

## **Justification for No Material or Nonsubstantive Change to Currently-Approved Collection**

AGENCY: Pension Benefit Guaranty Corporation (PBGC)

TITLE: Request for Coverage Determination (29 U.S.C. 1321)

STATUS: OMB control number 1212-0072; expires 06/30/2028

CONTACT: Monica O'Donnell (202-229-5507)

The Pension Benefit Guaranty Corporation (PBGC) is making a change that is not material to the form and corresponding instructions (OMB control number 1212-0072) used to request a coverage determination under section 4021 of the Employee Retirement Income Security Act of 1974 (ERISA). Specifically, PBGC is adding a module to its e-Filing Portal to allow for the submission for coverage determination requests.

Under section 4021(a) of ERISA, a pension plan is covered under title IV of ERISA unless it qualifies under one of the enumerated exemptions from coverage listed in section 4021(b). A plan with an unclear coverage status may submit a request for coverage determination, and PBGC will use the information submitted in the request to render a determination of whether the plan is covered under title IV.

Currently, a plan must submit its coverage determination request by email. In the currently-approved instructions, there is language about PBGC's e-Filing Portal becoming available in the future. The e-Filing Portal will be accepting coverage determination filings beginning December 8, 2025. The information collected in the e-Filing Portal is the same as that collected on the PDF forms that are submitted via email.

This change in the method of information collection will not increase the hour or cost burden for this information collection.

The following screenshots demonstrate what the coverage determination filing module in PBGC's e-Filing Portal will look like.



Single-Employer Filings Dashboard

Multiemployer Filings Dashboard

New Filing

User Guide

Settings

Logout

New Filing

Type of Pension Plan

Type of Pension Plan

Filing Type

Form Type

Filing Reason

Prepopulate Form

Filing Created

Type of Pension Plan

\* Required

Multiemployer

Single-Employer

Next



Single-Employer Filings Dashboard

Multiemployer Filings Dashboard

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New Filing

What type of filing are you submitting?

Type of Pension Plan

Filing Type

Form Type

Filing Reason

Prepopulate Form

Filing Created

What type of filing are you submitting?

\* Required

4010 Controlled Group Filings

4043 Reportable Events

Coverage Determination Request

Settlement Requirements

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Single-Employer Filings Dashboard

Multiemployer Filings Dashboard

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New Filing

Your draft filing has been created.

Type of Pension Plan

Filing Type

Form Type

Filing Reason

Prepopulate Form

Filing Created

Your draft filing has been created.

This filing will be visible in the draft filings section of your dashboard. To complete this filing, click "Continue Filing" below.

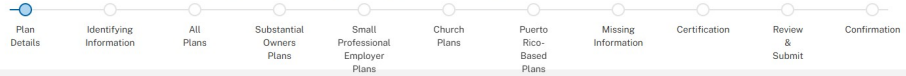
Create New

Continue Filing



- Single-Employer Filings Dashboard
- Multiemployer Filings Dashboard
- New Filing
- User Guide
- Settings
- Logout

PBGC - Filing - Coverage Determination ( Filing ID - 710023284, Type - Coverage Determination Request )



## Plan Details

### Plan name

Test Plan by PS

### EIN

111111111

### PN

002

### Filer is

Plan administrator x

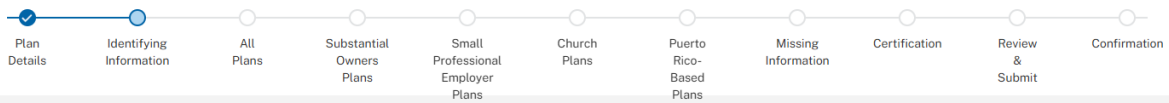
### Instructions/Need Help?

