

This form may be used by a plan administrator or plan sponsor of a plan to request that the Pension Benefit Guaranty Corporation determine whether a plan is covered under title IV of the Employee Retirement Income Security Act of 1974 (ERISA). For questions about this form, send an email to Coverage@pbgc.gov or call 800-736-2444 or 202-326-4242.

Part I. Identifying Information

_____	_____															
Plan name	Name of authorized contact person for filer															
_____	_____															
Plan administrator	Title of contact															
_____	_____															
Street address of plan administrator	Street address of contact															
_____	_____															
City, State, and Zip Code of plan administrator	City, State, and Zip Code of contact															
_____	_____															
Plan sponsor (if different from plan administrator)	Email address of contact															
_____	_____															
Street address of plan sponsor	Telephone number of contact	Ext.														
_____	Filer is: <input type="checkbox"/> Plan administrator															
City, State, and Zip Code of plan sponsor	<input type="checkbox"/> Plan sponsor															
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					
EIN of plan sponsor	Plan number															

Part II. All Plans, Required Information

<p>This request is for a determination of <input type="checkbox"/> non-coverage or <input type="checkbox"/> coverage under title IV of ERISA.</p>
<p>Check the applicable box(es) that apply to the coverage determination request (see instructions).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substantial owners plan <input type="checkbox"/> Small professional service employer plan <input type="checkbox"/> Church plan <input type="checkbox"/> Other exemption under ERISA § 4021(b) <input type="checkbox"/> Puerto Rico-based plan <input type="checkbox"/> Other
<p>Do the form and attachments contain all relevant information for PBGC to determine whether the plan is covered under title IV? If no, provide an explanation in Part VII, Missing Information.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Check the box to confirm that the required item is attached.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the plan document <input type="checkbox"/> A copy of any correspondence with the IRS that is relevant to the plan's status as a qualified plan under 26 U.S.C. § 401(a)

Part III. Substantial Owners Plans, Required Information

<p>Does the plan cover an individual who is not a substantial owner?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, the plan is likely not eligible for this exemption.)</p>
<p>What is the organizational structure of the plan sponsor?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (see question below) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (explain in explain in Part VIII, Narrative Information)
<p>If the plan sponsor is a Limited Liability Company, how is it treated for federal tax purposes?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity (part of its owner's tax return)
<p>Check the box to confirm that the required item is attached.</p> <ul style="list-style-type: none"> <input type="checkbox"/> List of the names of all the participants in the plan <input type="checkbox"/> Documents showing the percentage of ownership interest that each participant currently holds or has held in the plan sponsor during the 60 months before the completion of this form <input type="checkbox"/> Documents reflecting any stock options for the plan sponsor (if the plan sponsor is a corporation) <input type="checkbox"/> A copy of the partnership agreement or other document naming the partners (if the plan sponsor is a partnership) <input type="checkbox"/> Documents indicating whether the owner's spouse is an employee, director, or manager (if (1) the plan sponsor is a corporation or is taxed as a corporation <u>and</u> (2) the plan covers only the owner and the owner's spouse)

Part IV. Small Professional Service Employer Plans, Required Information

Has the plan at any time since September 2, 1974, had more than 25 active participants?

- Yes No (If yes, the plan is not eligible for this exemption.)

Check the box to confirm that the required item is attached.

- Name, principal business, services performed, and organizational structure of every employer involved in establishing and maintaining the plan
- A percentage breakdown of the services performed, including the amount of revenue generated from each service (if the plan sponsor provides multiple services)
- Names, occupations, levels of education, and percentages and periods of ownership of all current owners of the plan sponsor
- Names, occupations, levels of education, and titles of all individuals who control, manage, or direct the plan sponsor
- Educational requirements for the plan sponsor's profession and qualifications such as course work, graduate school, specific state licenses, or similar requirements
- A description of any family relationships between the owner(s) of the plan sponsor and other participants of the plan and the names and the dates of birth of the owners' children (if such family relationships exist)
- Documents showing dates and amounts paid to participants (providing their names) within the past six years
- Date of termination or planned date of termination (if the plan has or will be terminated)

Part V. Church Plans, Required Information

Has the plan made an election for PBGC coverage under 26 U.S.C. § 410(d)? Yes No

Check the box to confirm that the required item is attached.

- A copy of the determination from the IRS that the plan is a church plan under 26 U.S.C. § 414(e)
- A copy of the election made under 26 C.F.R. § 1.410(d)-1 (if such election has been made)

Part VI. Puerto Rico-Based Plans, Required Information

Does each participant in the plan either reside or work in Puerto Rico? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the plan made an election for PBGC coverage under 26 CFR § 1.401(a)-50? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check the box to confirm that the required item is attached. <ul style="list-style-type: none"><input type="checkbox"/> A copy of the election made under 26 CFR § 1.401(a)-50 (if such an election has been made)<input type="checkbox"/> A copy of the trust document or agreement, group annuity contract, or other financial document(s) funding the plan<input type="checkbox"/> The name and location of the trust and trustee (if the plan is a trust)<input type="checkbox"/> The name of the contract holder (if the plan is funded by a group annuity contract)<input type="checkbox"/> Copies of the master trust agreement and sub-trust arrangements (if the plan is part of such an agreement)<input type="checkbox"/> A copy of the document(s) appointing the plan administrator<input type="checkbox"/> Whether the administrator is an individual, entity, or committee<input type="checkbox"/> Copy of the qualification letter(s) from the Puerto Rico Department of Treasury<input type="checkbox"/> A copy of the documents transferring the plan trust to Puerto Rico from elsewhere in the United States and the date when this transfer occurred (if such a transfer took place)

Part VII. Missing Information

If any applicable item listed above is not attached or the request for coverage determination is otherwise lacking information, explain here. If needed, attach extra pages.

<p>Proposed</p>

Part VIII. Narrative Information (Optional)

In the space below, include a supporting statement. If needed, attach extra pages.

Proposed

Part IX. Certification

I have personal knowledge of the statements, information, records, and documents provide in the form and attachments.

All of the statements and information I have provided or will provide to the Pension Benefit Guaranty Corporation regarding this filing request are true, correct, and complete to the best of my knowledge.

I understand that knowingly and willfully concealing material facts or making or providing materially false, fictitious, or fraudulent statements or representations to the Pension Benefit Guaranty Corporation may be punishable under 18 U.S.C. § 1001.

Signature of Individual Submitting Form

Name and Title of Individual Submitting Form

Phone Number of Individual Submitting Form

Employer of Individual Submitting Form