

**e4043 - Filing Type Selection**

Select one of the forms below:

- Form 10    Form 10-Advance    Form 200

Select a filing type:

- select a filing type - ▼

Cancel

Next >

**e4043 - Filing Type Selection**

Select one of the forms below:

- Form 10    Form 10-Advance    Form 200

Cancel

Next >

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- Form 10    Form 10-Advance    Form 200

Select a filing type:

- select a filing type - ▼

Cancel

Next >

### e4043 - Create New Filing

Select option for new filing

- Pre-populate with data from previously submitted filing

- Select a past filing's EIN/PN - ▼

- Do not pre-populate

< Back

Cancel

Next >

**Active Participant Reduction - Form 10**

Plan Name:   
EIN:  (ex. 33-3333333) PN:  (ex. 333)

**Filer Information**

Company Name:   
Address:   
  
City:   
State:   
Zip Code:  (ex. 12345-1234)  
Telephone:  (ex. 202-111-1111) Ext.   
 Plan Administrator  
 Contributing Sponsor

**Authorized contact at filer**

First Name:   
Last Name:   
Title:   
Address:   
  
City:   
State:   
Zip Code:  (ex. 12345-1234)  
Telephone:  (ex. 202-111-1111) Ext.   
E-mail address:  (ex. aa@a.com)

**BRIEF DESCRIPTION** Briefly describe the pertinent facts relating to the event.

Date of Event:  (MM/DD/YYYY)  
Notice Filing Date:  (MM/DD/YYYY)  
Notice Due Date:  (MM/DD/YYYY)  
Filing Extension Claimed:  Yes  No  
Extension Claimed or Reason for Late Filing:

    >

## Active Participant Reduction - Form 10

### Attached Documents

#### Information Required to be Filed

*The following items must be attached to the filing. Check each box to indicate that the applicable item is attached. If any required item is not attached, you will need to provide an explanation in the Missing Information section below.*

- Single cause event - statement explaining the cause of the reduction (e.g., facility shutdown or sale, discontinued operations, winding down of the company, or reduction in force).
- Attrition event – statement of factors involved in the attrition such as frozen plan, aging workforce or improved operational efficiencies that do not require replacing departing active participants
- Number of active participants at the date the event occurs and at the beginning of the plan year in which the event occurred.
- Description of the plan's controlled group structure, including the name of each controlled group member
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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

Comments:

File:  No file chosen

Document Type:

Description:

**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> for further instructions.**

File Name	Document Type	Description
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## Failure to Make Required Contributions (\$1M or under) - Form 10

### Attached Documents

#### Additional Information Required

- Due date and amount of the missed contribution
- Due date and amount of the next payment due
- List of amount and date of all contributions not timely made and not reported on the last Schedule SB filed
- Date and amount of any contribution(s) made related to the missed contribution(s)
- Evidence of any amount paid related to the missed contribution (cancelled check, wire transfer, asset statement)

- Reason contribution was not made by due date
- Description of the plan's controlled group structure, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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**Inability To Pay Benefits When Due - Form 10**

**Attached Documents**

**Additional Information Required**

- Date of any missed benefit payment and amount of benefits due
- Next date on which the plan is expected to be unable to pay benefits, the amount of the projected shortfall, and the number of plan participants expected to be affected
- Amount of the plan's liquid assets at the end of the quarter, and the amount of its disbursements for the quarter
- Name, address and phone number of plan trustee (and of any custodian)
- Most recent pension plan document(s)
- The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable
- Description of the plan's controlled group structure, including the name of each controlled group member
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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**Distribution To A Substantial Owner - Form 10**

**Attached Documents**

**Additional Information Required**

- Name, address and phone number of person receiving the distribution(s)
- Amount, form and date of each distribution
- Reason for the distribution
- Description of the plan's controlled group structure, including the name of each controlled group member
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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**Transfer Of Benefit Liabilities - Form 10**

**Attached Documents**

**Additional Information Required**

- Name, contributing sponsor, EIN/PN, and contact information of transferee plan(s)
- Description of the transferor and transferee's controlled group structures, including the name of each controlled group member
- Explanation of the actuarial assumptions used in determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
- Estimate of the assets, liabilities, and number of participants whose benefits are transferred (liabilities and participants should be broken down by status – active, term vested, and retirees)
- Financial Information for the transferor and transferee's controlled group ([see instructions](#))
- Actuarial Information ([see instructions](#))

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## Change In Contributing Sponsor Or Controlled Group - Form 10

### Attached Documents

#### Additional Information Required

- Description of the plan's old and new controlled group structures, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's old and new controlled groups, its contributing sponsor(s) and EIN/PN
- Financial Information for the old and new controlled group ([see instructions](#))
- Actuarial Information ([see instructions](#))

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**Liquidation - Form 10**

**Attached Documents**

**Information Required to be Filed**

*The following items must be attached to the filing. Check each box to indicate that the applicable item is attached. If any required item is not attached, you will need to provide an explanation in the Missing Information section below*

- Description of the plan's controlled group structure before and after the liquidation, including the name of each controlled group member
- Operational status of each controlled group member (in Chapter 7 proceedings, liquidating outside of bankruptcy, on-going, etc.)
- Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))
- If the plan sponsor resolves to cease all revenue generating business operations, sell substantially all its assets, or otherwise effect or implement its complete liquidation also provide: 1)Date on which such resolution was made, 2)Most recent pension plan document(s), 3)Address of each controlled group member, 4)The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable

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**Extraordinary Dividend Or Stock Redemption - Form 10**

**Attached Documents**

**Additional Information Required**

- Name and EIN of person making the distribution
- Date and amount of cash distribution(s) during fiscal year
- Description, fair market value, and date or dates of any non-cash distributions
- Statement whether the recipient was a member of the plan's controlled group
- Description of the plan's controlled group structure, including the name of each controlled group member
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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**Application For Minimum Funding Waiver - Form 10**

**Attached Documents**

**Additional Information Required**

- Copy of waiver application, with all attachments
- Minimum funding projections for the next 5 years (with and without the waiver) including all details supporting the calculations and all assumptions, to the extent not included in the waiver application

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**Loan Default - Form 10**

**Attached Documents**

**Additional Information Required**

- Copy of the relevant loan documents (e.g., promissory note, security agreement, loan agreement amendments and waivers)
- Due date and amount of any missed payment
- Copy of any written notice of default or acceleration from lender, any notice of forbearance, or loan agreement amendment or waiver
- Description of any cross-defaults or anticipated cross-defaults
- Description of the plan's controlled group structure, including the name of each controlled group member
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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**Insolvency Or Similar Settlement - Form 10**

**Attached Documents**

**Additional Information Required**

- Name, address and phone number of any trustee, receiver or similar person
- Docket number of court filing and location of the court where any relevant proceeding was or will be filed (if known)
- Description of the plan's controlled group structure, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Actuarial Information ([see instructions](#))
- Financial Information ([see instructions](#))

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