



# 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: 04/19/2021  
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	
Country		Zip Code	
Dedicated Phone		Extension	
Home Phone		Faxing 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			

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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 worker 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**