#### Note:

- Fields marked with \* are required to proceed further

Save & Next

PBGC - Filing - Coverage Determination ( Filing ID - 710023284, Type - Coverage Determination Request )



## Identifying Information

### Plan administrator

++

### Street address of plan administrator

### City of plan administrator

### State of plan administrator

Select

### Zip Code of plan administrator

Enter either 5 or 9 digits

☐ Copy plan administrator details to plan sponsor

### Instructions/Need Help?

#### Note:

- Fields marked with \* are required to proceed further

**Plan sponsor**

**Street address of plan sponsor**

**City of plan sponsor**

**State of plan sponsor**

**Zip Code of plan sponsor**

**Name of authorized contact person for filer**

**Title of contact**

**Street address of contact**

**City of contact**

**State of contact**

**Zip Code of contact**

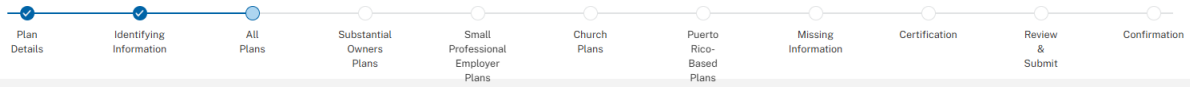
**Email address of contact**

**Telephone number of contact**

**Ext of contact**

Previous

Save & Next



## All Plans

Select an option from below:

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

Explanation for Other provision under ERISA or Internal Revenue Code concerning coverage under Title IV of ERISA

Has PBGC issued a coverage determination for the plan before? If yes, provide an explanation in Part VIII, Narrative Information of the plan's changed circumstances from those of the prior determination.

- ☐ No  
☐ Yes

The plan is:

Check the box to confirm that the required item is attached.

Does the plan have any eligible participants with no accrued benefit?

- ☐ No  
☐ Yes

If yes, Number of such participants

Reason for such participants (e.g. short time with the employer, the plan's offset formula, or accruals that were frozen)

## Upload Attachments

File Name	Document Type	Description	Date Created ↓
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There are no records to display.

Drag and drop to upload



[or click to browse](#)

**NOTE:** Do NOT upload any files with special characters in the filename (such as %, #, &, !, etc.). Additionally, only individual files and zipped folders can be uploaded. Non-zipped folders will NOT be accepted for upload.

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Instructions/Need Help?

**Note:**

- Fields marked with \* are required to proceed further

PBGC - Filing - Coverage Determination ( Filing ID - 710023284, Type - Coverage Determination Request )

Plan Details

Identifying Information

All Plans

Substantial Owners Plans

Small Professional Employer Plans

Church Plans

Puerto Rico-Based Plans

Missing Information

Certification

Review & Submit

Confirmation

Missing Information

Missing Information

Narrative Information

Previous

Save & Next

Instructions/Need Help?

Note:

- Fields marked with \* are required to proceed further

PBGC - Filing - Coverage Determination ( Filing ID - 710023284, Type - Coverage Determination Request )

Plan Details

Identifying Information

Missing Information

Certification

Review & Submit

Confirmation

Certification

Please correct all errors below before certifying the filing to proceed.

Please certify the filing to proceed.

Name and Title of Individual Submitting Form

George Li

Phone Number of Individual Submitting Form

180-000-0000

Employer of Individual Submitting Form

New company Inc.

Individual Certified

Date of Signature

Certify

Previous

Save & Next

Certify

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

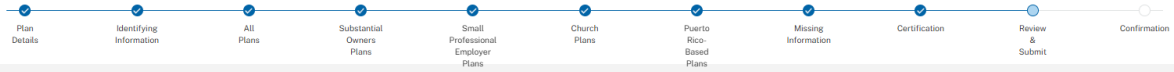
Cancel

Continue

Instructions/Need Help?

