

## Combined Notice of Insolvency and Notice of Insolvency Benefit Level

### \*Required fields

\*Plan name:

\*EIN:  (ex. 33-3333333) \*PN:  (ex. 333)

\*Notice filer name:

\*Role of filer:  ▼

### Plan Sponsor Information

\*Plan sponsor name:

\*Address:

\*City:

\*State:  ▼

\*Zip Code:  (ex. 12345-1234)

\*Telephone:  (ex. 202-111-1111) Ext.

E-mail address:  (ex. aa@a.com)

Fax:  (ex. 202-111-1111)

### Plan Sponsor's Duly Authorized Representative (if any)

First name:

Last name:

Company:

Title:

Address:

City:

State:  ▼

Zip Code:  (ex. 12345-1234)

Telephone:  (ex. 202-111-1111) Ext.

E-mail address:  (ex. aa@a.com)

Fax:  (ex. 202-111-1111)

**\*The Plan is/will be insolvent under:**  Mass Withdrawal (Sec. 4281)  
 Ongoing/Critical Status (Sec. 4245)

**\*Insolvency year for which the notice is being filed:**  (YYYY)

**\*The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year:**

\$

**\*The estimated amount of the plan's available resources for the insolvency year:**

\$

**\*The estimated amount of the annual benefits guaranteed by PBGC for the insolvency year:**

\$

**\*Estimated month of insolvency:**  (MM)

The amount of financial assistance, if any, requested from PBGC:

\$

## Combined Notice of Insolvency and Notice of Insolvency Benefit Level

### Attached Documents

[Click here for additional instructions.](#)

Documents 1 - 3 listed below are required for all filings.

Documents 4 and 5 are only required if they have not previously been submitted to PBGC.

Provide an explanation in the "Comments" box for any missing documents.

Comments: No 4 or 5 needed

File:  No file chosen

Document Type:

**Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link: <http://PBGC.leapfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at [multiemployerprogram@pbgc.gov](mailto:multiemployerprogram@pbgc.gov) or 1-800-736-2444 (ext. 3993 or 6047). Local callers may directly dial 202-326-4000 (ext. 3993 or 6047).**

### \*Required documents

**1. \*Most recent actuarial valuation for the plan**

[File 1.docx](#)

**2. \*Certification, signed by the plan sponsor (or duly authorized representative), that the combined notices of insolvency and notices of insolvency benefit level have been given to all interested parties (defined in 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal**

[File 2.docx](#)

**3. \*Sample copy of the combined notice provided to interested parties or to participants and beneficiaries**

[File 3.docx](#)

4. Plan document (Including any amendments/restatements)

5. Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)

6. Other

## Combined Notice of Insolvency and Notice of Insolvency Benefit Level

Example Plan - 00-0000001/001

[View Draft](#)

[Submit Filing](#)

[Return to Home Page](#)

### Plan Filing Information

[Edit](#)

**Plan name:** Example Plan  
**EIN / PN:** 00-0000001/001  
**Notice filer name:** Zjfh Xceu Rkgsy  
**Role of filer:** Accountant

### Plan Sponsor Information

**Name:** Plan Sponsor  
**Address:** Pbgc Way Washington, DC 20005  
**Phone:** 215-987-9878  
**Email:** N/A  
**Fax:** N/A

### Plan Sponsor's Duly Authorized Representative

**Name:**  
**Company:** N/A  
**Title:** N/A  
**Address:**  
**Phone:** N/A  
**Email:** N/A  
**Fax:** N/A

**The Plan is/will be insolvent under:** Ongoing/Critical Status (Sec. 4245)

**Insolvency year for which the notice is being filed:** 2018

**The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year:** \$98.00

**The estimated amount of the plan's available resources for the insolvency year:** \$65.00

**The estimated amount of the annual benefits guaranteed** \$32.00

by PBGC for the insolvency year:

Estimated month of insolvency: 12

The amount of financial assistance, if any, requested from PBGC: \$12,345.00

#### Attached Documents

[Edit](#)

- Most recent actuarial valuation for the plan
- Certification, signed by the plan sponsor (or duly authorized representative), that the combined notices of insolvency and notices of insolvency benefit level have been given to all interested parties (defined in 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal
- Sample copy of the combined notice provided to interested parties or to participants and beneficiaries
- Plan document (Including any amendments/restatements)
- Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)
- Other

#### Comments

No 4 or 5 needed

**PBGC****Combined Notice of Insolvency and Notice of Insolvency Benefit Level****Plan Filing Information**

Plan name:	Example Plan	EIN/PN:	00-0000001/001
Notice filer name:	Zjfh Xceu Rkgsy	Role of filer:	Accountant

**Plan Sponsor Information**

Plan sponsor name:	Plan Sponsor		
Address:	Pbgc Way	City:	Washington
State:	DC	Zip:	20005
Telephone:	(215) 987-9878 Ext:	E-mail:	
Fax:			

**Plan Sponsor's Authorized Representative Information**

First name:		Last name:	
Company:		Title:	
Address:		City:	
State:		Zip:	
Telephone:	Ext:	E-mail:	
Fax:			

The Plan is/will be insolvent under:

Mass Withdrawal (Sec. 4281)

Ongoing/Critical Status (Sec. 4245)

Insolvency year for which the notice is being filed:	2018	Estimated amount of annual benefit payments under the plan for the insolvency year:	\$98.00
--	------	---	---------

Estimated amount of the plan's available resources for the insolvency year:	\$65.00	Estimated amount of annual benefits guaranteed by PBGC for the insolvency year:	\$32.00
---	---------	---	---------

Estimated month of insolvency:	12	Amount of financial assistance, if any, requested from PBGC:	\$12,345.00
--------------------------------	----	--	-------------

**Submission status - Filing not yet submitted**

**Attached Documents**

- Most recent actuarial valuation for the plan
- Certification, signed by the plan sponsor (or duly authorized representative), that the combined notices of insolvency and notices of insolvency benefit level have been given to all interested parties (defined in 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal
- Sample copy of the combined notice provided to interested parties or to participants and beneficiaries
- Plan document (Including any amendments/restatements)
- Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)
- Other

**Missing Information** If required information has not been submitted, explain below.

No 4 or 5 needed

**Submission status - Filing not yet submitted**

[Go To Data Summary](#)