

Application for Financial Assistance - Initial

*Required fields

*Plan name:

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

*Notice filer name:

*Role of filer: ▼

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

*Total amount requested: \$

*Amount for benefits: \$

*Amount for expenses: \$

Projected income: \$

Amount of current cash on-hand: \$

Current cash as of date: (MM/DD/YYYY)

Application for Financial Assistance - Initial

Attached Documents

[Click here for additional instructions.](#)

Documents 1 - 11 are necessary for this filing. If any of these documents are not available, provide an explanation in the "Comments" box below.

Documents 12 - 22 should be included when applicable to the current filing.

Comments:

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).

1. Financial assistance request letter

[File 1.docx](#)

2. Financial assistance spreadsheet (bank reconciliation)

[File 2.docx](#)

3. Plan's most recent financial statement (audited, or unaudited if audited not available)

[File 3.docx](#)

4. List of all cash and investment accounts maintained for the plan

[File 4.docx](#)

5. Bank statements for all cash and investment accounts since last audited financial statement

[File 5.docx](#)

6. Check registers since last audited financial statement

[File 6.docx](#)

7. Benefit payment registers since last audited financial statement

[File 7.docx](#)

8. Benefit calculations and supporting data (i.e. accrued benefit, years of service, and etc.) of the benefit cutbacks to PBGC guaranteed level

[File 8.docx](#)

Delete

9. Pension plan documents, all versions available, and all amendments signed and dated

[File 9.docx](#)

Delete

10. Names, addresses, and employer relationships of all Trustees(s)

[File 10.docx](#)

Delete

11. Participant database

[File 11.docx](#)

Delete

12. Latest annual return/report of employee benefit plan (Form 5500)

13. Most recent actuarial valuation for the plan

14. Projected budget for funding period (estimated income, benefit payments and expenses (include copies of pending invoices to be paid))

15. Copy of insurance contract/policy in place to cover this plan in accordance with DOL requirements

16. Results/report of the latest death search conducted (also indicate frequency at which searches are performed)

17. Signed contracts or agreements with service providers of the plan

18. Retainer agreements with any professionals held on retainer

19. Paid invoices or receipts for all expenses paid for by the plan from the date of the last audited financial statement to the date of the financial assistance request

20. Unpaid or pending invoices for all services or expenses outstanding for the plan

21. Description of calculation methodology for any expenses shared between multiple plans and allocated

22. Other

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Cancel

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Application for Financial Assistance - Initial

MEPD Test Pension Plan - 11-1111111/002

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Plan Filing Information

[Edit](#)

Plan name:	MEPD Test Pension Plan
EIN / PN:	11-1111111/002
Notice filer name:	Zjfh Xceu Rkgsy
Role of filer:	Accountant
Insolvency year for which the notice is being filed:	2019
Total amount requested:	\$123.00
Amount for benefits:	\$234.00
Amount for expenses:	\$345.00
Projected income:	\$456.00
Amount of current cash on-hand:	\$567.00
Current cash as of date:	5/30/2019

Attached Documents

[Edit](#)

- ☒ Financial assistance request letter
- ☒ Financial assistance spreadsheet (bank reconciliation)
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- ☒ Benefit calculations and supporting data (i.e. accrued benefit, years of service, and etc.) of the benefit cutbacks to PBGC guaranteed level
- ☒ Pension plan documents, all versions available, and all amendments signed and dated
- ☒ Names, addresses, and employer relationships of all Trustees(s)

- ☒ Participant database
- ☐ Latest annual return/report of employee benefit plan (Form 5500)
- ☐ Most recent actuarial valuation for the plan
- ☐ Projected budget for funding period (estimated income, benefit payments and expenses (include copies of pending invoices to be paid))
- ☐ Copy of insurance contract/policy in place to cover this plan in accordance with DOL requirements
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- ☐ Signed contracts or agreements with service providers of the plan
- ☐ Retainer agreements with any professionals held on retainer
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- ☐ Unpaid or pending invoices for all services or expenses outstanding for the plan
- ☐ Description of calculation methodology for any expenses shared between multiple plans and allocated
- ☐ Other

Comments

N/A

PBGC**Application for Financial Assistance - Initial****Plan Filing Information**

Plan name:	MEPD Test Pension Plan	EIN/PN:	11-1111111/002
Notice filer name:	Zjfh Xceu Rkgsy	Role of filer:	Accountant
Insolvency year for which the notice is being filed:	2019		
Date of request:		Total amount requested:	\$123.00
Amount for benefits:	\$234.00	Amount for expenses:	\$345.00
Projected income:	\$456.00		
Amount of current cash on-hand:	\$567.00	Current cash as of date :	30-MAY-2019

Submission status - Filing not yet submitted

Attached Documents[Go To Data Summary](#)

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

Submission status - Filing not yet submitted

[Go To Data Summary](#)