



REQUEST FOR COVERAGE DETERMINATION

OMB No: 1212-0072
Expires: XX/XX/20XX

This form is used by a plan administrator or plan sponsor of a plan to request that the Pension Benefit Guaranty Corporation determine whether a plan is covered under title IV of the Employee Retirement Income Security Act of 1974 (ERISA). For questions about this form, send an email to Coverage@pbgc.gov or call 800-736-2444 or 202-326-4242.

Part I. Identifying Information

Plan name

Name of authorized contact person for filer

Plan administrator

Title of contact

Street address of plan administrator

Street address of contact

City, State, and Zip Code of plan administrator

City, State, and Zip Code of contact

Plan sponsor (if different from plan administrator)

Email address of contact

Street address of plan sponsor

Telephone number of contact

Ext.

City, State, and Zip Code of plan sponsor

Filer is: ☐ Plan administrator
☐ Plan sponsor

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EIN of plan sponsor

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Plan number

Part II. All Plans, Required Information

1 Check one box below. Do NOT check both.

- ☐ This request seeks a determination that the plan is covered under title IV of ERISA.
- ☐ This request seeks a determination that the plan is not covered under title IV of ERISA.

2 If the plan asserts that any of the provisions below apply to it, check the box or boxes (see instructions).

- ☐ Substantial owners plan under section 4021(b)(9) of ERISA
- ☐ Small professional service employer plan under section 4021(b)(13) of ERISA
- ☐ Church plan under section 4021(b)(3) of ERISA
- ☐ Other exemption under section 4021(b) of ERISA
- ☐ Puerto Rico-based plan
- ☐ Other provision under ERISA or Internal Revenue Code concerning coverage under Title IV of ERISA

3 Has PBGC issued a coverage determination for the plan before? ☐ Yes ☐ No

If yes, provide an explanation in Part VIII, Narrative Information of the plan's changed circumstances from those of the prior determination.

Part II. All Plans, Required Information (continued)

4	The plan is <input type="checkbox"/> already established or <input type="checkbox"/> proposed but not yet established.
5	Check the box to confirm that the required item is attached. <input type="checkbox"/> The plan document <input type="checkbox"/> Correspondence with the Internal Revenue Service that is relevant to the plan's status as a qualified plan under Internal Revenue Code (Code) section 401(a)
6	Does the plan have any eligible participants with no accrued benefit? Yes ___ No ___ If yes, Number of such participants ___, and reason for such participants (e.g. short time with the employer, the plan's offset formula, or accruals that were frozen)

Part III. Substantial Owners Plans, Required Information

1	Does the plan cover an individual who is not a substantial owner? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, the plan is likely not eligible for this exemption.)
2	What is the organizational structure of the plan sponsor? <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company (see question below) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other (explain in Part VIII, Narrative Information)
3	If the plan sponsor is a limited liability company, please list all members of the LLC.
4	Check the box to confirm that the required item is attached. <input type="checkbox"/> List of the names of all the participants (active, retired, and term vested) in the plan <input type="checkbox"/> Documents showing the percentage of ownership interest that each participant currently holds or has held in the plan sponsor during the 60 months before the completion of this form <input type="checkbox"/> Documents reflecting any stock options for the plan sponsor (if the plan sponsor is a corporation) <input type="checkbox"/> The partnership agreement or other document (e.g. partnership meeting minutes, state government filing) naming the partners (if the plan sponsor is a partnership) <input type="checkbox"/> Documents indicating whether the owner's spouse is an employee, director, or manager (if the plan sponsor is a corporation) <input type="checkbox"/> A description of any family relationships between the owner(s) of the plan sponsor and other participants of the plan and the names and the dates of birth of the owners' children (if such family relationships exist) <input type="checkbox"/> Documents (e.g. a spreadsheet) showing dates and amounts paid to participants (providing their names and the dates they separated from service) within the past six years <input type="checkbox"/> Date of termination or planned date of termination (if the plan has or will be terminated)
5	<input type="checkbox"/> Check the box to confirm reading Part III of the instructions listing additional required items that PBGC may request.

Part IV. Small Professional Service Employer Plans, Required Information

1	Has the plan at any time since September 2, 1974, had more than 25 active participants? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, the plan is not eligible for this exemption.)
2	The website of the plan sponsor (if any): _____
3	Check the box to confirm that the required item is attached. <input type="checkbox"/> Name, principal business, services performed, and organizational structure of every employer involved in establishing and maintaining the plan <input type="checkbox"/> A percentage breakdown of the services performed, including the amount of revenue generated from each service (if the plan sponsor provides multiple services) <input type="checkbox"/> Names, occupations, levels of education, and percentages and periods of ownership of all current owners of the plan sponsor <input type="checkbox"/> Names, occupations, levels of education, and titles of all individuals who control, manage, or direct the plan sponsor <input type="checkbox"/> Educational requirements for the plan sponsor's profession and qualifications such as course work, graduate school, specific state licenses, or similar requirements
4	<input type="checkbox"/> Check this box to confirm reading of Part IV of the instructions listing additional required items that PBGC may request.

Part V. Church Plans, Required Information

1	Has the plan made an election under Code section 410(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Does the plan wish to have title IV of ERISA apply to it? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Check the box to confirm that the required item is attached. <input type="checkbox"/> The determination from the Internal Revenue Service that the plan is a church plan under Code section 414(e) <input type="checkbox"/> The election made under Code section 410(d) (if such election has been made)

Part VI. Puerto Rico-Based Plans, Required Information

1	Does each participant in the plan either reside or work primarily in Puerto Rico? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has the plan made an election under section 1022(i)(2) of ERISA and 26 CFR 1.401(a)-50? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Check the box to confirm that the required item is attached. <input type="checkbox"/> Documentation of the election made under 26 CFR 1.401(a)-50 (if such an election has been made) <input type="checkbox"/> The trust document or agreement, group annuity contract, or other financial document(s) funding the plan <input type="checkbox"/> The name and location of the trust and trustee (if the plan is funded by a trust) <input type="checkbox"/> The name of the contract holder (if the plan is funded by a group annuity contract) <input type="checkbox"/> The master trust agreement (if the plan is part of a master trust/ agreement) <input type="checkbox"/> Documentation appointing the plan administrator <input type="checkbox"/> Whether the administrator is an individual, entity, or committee <input type="checkbox"/> The qualification letter(s) from the Puerto Rico Department of Treasury <input type="checkbox"/> Documentation transferring the plan trust to Puerto Rico from elsewhere in the United States and the date when this transfer occurred (if such a transfer took place)

Part VII. Missing Information

If any applicable item listed above is not attached or the request for coverage determination is otherwise lacking information, explain here. If needed, attach extra pages.

Part VIII. Narrative Information (Optional)

In the space below, include a supporting statement. If needed, attach extra pages.

Part IX. Certification

I have personal knowledge of the statements, information, records, and documents provided in the form and attachments.

All of the statements and information I have provided or will provide to the Pension Benefit Guaranty Corporation regarding this filing request are true, correct, and complete to the best of my knowledge.

I understand that knowingly and willfully concealing material facts or making or providing materially false, fictitious, or fraudulent statements or representations to the Pension Benefit Guaranty Corporation may be punishable under 18 U.S.C. § 1001.

Signature of Individual Submitting Form

Date of Signature

Name and Title of Individual Submitting Form

Phone Number of Individual Submitting Form

Employer of Individual Submitting Form