

## **MULTIEMPLOYER PROGRAM DIVISION**

### **INSTRUCTIONS FOR FILING REQUIREMENTS FOR MULTIEMPLOYER PLANS APPLYING FOR SPECIAL FINANCIAL ASSISTANCE**

#### **ADDENDUM B - INSTRUCTIONS FOR NOTICE OF REINSTATEMENT**

### **General Information**

Under § 4262.15(c) of PBGC's SFA regulation, the plan sponsor of a plan with benefits that were suspended under section 305(e)(9) or 4245(a) of ERISA must furnish a notice of reinstatement to participants and beneficiaries whose benefits were previously suspended and then reinstated under section 4262(k) of ERISA. The notice must be furnished in accordance with the following instructions.

#### **PART 1 – Participants and beneficiaries in pay status whose benefits were suspended under section 305(e)(9) or 4245(a) of ERISA.**

The plan sponsor must send a notice of reinstatement to each participant and beneficiary whose benefits were previously suspended and who was in pay status on the date of payment of SFA, determined under § 4262.12(c) of PBGC's special financial assistance regulation.

*Section (i) When to provide the notice of reinstatement to participants and beneficiaries in pay status.*

The plan sponsor must furnish the notice of reinstatement under this part (1) no later than the earlier of:

- 30 days after the date of payment of SFA; or
- the date of payment of the first monthly benefit that includes the initial reinstated benefit.

The following example illustrates how to apply this section (1)(i):

Example: Plan X suspended benefits under section 305(e)(9) of ERISA. Participant A's monthly benefit was reduced from \$150 per month to \$100 per month. Plan X pays benefits on the 20th day of the month to which the benefit relates. PBGC pays Plan X a SFA payment on June 28, 2022. Participant A's monthly benefit is reinstated to \$150 per month effective for the June 2022 payment. Plan X pays Participant A \$200 (\$150 for July and \$50 for June) on July 20, 2022. Plan X has until July 20, 2022, to furnish the notice of reinstatement. If for some reason Plan X is not able to start paying

\$150 per month until August 20, 2022, and it then pays Participant A \$250 (\$150 for August + \$50 for June + \$50 for July), Plan X has until July 28, 2022, (30 days after payment of SFA) to furnish the notice of reinstatement.

*Section (ii) Content requirements for notice of reinstatement for participants and beneficiaries in pay status.*

A notice of reinstatement must contain all of the following information—

- (A) The name of the plan;
- (B) A statement that the participant's benefit is being reinstated because the plan received special financial assistance from the Federal Government under the American Rescue Plan (ARP) Act of 2021;
- (C) An individualized statement showing the monthly benefit that the participant or beneficiary was receiving immediately before the reinstatement, taking into account any previous restoration of benefits under 26 CFR 1.432(e)(9)-1(e)(3), and the reinstated monthly benefit. If the full amount of the suspended monthly benefit was restored under 26 CFR 1.432(e)(9)-1(e)(3), provide an explanation of the restoration in lieu of the individualized statement;
- (D) The month for which the reinstated monthly benefit will commence (unless provided concurrently with the first reinstated monthly benefit payment);
- (E) A statement that, as the result of receiving special financial assistance, the plan is not eligible to apply for a suspension of benefits under section 305(e)(9) of ERISA in the future;
- (F) The aggregate amount of previously suspended benefits payable to the participant or beneficiary under § 4262.15(a)(2) along with an explanation of:
  - How such amount was calculated,
  - Whether such amount will be paid as a lump sum or in equal monthly installments over a period of 5 years, and
  - When such lump sum will be paid or the month such installments will commence;
- (G) The following information must be included in the explanation (described in (F)):
  - The previously suspended amount of each monthly benefit, and
  - The first month in which the monthly benefit was suspended;
- (H) In the case of a plan partitioned under section 4233 of ERISA, a statement that the plan was partitioned in conjunction with the suspension under section 305(e)(9) of ERISA and that the partition has been rescinded. In addition to such statement, the notice must contain sufficient information to enable the participant or beneficiary to understand the effect of the rescission of the partition, including that the successor plan is combined with the original plan;
- (I) Name, mailing address, email, and telephone number of the plan administrator or other person designated by the plan sponsor to answer inquiries concerning benefits; and
- (J) Information about the participant's or beneficiary's rights under ERISA along with information on how to contact an Employee Benefits Security Administration (EBSA) Benefits Advisor (BA), including the general BA telephone phone number and email address from the EBSA website at <https://www.dol.gov/agencies/ebsa>.

