

## NOTICE OF SECTION 4062(e) **EVENT**

PBGC Form 4062(e)-01 Approved OMB # 1212-0073 Expires XX/XX/2025

This form is used to notify the Pension Benefit Guaranty Corporation of the occurrence of an event listed in ERISA section 4062(e)(2) and satisfies the requirement to request that PBGC determine liability arising from the event. For questions regarding this form, contact (202) 326-4070 or 4062e@pbgc.gov.

Plan name	Name of authorized contact at filer	
Name of filer	Title of contact	
Street address of filer	Email address of contact	
City, State, Zip of filer	Street address of contact	
EIN of contributing sponsor Plan number	City, State, Zip of contact	
Name of contributing sponsor (if different from filer)	Telephone number of contact	Ext
ler is: Plan administrator Employer  RIEF DESCRIPTION OF EVENT		
Check the box or boxes that best describe the cause of	the substantial cessation of operations.	
☐ Facility shutdown ☐ Facility sale ☐ Winding down of the company ☐ Reduction in for	☐ Discontinued operations	

L	VEN	NTINFORMATION				
1.	1. Date of 4062(e) event					
2.	. Eligible employee base date:					
	a.	. Date of employer's decision to implement the cessation				
	b.	Earliest date an eligible employee was separated from employment at the facility in relation to the cessation (not more than 3 years before the permanent cessation)				
	c.	. Earlier of the date in item 2a or item 2b				
3. Workforce reduction percentage						
	a.	. Number of eligible employees as of immediately before the date in item 2c				
	b.	. Number of eligible employees who were separated from employment as a result of the cessation				
	c.	. Workforce reduction percentage (item 3b ÷ item 3a) (If 15 percent or less, no report is required, and the employer will not incur liability.)				
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		JIRED ATTACHMENTS				
		llowing must be submitted with this filing, <b>if not previously provided to PBGC</b> . Check box to inced. If not attached, explain in Missing Information section.	licate the item is			
	□ Description of the plan's controlled group structure, including the name of each controlled group member					
	Controlled group financial information (see instructions)					
	Actuarial information (see instructions)					
Ц	Name of each employee pension benefit plan maintained by any member of the plan's controlled group, its contributing sponsor(s), and its EIN/PN					
		essation				
	Any	te and copy of each WARN Act notice, press release, and other written announcement of the ce IRS funding waiver issued under Internal Revenue Code section 302(c) with respect to the plan ch the cessation occurred or any later year				
	State	w employer assumed pension assets and/or liabilities, the following information must also be p tement explaining the transfer to the new employer, including the plan's name and EIN/PIN and ticipants affected by the transfer				

MISSING INFORMATION	
	this filing, explain below. If additional space is needed, the
explanation may be submitted as an attachment.	
FILING INFORMATION	
Notice due date Notice	filing date
f filing in late /i a matica filing data is after the matica	due date) evaluis below If additional appearing acaded the
f filing is late (i.e. notice filing date is after the notice explanation may be submitted as an attachment.	due date), explain below. If additional space is needed, the
explanation may be submitted as an attachment.	
CERTIFICATION	
certify that, to the best of my knowledge and belief,	the information submitted in this filing is true, correct, and
complete. In making this certification, I recognize tha	t knowingly and willfully making false, fictitious, or fraudulent
statements to the PBGC is punishable under 18 U.S.C.	. § 1001.
Name and title of individual certifying form	
Employer of individual certifying form	
Email address of individual certifying form	Telephone number of individual certifying form
Linaii address of ilidividual certifying form	relephone number of individual certifying form
Signature of individual certifying form	Date signed