Benefit Inquiry Questionnaire

PBGC Form 717
Approval OMB 1212-0055
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For assistance, call 1-800-400-7242

Inquirer Info

Full name

Relationship to worker

Address

Mobile phone

Other phone

Email address

Worker Info

Full name

Social Security Number (SSN)

Other last name(s) used

Worker evening phone

Worker (or beneficiary) daytime phone

Worker address

Worker email address

Worker's date of birth

If deceased, worker's date of death

Employer Info

Employer

Current Plan Sponsor

Previous Plan Sponsor or other name

Location of Employer

Company tax identification number (EIN)

If company was bankrupt or closed, when?

Company location when worker was employed

Employment Info

Position held by worker

First day of worker's employment

Last day of worker's employment

Union Name

Local Number

Was the worker hourly, salaried or part-time? ◯ Hourly ◯ Salaried ◯ Part-Time

Were there changes in work status (e.g. part to full time, hourly to salary, union to non-union)? If so, give dates.

Name of one or two co-workers

Any additional info that might help determine worker's eligibility for a PBGC benefit

Pension Info

If there are documents from the former employer that describe the pension benefits earned, please complete the information below and mail a copy of all relevant documents to PBGC:

Did worker receive a distribution, lump sum, or cash-out from the company? If so, amount

Pension Plan Name

Pension Plan ◯ Terminated – Standard Termination ◯ Terminated – PBGC Trusteed ◯ Ongoing ◯ non-defined benefit plan

Normal Retirement Date

Monthly Benefit Amount

Benefit Form (Straight life, J&S, etc.)

Was the worker notified that an annuity was purchased on their behalf? If so, provide contact information