**PART 2 – Participants and beneficiaries not in pay status whose benefits were suspended under ERISA section 305(e)(9).**

The plan sponsor must send a notice of reinstatement to each participant or beneficiary whose accrued benefit was suspended under section 305(e)(9) of ERISA and who, as of the date of payment of SFA, was not in pay status but was entitled to a future benefit under the plan.

*Section (i) When to provide the notice of reinstatement to participants and beneficiaries not in pay status.*

The plan sponsor must furnish the notice of reinstatement to the participants and beneficiaries described in this Part 2 no later than the earlier of:

- 60 days after the date of payment of SFA; or
- the date of payment of the first monthly benefit that includes the initial reinstated benefit.

*Section (ii) Content requirements for notice of reinstatement to participants and beneficiaries not in pay status.*

A notice of reinstatement described in this part (2) must contain all of the following information—

(A) An individualized estimate of the monthly benefit payable at the plan’s normal retirement age (or the first month SFA is paid to the plan if the participant is older than normal retirement age) under both the suspension and the reinstatement, determined as of the date of payment of SFA; and

(B) The information described in Part 1 section (ii) clause (A), (B), (E), (H), (I) and (J).

### **PART 3 – Method and manner of issuance.**

A notice of reinstatement must be —

(i) Made by a method permitted under the rules in subpart B of PBGC’s regulation on filing, issuance, computation of time, and record retention (29 CFR part 4000); and

(ii) Written in a manner so as to be understood by the average plan participant and not include false or misleading information (or omit information in a manner that causes the information provided to be misleading).

### **PART 4 – Model notices.**

#### **PART 4A - General**

This Addendum B includes two model notices that may be used by plan administrators for purposes of complying with the notice requirements of § 4262.15(c).

The model notice in Part 4B is for notices of reinstatement described in Part 1 of this Addendum.

The model notice in Part 4C is for notices of reinstatement described in Part 2 of this Addendum.

These models are intended to assist plan administrators in discharging their notice obligations under § 4262.15(c). Use of a model notice is not mandatory. However, a model notice will be

deemed to satisfy the content, method, and manner requirements of § 4262.15(c) and this Addendum for those plans that are permitted to use an applicable model notice.

## **PART 4B – MODEL NOTICE OF REINSTATEMENT OF SUSPENDED BENEFITS FOR PARTICIPANTS AND BENEFICIARIES IN PAY STATUS**

### *General Instructions*

*This model notice may be used to satisfy the requirements of § 4262.15(c) of PBGC’s special financial assistance regulation for participants and beneficiaries whose benefits were suspended under section 305(e)(9) or section 4245(a) of the Employee Retirement Income Security Act of 1974 (ERISA) and who were in pay status on the date the plan received special financial assistance. For purposes of these instructions, “SFA” means the special financial assistance paid to the plan under section 4262 of ERISA.*

*A number of inserts refer to the same date or amount. To aid the preparer of the notice, the model uses the following codes:*

- “A” - Insert the monthly pension benefit payable for the participant or beneficiary in pay status if the suspension had not occurred. This should be the same as the reinstated monthly pension benefit.*
- “B” - Insert the monthly pension benefit payable during the suspension before reinstatement for the participant or beneficiary.*
- “C” - Insert the number of months during the period for the participant or beneficiary in pay status starting with the later of the first month of the suspension or the first of the month in which the participant or beneficiary went into pay status and ending the month before “D” or “E,” whichever is applicable.*
- “D” - Insert month and year Plan received SFA.*
- “E” - Insert month and year Plan estimates that it will receive SFA.*

*For participants and beneficiaries whose benefits were suspended under section 305(e)(9) of ERISA but who did not start their pension before the date the Plan received SFA, use Model Notice # 2 REINSTATEMENT OF SUSPENDED BENEFITS NOT IN PAY STATUS.*

*Do not use this model notice if:*

- The participant’s monthly pension benefit was suspended under section 203(a)(3)(B) of ERISA during the period a participant’s benefit was suspended under section 305(e)(9) or section 4245(a), or*
- All or part of a participant’s or beneficiary’s monthly pension benefit suspended under section 305(e)(9) of ERISA was restored under 26 CFR 1.432(e)(9)-1(e)(3); or*
- The monthly pension is in a form where the amount of the payment to the annuitant changes as of one or more specified dates or ages (e.g., Social Security Leveling Option)*

