

equired fields *Plan name:		
*EIN:	(ex. 33-3333333) *PN: (ex. 3	33)
*Notice filer name:		
*Role of filer:	- select a value - ▼	
Plan Sponsor Information		
*Plan sponsor name:		9
*Address:		
		9
*City:		100
*State:	- select a state - ▼	
*Zip Code:	(ex. 12345-1234)	
*Telephone:	(ex. 202-111-1111)	Ext.
E-mail address:		(ex. aa@a.com)
Fax:		(ex. 202-111-111
LY DESCRIPTION OF THE PROPERTY	41.12.11.11.12.11.11.11	
Plan Sponsor's Duly Autho	rized Representative (if any)	
First Name:		
Last Name:		0
Company:		
Title:		0
Address:		
		0
City:		
State:	- select a state - ▼	
Zip Code:	(ex. 12345-1234)	
Telephone:	(ex. 202-111-1111)	Ext.
E-mail address:	()	(ex. aa@a.com)
Fax:	Y	(ex. 202-111-111

applicable):			
Insolvency year for which the notice is being filed:	(YYYY)		
*The estimated amount of ar insolvency) for the insolven		er the plan (determined wi	thout regard to the
S			
*The estimated amount of th	e plan's available resources	for the insolvency year:	
\$			
*The estimated amount of th	e annual benefits guarantee	d by the PBGC for the ins	olvency year:
S			
The amount of financial assists	ance, if any, requested from th	e PBGC:	
S			

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Notice of Insolvency Benefit Level

Attached Documents

Documents #1 - #3 listed below are required for all filings. Document #4 is only required if it has not previously been submitted to PBGC. Provide an explanation in the "Comments" box for any missing documents.				
Comments:				

File: Choose File No file chosen

Document Type: - Select a document type -

Attach

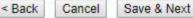
Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link:

http://PBGC.leapfile.com, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at

multiemployerprogram@pbgc.gov or 1-800-400-7242 Ext. 6047.

*Required documents

- 1. *Notice of Insolvency Benefit Level Letter
- 2. *Most recent actuarial valuation for the plan
- 3. *Certification, signed by the plan sponsor (or duly authorized representative), that the notices of insolvency have been given to all interested parties (defined 29 CFR 4245.3(e))
- 4. Plan document (Including any amendments/restatements) not required if previously submitted to PBGC
- 5. Other





Data Summary

Notice of Insolvency Benefit Level

Test - 11-111111/002

View Draft | Submit Filing | Return to Home Page

Plan Filing Information	<u>Edit</u>
Plan name:	Test
EIN / PN:	11-111111/002
Notice filer name:	
Role of filer:	Accountant
Plan Sponsor Information	
Name:	Test
Address:	1200 K St Washington, DC 20005
Phone:	202-326-4000
Email:	N/A
Fax:	N/A
Plan Sponsor's Duly Authorized Representative	
Name:	
Company:	N/A
Title:	N/A
Address:	
Phone:	N/A
Email:	N/A
Fax:	N/A
RS Key District:	N/A
PBGC case number:	N/A
nsolvency year for which the notice is being filed:	2018
The estimated amount of annual benefit payments under the plan (determined without regard to the insolvency) for the insolvency year:	\$1,000.00
The estimated amount of the plan's available resources for the insolvency year:	\$100.00
The estimated amount of the annual benefits guaranteed by the PBGC for the insolvency year:	\$800.00
The amount of financial assistance, if any, requested from the PBGC:	N/A

Attached Documents	<u>Edit</u>
Notice of Insolvency Benefit Level Letter	
Most recent actuarial valuation for the plan	
Certification, signed by the plan sponsor (or duly authorize have been given to all interested parties (defined 29 CFR 4245	
 Plan document (Including any amendments/restatements) Other 	 not required if previously submitted to PBGC
Comments	
N/A	