

***Required fields**

*Plan name:

*EIN: (ex. 33-3333333) *PN: (ex. 333)

*Notice filer name:

*Role of filer:

Plan Sponsor Information

*Plan sponsor name:

*Address:

*City:

*State:

*Zip Code: (ex. 12345-1234)

*Telephone: (ex. 202-111-1111) Ext.

E-mail address: (ex. aa@a.com)

Fax: (ex. 202-111-1111)

Plan Sponsor's Duly Authorized Representative (if any)

First name:

Last name:

Company:

Title:

Address:

City:

State:

Zip Code: (ex. 12345-1234)

Telephone: (ex. 202-111-1111) Ext.

E-mail address: (ex. aa@a.com)

Fax: (ex. 202-111-1111)

***The Plan is/will be insolvent under:** ☐ Mass Withdrawal (Sec. 4281)
☒ Ongoing/Critical Status (Sec. 4245)

***Insolvency year for which the notice is being filed:** (YYYY)

***The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year:**

\$

***The estimated amount of the plan's available resources for the insolvency year:**

\$

***The estimated amount of the annual benefits guaranteed by PBGC for the insolvency year:**

\$

The amount of financial assistance, if any, requested from PBGC:

\$

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Notice of Insolvency Benefit Level

Attached Documents

[Click here for additional instructions.](#)

Documents 1 - 3 are required for all filings.

Document 4 is only required if it has not previously been submitted to PBGC.

Provide an explanation in the "Comments" box for any missing documents.

Comments: no 4 or 5

File: No file chosen

Document Type:

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>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at multiemployerprogram@pbgc.gov or 1-800-736-2444 (ext. 3993 or 6047). Local callers may directly dial 202-326-4000 (ext. 3993 or 6047).

*Required documents

1. *Most recent actuarial valuation for the plan

[File 1.docx](#)

2. *Certification, signed by the plan sponsor (or duly authorized representative), that the notices of insolvency have been given to all interested parties (defined in 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal

[File 2.docx](#)

3. *Sample notice of insolvency benefit level given to all interested parties or to participants and beneficiaries

[File 3.docx](#)

4. Plan document (Including any amendments/restatements)

5. Other

Notice of Insolvency Benefit Level

MEPD Test Pension Plan - 11-111111/002

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Plan Filing Information

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Plan name: MEPD Test Pension Plan
EIN / PN: 11-111111/002
Notice filer name: Zjfh Xceu Rkgsy
Role of filer: Accountant

Plan Sponsor Information

Name: UIVR Vftd Wjpko mf Poxmacxw
Address: 1531 T Wm Sy Washington, DC 20005
Phone: 972-576-5841
Email: mask@pbgc.gov
Fax: N/A

Plan Sponsor's Duly Authorized Representative

Name:
Company: N/A
Title: N/A
Address:
Phone: N/A
Email: N/A
Fax: N/A

The Plan is/will be insolvent under: Ongoing/Critical Status (Sec. 4245)

Insolvency year for which the notice is being filed: 2019

The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year: \$989.00

The estimated amount of the plan's available resources for the insolvency year: \$65.00

The estimated amount of the annual benefits guaranteed \$123.00

by PBGC for the insolvency year:

The amount of financial assistance, if any, requested from PBGC: \$456.00

Attached Documents

[Edit](#)

- ☒ Most recent actuarial valuation for the plan
- ☒ Certification, signed by the plan sponsor (or duly authorized representative), that the notices of insolvency have been given to all interested parties (defined in 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal
- ☒ Sample notice of insolvency benefit level given to all interested parties or to participants and beneficiaries
- ☐ Plan document (Including any amendments/restatements)
- ☐ Other

Comments

no 4 or 5

PBGC**Notice of Insolvency Benefit Level****Plan Filing Information**

Plan name:	MEPD Test Pension Plan	EIN/PN:	11-1111111/002
Notice filer name:	Zjfh Xceu Rkgsy	Role of filer:	Accountant

Plan Sponsor Information

Plan sponsor name:	UIVR Vftd Wjpko mf Poxmacxw		
Address:	1531 T Wm Sy	City:	Washington
State:	DC	Zip:	20005
Telephone:	(972) 576-5841 Ext:	E-mail:	mask@pbgc.gov
Fax:			

Plan Sponsor's Authorized Representative Information

First name:		Last name:	
Company:		Title:	
Address:		City:	
State:		Zip:	
Telephone:	Ext:	E-mail:	
Fax:			

The Plan is/will be insolvent under:

☐ Mass Withdrawal (Sec. 4281)
☒ Ongoing/Critical Status (Sec. 4245)

Insolvency year for which the notice is being filed:	2019	Estimated amount of annual benefit payments under the plan for the insolvency year:	\$989.00
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Estimated amount of the plan's available resources for the insolvency year:	\$65.00	Estimated amount of annual benefits guaranteed by PBGC for the insolvency year:	\$123.00
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Amount of financial assistance, if any, requested from PBGC: \$456.00

Submission status - Filing not yet submitted

Attached Documents

- ☒ Most recent actuarial valuation for the plan
- ☒ Certification, signed by the plan sponsor (or duly authorized representative), that the notices of insolvency have been given to all interested parties (defined in 29 CFR 4245.2) for critical status plans or to participants and beneficiaries for plans terminated by mass withdrawal
- ☒ Sample notice of insolvency benefit level given to all interested parties or to participants and beneficiaries
- ☐ Plan document (Including any amendments/restatements)
- ☐ Other

Missing Information If required information has not been submitted, explain below.

no 4 or 5

Submission status - Filing not yet submitted

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