

Benefit Inquiry Questionnaire

PBGC Form 717 Approval OMB 1212-0055 Expires xx/xx/xx

For assistance, call 1-800-400-7242

Inquirer Info	
Full name	Relationship to worker
Address	
Daytime phone	Evening phone
Email address	
Worker Info	
Full name	
Social Security Number (SSN)	Other last name(s) used
Worker (or beneficiary) evening phone	Worker (or beneficiary) daytime phone
Worker (or beneficiary) address	
Worker (or beneficiary) email address Worker's gender (check one)	
Worker's date of birth	If deceased, worker's date of death
Employer Info	
Company name when worker was employed	
If sold or merged, other name(s) company has used	
Company current location	Company tax identification number (EIN)
If company was bankrupt or closed, when?	Company location when worker was employed

Employment Info If there were periods of unemployment, when? Position held by worker First day of worker's employment If there were periods of unemployment, why? (e.g. layoff, furlough, disabilty) Branch or division worked in Name of one or two co-workers Worker's union name & local number Salaried ○ Hourly ○ Part-time ○ Full-time Was worker hourly or salaried Was worker full or part time? Were there changes in work status (e.g. part to full time, hourly to salary, union to non-union)? If so, give dates. Any additional info that might help determine worker's eligibility for a PBGC benefit **Pension Info** Did worker receive a "distribution", "lump sum", or "cash-out" from the company? If so, amount, type & date. Pension plan name Was benefit rolled over to a pension plan or IRA? Yes Did worker or beneficiary receive a retirement benefit? Benefit amount Name of provider and contact info Benefit start date Benefit form (Straight life, J&S, etc.)

SSA Info		
If you received a 'Social Security Administration Potential P	Private Pension Benefit Information' Form:	
Plan name		
Plan number	Identification number	
Plan administrator and address		
PBGC Use Only		
Date of call	Completed by	
CRM service request number		