Report of Earnings and Social Security Disability Information

PBGC Form 704

Pension Benefit Guaranty Corporation.
P.O. Box 151750, Alexandria, Virginia 22315-1750

For assistance, call 1-800-400-7242

Plan Name: FX.PrismCase.CaseTitle.XF
Plan Number: FX.PrismCase.CaseIdNmbr.XF Participant Name: FX.PrismCust.FullName.XF
Date Printed: 04/15/2024
Date of Plan Termination: FX.PrismCase.DOPT.XF

INSTRUCTIONS: Use this form to report your earnings from work for the last calendar year and if you are eligible for disability benefits from the Social Security Administration (SSA). **Print clearly with blue or black ink. Please complete and return this form to PBGC before February 15 of this year.**

1. General Information About You

Last Name	First Name	Middle Name

Social Security Number	Daytime Phone	Evening Phone
___-___-____	(___)___-____	(___)___-____

Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	Email	

2. Earnings Information

a. Earnings from work include wages, salaries, tips, bonuses, commissions, and self-employment income. It does not include interest or pensions or most other types of income. Did you have any earnings from work last year?	☐ **Yes** ☐ **No**
b. If "Yes", enter the greater of the amounts shown in Box **1 (**Wages, tips, other compensation), and Box **5** (Medicare wages and tips) from all W-2 forms issued to you for last year. Include earnings for which you may not have received a W-2, for example self-employment income.	$ _____

3. Eligibility for Social Security Disability Benefits

c. Are you eligible for disability benefits from the Social Security Administration (SSA)?	☐ **Yes**	☐ **No**
d. If yes, enter the date that you became eligible from your SSA Award letter and **send a copy of your award letter with this form.**	__/__/____	__/__/____

4. Signature – Sign and date this form. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

SIGNATURE _____ DATE _____

Approved OMB 1212-0055
Expires __/__/2027