

***Required fields**

*Plan name: MEPD Test Pension plan

*EIN: 11-1111111 (ex. 33-3333333) *PN: 002 (ex. 333)

*Notice filer name: Zjfh Xceu Rkgsy

*Role of filer: Accountant ▼

Plan Sponsor Information

*Plan sponsor name: UIVR Vftd Wjpko mf Poxmacxw

*Address: 2069 A Xiledz Kd

*City: Washington

*State: DC ▼

*Zip Code: 20005 (ex. 12345-1234)

*Telephone: 972-576-5841 (ex. 202-111-1111) Ext. 6600

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

Fax: (ex. 202-111-1111)

Plan Sponsor's Duly Authorized Representative (if any)

First name: Ckwr

Last name: Ehm

Company: ABC Administrators

Title: Plan Administrator

Address: 1531 T Wm, Sy

City: Washington

State: DC ▼

Zip Code: 20005 (ex. 12345-1234)

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

E-mail address: mask@pbgc.gov (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:**

\$

***Estimated month of insolvency:** (MM)

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Attached Documents

[Click here for additional instructions.](#)

Documents 1 - 3 are required for all filings.

Documents 4 and 5 are only required if they have not previously been submitted to PBGC.

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

Comments: No 4 or 5 document

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 given to all interested parties or to participants and beneficiaries

[File 3.docx](#)

4. Plan document (Including any amendments/restatements)

5. Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)

6. Other

Notice of Insolvency

MEPD Test Pension plan - 11-1111111/002

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Plan Filing Information

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Plan name: MEPD Test Pension plan

EIN / PN: 11-1111111/002

Notice filer name: Zjfh Xceu Rkgsy

Role of filer: Accountant

Plan Sponsor Information

Name: UIVR Vftd Wjpko mf Poxmacxw

Address: 2069 A Xiledz Kd Washington, DC 20005

Phone: 972-576-5841 x6600

Email: mask@pbgc.gov

Fax: N/A

Plan Sponsor's Duly Authorized Representative

Name: Ckwr Ehm

Company: ABC Administrators

Title: Plan Administrator

Address: 1531 T Wm, Sy Washington, DC 20005

Phone: N/A

Email: mask@pbgc.gov

Fax: N/A

The Plan is/will be insolvent under: Mass Withdrawal (Sec. 4281)

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: \$89.00

The estimated amount of the plan's available resources for the insolvency year: \$456.00

The estimated amount of the annual benefits guaranteed \$123.00

by PBGC for the insolvency year:

Estimated month of insolvency:

5

Attached Documents

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- ☐ Other

Comments

No 4 or 5 document

PBGC

Notice of Insolvency

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:	2069 A Xiledz Kd	City:	Washington
State:	DC	Zip:	20005
Telephone:	(972) 576-5841 Ext: 6600	E-mail:	mask@pbgc.gov
Fax:			

Plan Sponsor's Authorized Representative Information

First name:	Ckwr	Last name:	Ehm
Company:	ABC Administrators	Title:	Plan Administrator
Address:	1531 T Wm, Sy	City:	Washington
State:	DC	Zip:	20005
Telephone:	Ext:	E-mail:	mask@pbgc.gov
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:	\$89.00
Estimated amount of the plan's available resources for the insolvency year:	\$456.00	Estimated amount of annual benefits guaranteed by PBGC for the insolvency year:	\$123.00
Estimated month of insolvency:	5		

Submission status - Filing not yet submitted

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- ☐ Most recent copy of the Schedule MB for the plan (if available, and only if the Schedule MB contains more recent information than the most recent actuarial valuation)
- ☐ Other

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

No 4 or 5 document

Submission status - Filing not yet submitted

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