

<Paying Agent Name> Monthly Status Report for <Month> <Year>			
PBGC Contract Number:	< Paying Agent Contract Number >	Contract Name:	< Paying Agent Contract Name >
PBGC COTR Name:		Division:	Retiree Services
Department:	BAPD	Phone Number:	

Performance Objective	Performance Standard	Standard Met	Standard Not Met
Generation of checks, EDDs and transaction processing	<ul style="list-style-type: none"> All acknowledgment files have been sent by the due dates specified (monthly file, monthly adjustment file, off cycle files) 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> All funding requests and funding request backups have been sent by the due dates specified 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> All ledger files have been sent by the due dates specified 	<input type="checkbox"/>	<input type="checkbox"/>
Provide Customer Service	<ul style="list-style-type: none"> At least 95% of all PBGC correspondence received has been scanned within the time deadlines specified 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> At least 95% of documents scanned are legible and correctly categorized 	<input type="checkbox"/>	<input type="checkbox"/>
Submit Reports	<ul style="list-style-type: none"> At least 90% of required reports have been submitted by the specified deadlines 	<input type="checkbox"/>	<input type="checkbox"/>
Process Payment Data and generate 1099s (June only)	<ul style="list-style-type: none"> All 1099 forms have been sent out by due dates specified. COTR has been notified of delivery by the due dates specified 	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> No more than 0.5% of 1099s sent have been amended 	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action
< For every performance standard that has not been met above, please indicate the corrective action that will be taken to ensure that performance is restored to the standards required >

Issues
< Please provide details of any issues or problems that will affect contract performance >

Signatures
<p>_____</p> <p>Name of Paying Agent Representative</p> <p>_____</p> <p>Date</p>