*Plans will have to develop their own notice(s) to address the above situations.*

**NOTICE OF REINSTATEMENT OF SUSPENDED BENEFITS FOR PARTICIPANTS  
AND BENEFICIARIES OF THE [insert name of Plan] WHO WERE IN PAY STATUS  
ON [insert date of Plan’s receipt of SFA]**

On [insert date], the joint board of trustees (“Board of Trustees” or “Board”) of the [insert name of plan] (“Plan”) submitted an application to the Pension Benefit Guaranty Corporation (“PBGC”) for special financial assistance under the American Rescue Plan (ARP) Act of 2021. PBGC approved the application [insert date]. The Plan [received] [anticipates receiving] special financial assistance of [insert actual or estimated amount of SFA] on [insert actual or estimated date of Plan’s receipt of SFA].

A plan receiving special financial assistance must reinstate benefits suspended [insert the following if the suspension was under section 305(e)(9) of ERISA: “by the Board of Trustees in accordance with the Multiemployer Pension Reform Act of 2014 (“MPRA”)”] [insert the following, if suspension was under section 4245 of ERISA: “due to the insolvency of the Plan”] and pay an amount equal to the sum of previously suspended monthly pension payments (“Make-up Payment”).

***Why am I receiving this notice?***

The Plan’s records show that you are currently in pay status and that the Plan implemented a suspension of benefits on [insert effective date] [insert, in the case of a suspension under section 305(e)(9) of ERISA “under the MPRA] [insert, in the case of a suspension under section 4245 of ERISA “as the result of the Plan becoming insolvent”].

***What is my reinstated benefit and when will it start?***

Your current monthly pension benefit, reflecting the suspension, is [insert B]. Your reinstated monthly pension benefit determined without regard to the suspension is [insert A].

*[Use the following, if the notice is sent after receipt of SFA, and if the Plan had sufficient time to update its systems to process the change to the pension payment (to reflect the Plan’s receipt of SFA) before the pension payment for that month was sent.]*

The Plan must reinstate your monthly pension benefit effective the month the Plan receives special financial assistance. Because the Plan received special financial assistance in [insert D], the Plan is reinstating your monthly pension benefit of [insert A] starting with your [insert D] monthly pension payment.

*[Use the following, if the Plan received SFA after the monthly pension payment for that month was processed and notice is sent after receipt of SFA.]*

The Plan must reinstate your monthly pension benefit effective the month the Plan receives special financial assistance. Because the Plan received special financial assistance in [insert D], the Plan is reinstating your monthly pension benefit of [insert A] effective [insert D]. Since the

Plan received special financial assistance after the date the Plan processed your monthly pension payment for [insert D], the Plan will add [insert amount], the difference between your reinstated benefit and your suspended benefit for that month, to your reinstated monthly pension payment of [insert A] for [insert month following D].

*[Use the following, if the notice of reinstatement is sent after approval of the Plan's application by the PBGC, but before the Plan's receipt of the SFA payment.]*

The Plan must reinstate your monthly pension benefit effective the month that the Plan receives special financial assistance. If the Plan receives special financial assistance after the Plan processed your monthly pension payment for that month, the Plan will add the difference between your monthly pension payment for that month and your reinstated monthly pension benefit to your next monthly pension payment. For example, assume PBGC pays special financial assistance to the Plan in [insert E], which requires the Plan to reinstate your monthly pension benefit of [insert A] effective [insert E]. If the Plan receives special financial assistance after the Plan processes your monthly pension payment for [insert E], the Plan will add [insert amount], the difference between your reinstated benefit and your suspended benefit, to your [insert month after E] monthly pension payment of [insert A]. Please, remember that the date the Plan receives special financial assistance from PBGC will determine when your reinstated monthly pension benefit actually starts.

### ***What is the Make-up Payment?***

The Make-up Payment is equal to the amount of your benefits suspended before the date PBGC pays special financial assistance to the Plan. The Make-up Payment may be calculated using the following formula:

Make-up Payment = (A – B) x C where:

A = the monthly pension benefit that would have been payable but for the suspension;

B = the monthly pension benefit payable during the suspension; and

C = the number of months during the period starting with the first month that you received a reduced benefit as a result of the suspension, and ending the month before the month the Plan received special financial assistance.

