



# Certification of Pension Plan Disability Status

PBGC Form 716A

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:  
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 your current disability status.

- I certify that I am still disabled as previously determined under my pension plan.
- I certify that effective \_\_\_/\_\_\_/\_\_\_\_\_ I am no longer disabled as previously determined under my pension plan.

**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