



Plan Participation 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
Plan Number: FX.PrismCase.CaseIdNmbr.XF
Date Printed: 01/12/2021
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Please complete this form for PBGC to determine your eligibility for a pension. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

1. General information about you

Last Name		First Name	
Middle Name	Other Last Name(s) Used		
Social Security Number		Date of Birth	Gender
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email (optional)	
Deductive Phone		Extension	Foreign Phone
Name of plan participant, if different		Social Security Number	

2. Participant employment information - Relating to the sponsor of the plan.

Employer Name		City and State	
Job Title		Plant or Facility	
Date of Hire	Date Employment Terminated	Reason for Termination	

CONTINUE ON BACK ☐

Plan Number: FX.PrismCase.CaseIdNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

Was the plan participant covered by a collective bargaining agreement (union contract) with the employer identified above? If yes, during what period:

No

☐

Yes

☐

From

MONTH

/

YEAR

To

MONTH

/

YEAR

Name of Local Union:

Address

Hourly

Salary

Was the plan participant an hourly paid or a salaried employee?

Yes

No

Was the plan participant transferred between hourly and salary?

If yes, specify type and date of each transfer:

Yes

No

Any breaks in service?

If yes, specify the period(s) (from when to when):

Please attach any documentation to verify the participant's employment and/or plan participation.

3. Signature – Sign and date this document. 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

SIGN & DATE BEFORE SUBMITTING. THANK YOU