



Plan Participation Information

PBGC Form 709
Approved OMB 1212-0055
Expires 04/30/06

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

For assistance, call 1-800-400-7242

PRIVACY ACT NOTICE

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994), requires PBGC to give you this notice when collecting information from you. PBGC uses the information to determine whether and how much of a pension benefit is due you under a private defined benefit pension plan that has terminated, and to make appropriate benefit payments. Your Social Security Number is used by PBGC to identify your records within PBGC, to report income for tax purposes, and to respond to lawful requests for information about you from other individuals and entities. Your response is voluntary. However, failure to provide information to PBGC, including your Social Security Number, may delay or prevent PBGC from calculating and paying your pension benefits.

PBGC may release information about you to other individuals and entities when necessary and appropriate under the Privacy Act, including: to third parties to make benefit payments to you; to a company that was responsible for your pension plan or to entities related to that company; to a labor organization that represents you; to obtain information from the Federal Aviation Administration relevant to a pilot or former pilot's eligibility for a disability benefit; to obtain your address from other sources when PBGC does not have a current or valid address for you; and to a limited extent to your spouse, former spouse, child, or other dependent when such individual may be entitled to benefits from PBGC.

PBGC may also release information about you to appropriate law enforcement agencies when PBGC becomes aware of a possible violation of civil or criminal law. If PBGC, an employee of PBGC, the United States, or another agency of the United States, is involved in litigation, PBGC may provide relevant information about you to a court or other adjudicative body or to the Department of Justice when it represents PBGC. PBGC may also provide information about you to the Office of Management and Budget in connection with review of private relief legislation or to a Congressional office in response to an inquiry that office makes about you at your request.

PBGC publishes notices in the Federal Register that describe in more detail when information about you may be made available to others. A copy of the most recent Federal Register notice may be obtained from PBGC's Contact Center by calling 1-800-400-7242. For TTY/TDD users, call the federal relay service toll free at 1-800-877-8339 and ask to be connected to 1-800-400-7242. PBGC's authority to collect information from you, including your Social Security Number, is derived from 29 U.S.C. §§ 1055, 1056(d)(3), 1302, 1321, 1322, 1322a, 1341 and 1350 (1994).

PAPERWORK REDUCTION ACT NOTICE

The PBGC needs this information so that it can determine your entitlement, if any, to a pension benefit under a private defined benefit pension plan that has terminated. A defined benefit plan is a traditional pension plan that promises a specified monthly benefit at retirement. The PBGC does not pay benefits under 401(k) or other defined contribution plans, ongoing defined benefit plans, government plans, and certain other plans. Your response is voluntary. However, the information is required in order for you to receive such a pension benefit. The PBGC will use this information to determine the form and amount of any such pension benefit and to make appropriate payments. Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0055 (expires 04/30/2006). The information provided to the PBGC may be disclosable under the Freedom of Information Act and the Privacy Act. The PBGC estimates that the average burden of responding to a request for identifying information as part of an initial contact with the PBGC under the PBGC's Pension Search program is about 16 minutes, and that the average burden of complying with the information collection request in the PBGC's application package is about 34 minutes. Comments concerning the accuracy of this estimate or suggestions for further reducing this burden may be sent to Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, NW, Washington, DC 20005-4026.



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Expires 04/30/06

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

For assistance, call 1-800-400-7242

Plan Name:
Plan Number:
Date Printed:
Date of Plan Termination:

Participant Name / SSN:

INSTRUCTIONS: Complete this form if you believe you are eligible for a pension. Use dark ink and be sure to print clearly. If you have questions, call our Customer Contact Center at 1-800-400-7242 for information.

1. General information about you

Last Name				First Name			
Middle Name				Other Name(s) Used			
Social Security Number			Date of Birth			Gender	
[][]-[][]-[][][][]			[][]/[][]/[][][][]			MALE <input type="checkbox"/>	
						FEMALE <input type="checkbox"/>	
Mailing Address					Apartment / Route Number		
City					State	Zip Code	
Country					Email (optional)		
Daytime Phone				EXTENSION	Evening Phone		
([][][]) [][][] - [][][][]				x [][][][]	([][][]) [][][] - [][][][]		
Name of plan participant, if different					Social Security Number		
					[][][] - [][][] - [][][][]		

2. Participant employment information - Related to the claim for benefits.

Employer Name				City and State			
Title				Location of Employment			
Date of Hire			Date of Birth			Reason for Termination	
[][]/[][]/[][][][]			[][]/[][]/[][][][]				

CONTINUE

Plan Participant Information**Form 709, page 2 of 2**

Plan Number:

Participant Name / SSN:

Was the plan participant covered by a collective bargaining agreement (union contract) with the employer identified above? If yes, during what period:	No <input type="checkbox"/> Yes <input type="checkbox"/>																														
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MONTH			YEAR																												
		/																													
MONTH			YEAR																												
Name of Local Union:																															
Address																															

Was the plan participant an hourly paid or a salaried employee?	HOURLY <input type="checkbox"/>	SALARY <input type="checkbox"/>
Was the plan participant transferred between hourly and salary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, specify type and date of each transfer:		
Any breaks in service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, specify what period? (from when to when):		
Explain in detail why you think you may be covered by the pension plan.		

3. Signature – You must sign and date this document. 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

SIGN & DATE BEFORE SUBMITTING. THANK YOU