### ***How much is my Make-up Payment?***

*[Use the following, if the notice of reinstatement is furnished after SFA is paid to the Plan.]*

The Plan's records show that due to the suspension your monthly pension benefit of [insert amount A] was reduced to [insert amount B] per month resulting in a suspended benefit of [insert solution of A – B] per month. You have been receiving this reduced monthly pension benefit for

[insert C] months, starting [insert month and year this reduced benefit was first paid] and ending [insert month and year immediately preceding D], the month before the Plan's receipt of special financial assistance.

Your Make-up Payment is equal to [insert the solution of  $(A-B) \times C$ ] (monthly suspended benefit of [insert solution of  $A-B$ ] s) x [insert C] months).

*[Use the following, if the Plan furnishes the notice of reinstatement before the Plan receives SFA.]*

The Plan's records show that the suspension reduced your monthly pension benefit of [insert A] to [insert B] per month, resulting in a suspended benefit of [insert solution of  $A-B$ ] per month. The Plan expects to receive special financial assistance in the next few months. If the Plan receives special financial assistance in [insert E], you will have received the reduced monthly benefit for [insert C] months starting with [insert month and year this reduced monthly benefit was first paid] and ending [insert month and year immediately preceding E].

Your Make-up Payment, therefore, would be equal to [insert solution of  $(A-B) \times C$ ] (suspended benefit of [insert solution of  $A-B$ ] x [insert C] months)]. Thus, for example, if the Plan receives special financial assistance before [insert E], your Make-up Payment will be less because your reinstated monthly benefit will start earlier. Likewise, your Make-up Payment will be more if the Plan receives special financial assistance after [insert E].

If you die before the Plan receives special financial assistance, you will not be eligible for a Make-up Payment because you will not be in "pay status" on that date. [Only include this sentence if Plan furnishes the notice of reinstatement before the Plan receives SFA.]

### ***How and when will the Plan pay the Make-up Payment?***

*[Use the following, if the Make-up Payment is in the form of a lump sum and the notice of reinstatement is furnished after the Plan's receipt of SFA.]*

The Plan will pay your Make-up Payment of [insert amount] as a lump sum on or before [insert date that is no later than 3 months after receipt of SFA].

*[Use the following section, if the Make-up Payment is in the form of a lump sum and the notice of reinstatement is furnished after the PBGC's approval of the application, but before the Plan's receipt of SFA.]*

The Plan will pay your Make-up Payment as a lump sum within [insert number of months not to exceed 3] following the Plan's receipt of special financial assistance.

*[Use the following, if the Make-up Payment is in the form of a 5-year equal monthly installment and the notice of reinstatement is furnished after the Plan's receipt of SFA.]*

The Plan will pay your Make-up Payment of [insert amount] in sixty equal monthly installments as an addition to your reinstated monthly pension payment starting in [insert month and year installments will start but no later than 3 months after the Plan's receipt of SFA].

*[Use the following, if the Make-up Payment is in the form of a 5-year equal monthly installment and the notice of reinstatement is furnished after the PBGC's approval of the application, but before the Plan's receipt of SFA.]*

The Plan will pay your Make-up Payment of *[insert amount]* in sixty equal monthly installments with your monthly pension payment starting no later than *[insert number of months (not to exceed 3)]* months after the Plan's receipt of special financial assistance.

***May the Plan suspend my benefits again?***

Upon receipt of special financial assistance, the Plan is not eligible to apply to the U.S. Department of the Treasury for approval to suspend or reduce your benefits under the Multiemployer Pension Reform Act of 2014.

However, if the Plan becomes insolvent (i.e., runs out of money) in the future, your monthly pension benefit may be reduced to the amount guaranteed by the PBGC under Federal law.

*[Use the following, only if the Plan document contains a suspension of benefits provision that complies with section 203(a)(3)(B) of ERISA.]*

The Plan also has the right to suspend the employer-derived portion of your monthly pension benefit during certain periods of employment and reemployment.

*[Use the following, if the Plan was partitioned under section 4233 of ERISA.]*

***Effect on Partition***

When your benefits were suspended under MPRA, the Plan was partitioned (or divided) into two plans. The PBGC-guaranteed portion of the benefits of certain participants and beneficiaries in the Plan were transferred to the *[insert name of successor plan]* ("Successor Plan"). While the Board of Trustees still administered both the Plan and the Successor Plan, PBGC provided financial assistance to the Successor Plan to pay for the benefits that were transferred to the Successor Plan.

