



**4. Do you have documents to support your appeal (for example, plan pension calculation sheets or letters from the plan or company officials)?**

YES <input type="checkbox"/> (Please submit only a copy of the document(s)—do not send originals.)	NO <input type="checkbox"/>
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**5. Authorized Representative Information (if any)** If you are representing the Appellant identified in Item 1, select the correct box below and complete the remaining information.

<input type="checkbox"/> An attorney representing the Appellant
<input type="checkbox"/> A spouse, family member, or other person assisting the Appellant with this appeal If you have not already sent PBGC an original notarized power of attorney signed by the Appellant giving you the authority to act on the Appellant's behalf, you must submit one with this form.

Last Name	First Name	
Middle Name	Other Name(s) Used	
Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	E-mail (optional)	

Daytime Phone	EXTENSION	Evening Phone
( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/> <input type="text"/> <input type="text"/>		( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

**6. Signature of Appellant or Authorized Representative** – You must sign and date this request. 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 to the best of my knowledge.

SIGNATURE	DATE
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**HOW TO FILE:** You may either mail this completed form, any additional pages, copies of supporting documents (if any), and a power of attorney (if required—see item 5), to:

Pension Benefit Guaranty Corporation  
 Attention: Appeals Division  
 Post Office Box 151750  
 Alexandria, VA 22315-1750

or, you may fax your appeal to the Appeals Division at (202) 326-4095 or (202) 326-4091. You may file your appeal by e-mail to [appeals@pbgc.gov](mailto:appeals@pbgc.gov) provided you answer all of the questions on this form in your e-mail.

The Appeals Division will acknowledge your correspondence within one week of receipt. If you have any questions, call the Appeals Division at 1-800-400-7242 ext. 4090.

## **PBGC Privacy Act Notice**

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994), requires PBGC to give you this notice when collecting information from you. PBGC uses the information to resolve administrative appeals of matters specified in 29 C.F.R. § 4003(b)(5) – (10). Your Social Security Number is used by PBGC to identify your records within PBGC, to report income for tax purposes, and to respond to lawful requests for information about you from other individuals and entities. Your response is voluntary. However, failure to provide information to PBGC, including your Social Security Number, may delay or prevent PBGC from calculating and paying your pension benefits.

The PBGC may release information about you to other individuals and entities when necessary and appropriate under the Privacy Act, including: to a third party who may be aggrieved by a decision of the Appeals Board such as an alternate payee under a qualified domestic relations order; to a third party to make benefit payments to you; or to a labor organization that represents you.

PBGC may also release information about you to appropriate law enforcement agencies when PBGC becomes aware of a possible violation of civil or criminal law. If PBGC, an employee of PBGC, the United States, or another agency of the United States is involved in litigation, PBGC may provide relevant information about you to a court or other adjudicative body or to the Department of Justice when it represents PBGC. PBGC may also provide information about you to the Office of Management and Budget in connection with review of private relief legislation or to a Congressional office in response to an inquiry that office makes about you at your request.

PBGC publishes notices in the *Federal Register* that describe in more detail when information about you may be made available to others. A copy of the most recent *Federal Register* notice may be obtained from PBGC's Customer Contact Center by calling toll-free 1-800-400-7242. For TTY/TDD users, call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 1-800-400-7242. PBGC's authority to collect information from you, including your Social Security Number, is derived from 29 U.S.C. §§ 1055, 1056(d)(3), 1302, 1321, 1322, 1322a, 1341 and 1350 (1994). If you have any other privacy-related questions or concerns, you may contact PBGC's Disclosure Officer at 1-800-400-7242 extension 4040.

## **Paperwork Reduction Act Notice**

The PBGC needs this information, which is required to be filed under 29 CFR Part 4003, so that it can handle appeals of PBGC initial determinations in certain circumstances. PBGC estimates that it will take an average of 0.33 hours and \$56 to comply with these requirements. If you have any comments concerning the accuracy of this estimate or suggestions for improving this form, please send your comments to the Pension Benefit Guaranty Corporation, Legislative and Regulatory Department, 1200 K Street, N.W., Washington, D.C. 20005-4026. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0061 (expires 8/31/2019). Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.