Note:

- Fields marked with \* are required to proceed further



## Review & Submit

Filing Held By  
Prakash Sitwal

Email Address  
sitwal.prakash@pbgc.gov

### Instructions/Need Help?

**Note:**

- Fields marked with \* are required to proceed further

### Filing Details

#### Part I. Identifying Information

##### Plan name

Test Plan by PS

##### Plan administrator \*

George Li

##### Street address of plan administrator \*

445 12th St SW

##### City of plan administrator \*

Washington

##### State of plan administrator \*

District of Columbia

##### Zip Code of plan administrator \*

20554

##### ☒ Copy plan administrator details to plan sponsor

##### Plan sponsor \*

George Li

##### Street address of plan sponsor \*

445 12th St SW

##### City of plan sponsor \*

Washington

##### State of plan sponsor \*

District of Columbia

##### Zip Code of plan sponsor \*

20554

##### EIN

111111111

##### Name of authorized contact person for filer \*

George Li

##### Title of contact \*

Plan Admin

##### Street address of contact \*

445 12th St SW

##### City of contact \*

Washington

##### State of contact \*

District of Columbia

##### Zip Code of contact \*

20554

##### Email address of contact \*

test123@testLabc

##### Telephone number of contact \*

18000000

##### Ext of contact

##### Filer is

Plan administrator

##### PN

002

#### Part II. All Plans, Required Information

##### Check one box below. Do NOT check both. \*

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

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

Small professional service employer plan under section 4021(b)(13) of ERISA

##### Has PBGC issued a coverage determination for the plan before? If yes, provide an explanation in Part VIII, Narrative Information of the plan's changed circumstances from those of the prior determination. \*

☒ No

☐ Yes

##### The plan is: \*

proposed but not yet established



Check the box to confirm that the required item is attached.

Select or search options

Does the plan have any eligible participants with no accrued benefit? \*

☒ No

☐ Yes

Part III. Substantial Owners Plans, Required Information

Does the plan cover an individual who is not a substantial owner? (If yes, the plan is likely not eligible for this exemption.)

☐ No

☐ Yes

What is the organizational structure of the plan sponsor?

Select

If the plan sponsor is a limited liability company, please list all members of the LLC.

Check the box to confirm that the required item is attached.

Select or search options

☐ Confirm reading Part III of the instructions listing additional required items that PBGC may request

Part IV. Small Professional Service Employer Plans, Required Information

Has the plan at any time since September 2, 1974, had more than 25 active participants? \*

☒ No

☐ Yes

The website of the plan sponsor (if any) \*

none

Check the box to confirm that the required item is attached.

Select or search options

☐ Confirm reading Part IV of the instructions listing additional required items that PBGC may request.

Part V. Church Plans, Required Information

Has the plan made an election under Code section 410(g)?

☐ No

☐ Yes

Does the plan wish to have title IV of ERISA apply to it?

☐ No

☐ Yes

Check the box to confirm that the required item is attached.

Select or search options

Part VI. Puerto Rico-Based Plans, Required Information

Does each participant in the plan either reside or work primarily in Puerto Rico?

☐ No

☐ Yes

Has the plan made an election under section 1022(i)(2) of ERISA and 26 CFR 1.401(a)-50?

☐ No

☐ Yes

Check the box to confirm that the required item is attached.

Select or search options

Part VII. Missing Information

Missing Information

Part VII. Narrative Information (Optional)

Narrative Information

Part IX. Certification

Name and Title of Individual Submitting Form

George Li

Phone Number of Individual Submitting Form

180-000-0000

Employer of Individual Submitting Form

New company Inc.

Individual Certified

Prokash Ghosh

Date of Signature

09/28/2025

Certify

Documents

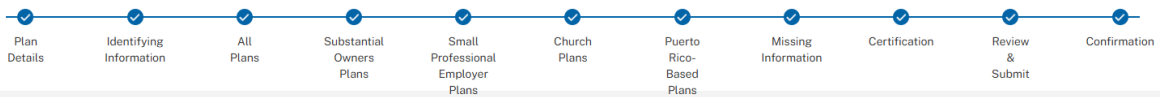
Documents

File Name	Document Type	Description	Date Created
There are no records to display.			

Previous

Submit

PBGC - Filing - Coverage Determination



## Confirmation

You have successfully submitted your filing.

To view the submitted filing on your dashboard, click [Go to Dashboard](#).

[Create New Filing](#)

[Go to Dashboard](#)