

Application for Financial Assistance - Initial

***Required fields**

***Plan name:**

***EIN:** (ex. 33-3333333) ***PN:** (ex. 333)

***Notice filer name:**

***Role of filer:**

***Insolvency year for which the notice is being filed:** (YYYY)

***Total Amount Requested: \$**

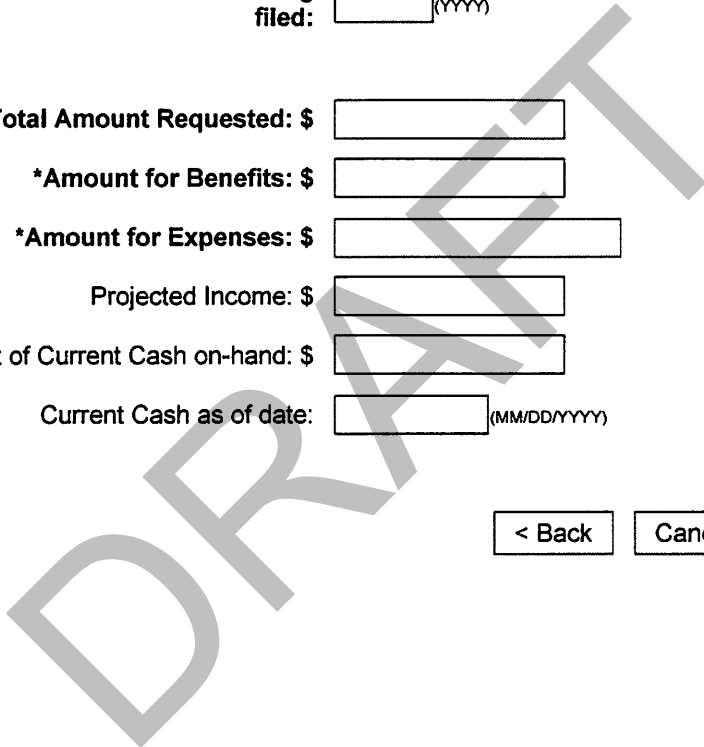
***Amount for Benefits: \$**

***Amount for Expenses: \$**

Projected Income: \$

Amount of Current Cash on-hand: \$

Current Cash as of date: (MM/DD/YYYY)



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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: 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 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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Cancel

Save & Next