



# NOTICE OF SECTION 4062(e) EVENT

**PBGC Form 4062(e)-01**  
Approved OMB # 1212-0073  
Expires 08/31/2022

This form is used to notify the Pension Benefit Guaranty Corporation of the occurrence of an event listed in ERISA section 4062(e)(2) and satisfies the requirement to request that PBGC determine liability arising from the event. For questions regarding this form, contact (202) 326-4070 or 4062e@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 of filer

Street address of contact

EIN of contributing sponsor

Plan number

City, State, Zip of contact

Name of contributing sponsor (if different from filer)

Telephone number of contact

Ext

Filer is:  Plan administrator  Employer

## BRIEF DESCRIPTION OF EVENT

Check the box or boxes that best describe the cause of the substantial cessation of operations.

- Facility shutdown       Facility sale       Discontinued operations  
 Winding down of the company       Reduction in force       Other

Briefly describe the pertinent facts relating to the substantial cessation of operations. If additional space is needed, information may be submitted as an attachment.

**EVENT INFORMATION**

- 1. Date of 4062(e) event \_\_\_\_\_
- 2. Eligible employee base date:
  - a. Date of employer’s decision to implement the cessation \_\_\_\_\_
  - b. Earliest date an eligible employee was separated from employment at the facility in relation to the cessation (not more than 3 years before the permanent cessation) \_\_\_\_\_
  - c. Earlier of the date in item 2a or item 2b \_\_\_\_\_
- 3. Workforce reduction percentage
  - a. Number of eligible employees as of immediately before the date in item 2c \_\_\_\_\_
  - b. Number of eligible employees who were separated from employment as a result of the cessation \_\_\_\_\_
  - c. Workforce reduction percentage (item 3b ÷ item 3a) *(If 15 percent or less, no report is required, and the employer will not incur liability.)* \_\_\_\_\_

**REQUIRED ATTACHMENTS**

The following must be submitted with this filing, **if not previously provided to PBGC**. Check box to indicate the item is attached. If not attached, explain in Missing Information section.

- Description of the plan’s controlled group structure, including the name of each controlled group member
- Controlled group financial information (see instructions)
- Actuarial information (see instructions)
- Name of each employee pension benefit plan maintained by any member of the plan’s controlled group, its contributing sponsor(s), and its EIN/PN
- Date and copy of each WARN Act notice, press release, and other written announcement of the cessation
- Any IRS funding waiver issued under Internal Revenue Code section 302(c) with respect to the plan for the year in which the cessation occurred or any later year

If a new employer assumed pension assets and/or liabilities, the following information must also be provided.

- Statement explaining the transfer to the new employer, including the plan’s name and EIN/PIN and the number of participants affected by the transfer

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**MISSING INFORMATION**

If required information has not been submitted with this filing, explain below. If additional space is needed, the explanation may be submitted as an attachment.

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**FILING INFORMATION**

Notice due date \_\_\_\_\_ Notice filing date \_\_\_\_\_

If filing is late (i.e. notice filing date is after the notice due date), explain below. If additional space is needed, the explanation may be submitted as an attachment.

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**CERTIFICATION**

I certify that, to the best of my knowledge and belief, the information submitted in this filing is true, correct, and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. § 1001.

\_\_\_\_\_  
Name and title of individual certifying form

\_\_\_\_\_  
Employer of individual certifying form

\_\_\_\_\_  
Email address of individual certifying form

\_\_\_\_\_  
Telephone number of individual certifying form

\_\_\_\_\_  
Signature of individual certifying form

\_\_\_\_\_  
Date signed