ongoing/Critical Status (Sec. 4245)

\*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)

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

\$

< Back

Cancel

Save & Next

DRAFT

## Combined Notice of Insolvency and Notice of Insolvency Benefit Level

### Attached Documents

All documents listed are required filings.  
Provide an explanation in the "Comments" box for any missing documents.

Comments:

File:

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. \*Most recent actuarial valuation for the plan
2. \*Certification, signed by the plan sponsor (or duly authorized representative), that the combined notices of insolvency and notices of insolvency benefit level have been given to all interested parties (defined 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal
3. \*Sample copy of the combined notice provided to interested parties or participants and beneficiaries
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