



Certification of Social Security Disability Status

PBGC Form 716

Pension Benefit Guaranty Corporation.
P.O. Box 151750, Alexandria, Virginia 22315-1750

For assistance, call 1-800-400-7242

Plan Name: FX.PrismCase.CaseTitle.XF
Plan Number: FX.PrismCase.CaseldNbr.XF
Date Printed: 04/15/2024
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.XF

INSTRUCTIONS: Please complete and return this form to PBGC within the timeframe indicated in the cover letter. PBGC needs your certification to determine whether to continue paying your current benefit amount. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

1. General information about you

Last Name				First Name			
Middle Name			Other Last Name(s) Used				
Social Security Number			Date of Birth				
[]	[]	[]	-	[]	[]	[]	[]
[]	[]	[]	/	[]	[]	/	[]
Mailing Address					Apartment / Route Number		
City					State	Zip Code	
Country					Email (optional)		
Daytime Phone			Extension		Evening Phone		
([]	[])	[]	[]	-	[]
[]	[]	[]	x	[]	[]	[]	[]
([]	[])	[]	[]	-	[]

2. Certification – Check the box below that describes the current status regarding your disability benefit from the Social Security Administration (SSA).

- I certify that I am still eligible for Social Security disability benefits.
- I certify that effective ___/___/_____ I am no longer eligible for SSA disability benefits.

I understand that in the future I may be required to provide supporting documentation.

3. Signature – Sign and date this form. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

SIGNATURE _____

DATE _____

Approved OMB 1212-0055
Expires ___/___/2027