



Certification of Pension Plan Disability Status

PBGC Form 716A

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.CaseldNmbr.XF
Date Printed:
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.XF

INSTRUCTIONS: Please complete and return this form to PBGC within the timeframe indicated in the cover letter. PBGC needs your certification to determine whether to continue paying your current benefit amount. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

1. General information about you

Last Name										First Name																			
Middle Name					Other Last Name(s) Used																								
Social Security Number										Date of Birth																			
			-			-						/			/														
Mailing Address															Apartment / Route Number														
City															State					Zip Code									
Country															Email (optional)														
Daytime Phone										Extension					Evening Phone														
(				)			-				x				(			)			-								

2. Certification – Check the box below that describes your current disability status.

- ☐ I certify that I am still disabled as previously determined under my pension plan.
- ☐ I certify that effective ___/___/_____ I am no longer disabled as previously determined under my pension plan.
- I understand that in the future I may be required to provide supporting documentation.**

3. 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