



Report of Earnings and Social Security

PBGC Form 704

Disability Information

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	Participant Name: FX.PrismCust.FullName.XF
Plan Number: FX.PrismCase.CaseIdNbr.XF	
Date Printed: 01/15/2021	
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

First Name			Last Name			Middle Name		
Street Address			City			State		
Zip			Country			Mailing Address		
Country			Email			Apartment / Route Number		

2. Earnings Information

a. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. 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.	\$ _____

3. Eligibility for Social Security Disability Benefits

c. Are you eligible for disability benefits from the Social Security Administration (SSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. 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.	____/____/____

4. 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

