|  |  |  |  |
| --- | --- | --- | --- |
| Description: Logo | **Report of Earnings and Social Security Disability Information** | | **PBGC Form 704** |
| Pension Benefit Guaranty Corporation.  P.O. Box 151750, Alexandria, Virginia 22315-1750 | | **For assistance, call 1-800-400-7242** | |

|  |  |  |
| --- | --- | --- |
|  | Plan Name: FX.PrismCase.CaseTitle.XF | |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | Participant Name: FX.PrismCust.FullName.XF |
|  | Date Printed: 12/14/2015 |  |
|  | Date of Plan Termination: FX.PrismCase.DOPT.XF |  |

**INSTRUCTIONS:** Use this form to report your earnings from work for the last calendar year and if you are eligible for disability benefits from the Social Security Administration (SSA). **Print clearly with blue or black ink. Please complete and return this form to PBGC before February 15 of this year.**

1. **General Information About You**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | | | | | | | | | | | | | First Name | | | | | | | | | | | | | | Middle Name | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | Daytime Phone | | | | | | | | | | | | | | | Evening Phone | | | | | | | | | | | | | | |
|  |  |  | **-** |  |  | **-** |  |  |  |  | **(** |  |  |  | | **)** |  |  |  | **-** |  | |  |  |  | **(** |  | | |  |  | **)** |  |  |  | **-** |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | Apartment / Route Number | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | State | | | | | | Zip Code | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | Email | | | | | | | | | | | | | | | | | | |

1. **Earnings Information**

|  |  |
| --- | --- |
| 1. Earnings from work include wages, salaries, tips, bonuses, commissions, and self-employment income. It does not include interest or pensions or most other types of income. Did you have any earnings from work last year? | **Yes No** |
| 1. If “Yes”, enter the greater of the amounts shown in Box **1 (**Wages, tips, other compensation), and Box **5** (Medicare wages and tips) from all W-2 forms issued to you for last year. Include earnings for which you may not have received a W-2, for example self-employment income. | $ \_\_\_\_\_\_\_\_\_ |

1. **Eligibility for Social Security Disability Benefits**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Are you eligible for disability benefits from the Social Security Administration (SSA)? | **** | | | **Yes** | | | **** | | | **No** | | |
| 1. If yes, enter the date that you became eligible from your SSA Award letter and **send a copy of your award letter with this form.** |  |  | **/** | |  |  | **/** |  |  | |  |  |

1. **Signature –** Sign and date this form. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

**I declare under penalty of perjury that all of the information I have provided on this form is true and correct.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | SIGNATURE |  |  | DATE |  |

Approved OMB 1212-0055

Expires xx/xx/xx