Benefit Inquiry Questionnaire

Inquirer Info

_____
Full name

_____
Relationship to worker

_____
Address

_____
Mobile phone

_____
Other phone

_____
Email address

Worker Info

_____
Full name

_____
Social Security Number (SSN)

_____
Other last name(s) used

_____
Worker evening phone

_____
Worker (or beneficiary) daytime phone

_____
Worker address

_____
Worker email address

_____
Worker's date of birth

_____
If deceased, worker's date of death

Employer Info

_____
Employer

_____
Current Plan Sponsor

_____
Previous Plan Sponsor or other name

_____
Location of Employer

_____
Company tax identification number (EIN)

_____
If company was bankrupt or closed, when?

_____
Company location when worker was employed

Employment Info

_____ _____
Position held by worker

_____ _____
First day of worker's employment   Last day of worker's employment

_____
Was the worker hourly, salaried or part-time?   ○ Hourly   ○ Salaried   ○ 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.

_____
Name of one or two co-workers

_____
Any additional info that might help determine worker's eligibility for a PBGC benefit

Pension Info

If there are documents from the former employer that describe the pension benefits earned, please complete the information below and mail a copy of all relevant documents to PBGC:

_____
Did worker receive a distribution, lump sum, or cash-out from the company? If so, amount

_____
Pension Plan Name

_____
Pension Plan ○ Terminated – Standard Termination   ○ Terminated – PBGC Trusteed   ○ Ongoing   ○ non-defined benefit plan

_____ _____ _____
Normal Retirement Date   Monthly benefit amount   Benefit Form (Straight life, J&S, etc.)

_____
Was the worker notified that an annuity was purchased on their behalf? If so, provide contact information

SSA L99-C1 Info

If you received a Potential Private Pension Benefit Information Form L-99-C1 from the Social Security Administration, please complete the information below and mail a copy to PBGC: (New fields are highlighted)

Plan Name	Plan Number

	Identification Number	
	Year Reported	Estimated Amount
Plan Administrator and Address	Type of Annuity	Payment Frequency
	Units or Shares	Value of Account

PBGC Use Only

Date of call

Completed by

CRM service request number