|  |  |  |
| --- | --- | --- |
| 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