

Application for Financial Assistance - Recurring

***Required fields**

***Plan name:**

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

***Notice filer name:**

***Role of filer:**

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

***Date range for funds requested period: From:** (MM/DD/YYYY) ***To:** (MM/DD/YYYY)

***Total amount requested: \$**

***Amount for benefits: \$**

***Amount for expenses: \$**

Projected income: \$

Amount of current cash on-hand: \$

Current cash as of date: (MM/DD/YYYY)

Application for Financial Assistance - Recurring

Attached Documents

[Click here for additional instructions.](#)

Documents 1 - 8 are necessary for this filing. If any of these documents are not available, provide an explanation in the "Comments" box below.

Documents 9 - 15 should be included when applicable to the current filing.

Comments:

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 or 1-800-736-2444 (ext. 3993 or 6047). Local callers may directly dial 202-326-4000 (ext. 3993 or 6047).

1. Financial assistance request letter
2. Financial assistance spreadsheet (bank reconciliation)
3. Bank statements for all cash and/or investment accounts for the period being submitted for reconciliation
4. Check registers since last financial assistance request
5. Benefit payment registers since last financial assistance request
6. Benefit packages
7. Results/report of death searches conducted for the months of the period submitted for reconciliation
8. Paid invoices or receipts for all expenses paid for by the plan for the period being submitted for reconciliation
9. Projected budget for funding period (estimated income, benefit payments and expenses (include copies of pending invoices to be paid))
10. Monthly reconciliation of participants/beneficiaries for the period being submitted for reconciliation. This should include participants placed into pay, removed from pay, or suspended on a monthly basis
11. Any new signed contracts, agreements (including retainer agreements) with service providers and professionals of the plan entered into since the date of the last financial assistance request
12. Calculation of any expenses shared between multiple plans and allocated to the plan for the period being submitted for reconciliation

13. Unpaid or pending invoices for all services or expenses outstanding for the plan

14. Retroactive requests

15. Other

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Application for Financial Assistance - Recurring

MEPD Test Pension Plan - 11-1111111/002

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Plan Filing Information

[Edit](#)

Plan name:	MEPD Test Pension Plan
EIN / PN:	11-1111111/002
Notice filer name:	Zjfh Xceu Rkgsy
Role of filer:	Accountant
Insolvency year for which the notice is being filed:	2018
Date range for funds requested period:	From: 4/6/2019 To: 4/30/2019
Total amount requested:	\$123.00
Amount for benefits:	\$123.00
Amount for expenses:	\$123.00
Projected income:	\$123.00
Amount of current cash on-hand:	\$123.00
Current cash as of date:	12/4/2018

Attached Documents

[Edit](#)

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- Benefit packages
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- Monthly reconciliation of participants/beneficiaries for the period being submitted for reconciliation. This should include participants placed into pay, removed from pay, or suspended on a monthly basis
- Any new signed contracts, agreements (including retainer agreements) with service providers and professionals of the plan entered into since the date of the last financial assistance request
- Calculation of any expenses shared between multiple plans and allocated to the plan for the period being submitted for reconciliation
- Unpaid or pending invoices for all services or expenses outstanding for the plan
- Retroactive requests
- Other

Comments

N/A

PBGC**Application for Financial Assistance - Recurring****Plan Filing Information**

Plan name:	MEPD Test Pension Plan	EIN/PN:	11-1111111/002
Notice filer name:	Zjfh Xceu Rkgsy	Role of filer:	Accountant
Insolvency year for which the notice is being filed:	2018		
Date of funds request from:	06-APR-2019	Date of funds request to:	30-APR-2019
Date of request:		Total amount requested:	\$123.00
Amount for benefits:	\$123.00	Amount for expenses:	\$123.00
Projected income:	\$123.00		
Amount of current cash on-hand:	\$123.00	Current cash as of date :	04-DEC-2018

Submission status - Filing not yet submitted

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- Other

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

Submission status - Filing not yet submitted

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