



# POST-EVENT NOTICE OF REPORTABLE EVENTS

PBGC Form 10

OMB #1212-0013

Expires 02/28/2022

This form is used by a plan administrator or contributing sponsor of a single-employer plan when notifying the Pension Benefit Guaranty Corporation that a reportable event has occurred. For questions regarding this form, contact (202) 326-4070 or post-event.report@pbgc.gov

## IDENTIFYING INFORMATION

Plan name

Name of authorized contact at filer

Name of filer

Title of contact

Street address of filer

Email address of contact

City, State, Zip

Street address of contact

EIN of contributing sponsor (9 boxes)

Plan number (4 boxes)

City, State, Zip

- Filer is:
- Plan administrator
  - Contributing sponsor

Telephone number of contact

Ext

## REPORTABLE EVENTS

See instructions for descriptions of these events. Check all boxes that apply.

- Active participant reduction
- Failure to make required contributions under \$1M
- Inability to pay benefits when due
- Distribution to a substantial owner
- Transfer of benefit liabilities
- Change in contributing sponsor or controlled group
- Liquidation
- Extraordinary dividend or stock redemption
- Application for minimum funding waiver
- Loan Default
- Insolvency or similar settlement

## BRIEF DESCRIPTION

Briefly describe the pertinent facts relating to each event.





