

Name of Plan

**GENERAL PLAN INFORMATION**

File this form to notify the Pension Benefit Guaranty Corporation of a failure to make required contributions to a single-employer plan that is covered under ERISA §4021 and whose FTAP is less than 100% if the total of unpaid balances, including interest, exceeds $1 million (see ERISA section 303(k)(4)(A) and Code §430(k)(4)(A)). For questions regarding this form, contact (202) 326-4070 or form200@pbgc.gov.

NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS

Plan year commencement date

# PBGC Form 200

OMB #1212-0041

Expires xxxx

EIN of contributing sponsor / Plan number

# Plan Administrator:

Name of Plan Administrator

Street address of Plan Administrator

City, State, Zip

Telephone number Ext.

# Individual to Contact:

Name of contact

Title of contact

Email of contact

EIN/PN used in previous filings, if different

# Contributing Sponsor:

Name of Contributing Sponsor

Street address of Contributing Sponsor

City, State, Zip

Telephone number Ext.

Street address of contact

City, State,Zip

Telephone number Ext.

**PLAN FUNDING INFORMATION**

Due date of required payment that Amount of required

resulted in requirement to notify PBGC payment that resulted in $

 requirement to notify PBGC

Total unpaid balance of required

payments (including interest) $

Describe the required payment that resulted in the requirement to notify PBGC and state how the total unpaid balance of required payments (including interest) was determined. (See Appendix instructions for details) Attach additional pages if necessary.

**EXPLANATION**

**The next page lists additional information that must be submitted with this form, if not included above.**

Check box to indicate the item is attached. If not attached, explain below.

**ADDITIONAL INFORMATION TO BE FILED**

For each controlled group member:

 Name, address, telephone number and EIN of each controlled group member

 Name, address, telephone number and EIN of the ultimate parent of the controlled group

 Name, address, telephone number and EIN of each contributing sponsor of the plan

 Location of all real property owned by each member of the controlled group

 Name and address of the controlled group's principal executive offices

 Operational status of each controlled group member (in Chapter 7 proceedings, liquidating outside of bankruptcy, in Chapter 11 proceedings, on-going, etc.)

 Reason contribution was not made by due date

 Copy of any IRS letter(s) granting or modifying a funding waiver and/or extension of the amortization period

 Statement describing any pending request(s) for a funding waiver and/or extension of the amortization period

 Actuarial Information (see Form 200 instructions)

 Copies of financial statements for the most recent three fiscal years available, and the most recent available interim financial statement, for each member of the plan's controlled group, including the contributing sponsor and the ultimate parent

If required information has not been submitted with this Form 200, explain below.

**MISSING INFORMATION**

**FILING INFORMATION**

Notice Due Date Notice Filing Date (if late, explain below)

**REASON FOR LATE FILING**

**ENROLLED ACTUARY CERTIFICATION**

I certify that, to the best of my knowledge and belief, the Plan Funding Information and related explanation above is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

Name

Enrollment number

Company/Firm

Signature

Street address City, State, Zip

Telephone number Filing Date

I certify that, to the best of my knowledge and belief, the information provided in this Form 200 is true, correct, and complete, and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001.

**CONTRIBUTING SPONSOR OR PARENT CERTIFICATION**

Name and Title Street address

Name of contributing sponsor or parent City, State, Zip

Signature Filing Date