Upon receipt of special financial assistance, Federal law requires that PBGC rescind the partition. This means that the Successor Plan no longer exists and its assets and liabilities *[were]* *[will be]* combined with the assets and liabilities of the Plan. Going forward, the Plan will pay benefits to participants and beneficiaries, including those benefits that had been transferred to the Successor Plan.

***Taxes***

Your reinstated monthly pension benefit is taxed under the same rules applicable to your monthly pension benefit before reinstatement.

*[Use the following, if the Make-up Payment is paid as a lump sum.]*

If your Make-up Payment is more than the greater of \$750 or 10% of your annual rate of benefit payments, your Make-up Payment is eligible for a rollover to an IRA or an employer plan. The plan administrator will provide you additional information about your rollover options and the



Federal income tax consequences of your decision. If your Make-up Payment is less than or equal to the greater of \$750 or 10% of your annual rate of benefit payments, your Make-up Payment is not eligible for a rollover to an IRA or employer plan.

*[Use the following, if the Make-up Payment is in the form of 5 year equal monthly installments.]*

The monthly installments that represent your Make-up Payment are not eligible for a rollover to an IRA or an employer plan. The installment payments are subject to Federal income tax under the same rules applicable to your monthly pension payments.

### ***Claims Process for Incorrect Calculations***

If you think that your reinstated monthly benefit or your Make-up Payment was calculated incorrectly, you have the right to submit a claim to the Plan to have the calculation corrected. Your Plan's summary plan description contains the Plan's claims procedures, including information on your right to have a court review the Plan's final decision on your claim.

### ***Access to Plan Documents***

Under the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to request a copy of plan documents and other information. The following documents may help you understand your rights relating to the reinstatement of your suspended monthly pension benefit and the Make-up Payment:

- The Plan document (including any amendments adopted to reflect the reinstatement of your suspended monthly pension benefit and the Make-up Payment), trust agreement, and other documents governing the Plan (such as collective bargaining agreements),
- The most recent summary plan description (SPD or plan brochure) and any summary of material modifications,
- The Plan's Form 5500 annual reports, including audited financial statements, filed with the U.S. Department of Labor,
- The annual funding notices furnished by the Plan,
- The Plan's application for special financial assistance and accompanying documentation,
- Actuarial reports, including reports prepared in anticipation of the receipt of special financial assistance, furnished to the Plan, and
- The Plan's current rehabilitation plan.

The plan administrator must respond to your request for these documents within 30 days, and may charge you the cost per page to the Plan for the least expensive means of reproducing documents, but cannot charge more than 25 cents per page. The Plan's Form 5500 Annual Return/Report of Employee Benefit Plan is also available free of charge at

<https://www.efast.dol.gov>. Documents relating to the Plan’s application for special financial assistance are available free of charge at [link to PBGC website].

### *Assistance with Your Questions*

If you have any questions about the Plan, the reinstatement of your benefits, or the Make-up Payment, or if you believe that information used to calculate your reinstated benefit or the Make-up Payment is incorrect, please contact the Plan office at [insert phone number, address, and e-mail address].

If you have any questions about your rights under ERISA or need assistance:

- In obtaining documents from the Plan office; or
- With a denied claim relating to:
  - The reinstatement of your suspended monthly pension benefit (including any failure to reinstate the suspended benefit effective as of the date the Plan receives special financial assistance), or
  - The calculation or payment of the Make-up payment (including any failure pay the Make-up Payment when due);

You can speak to an employee of the Employee Benefits Security Administration (EBSA) who has expertise in ERISA and employee benefits. You may contact EBSA by phone at 1-866-444-3272, or online at [askebsa.dol.gov](https://www.askebsa.dol.gov) to communicate directly with an EBSA Benefits Advisor. An EBSA Benefits Advisor will review and discuss your issue with you. When appropriate, the Benefits Advisor can contact the Plan and attempt to address issues through voluntary compliance.

## **PART 4C – MODEL NOTICE OF REINSTATEMENT OF SUSPENDED BENEFITS FOR PARTICIPANTS AND BENEFICIARIES NOT IN PAY STATUS**

### *General Instructions*

*This model notice may be used to satisfy the requirements of § 4262.15(c) of PBGC’s special financial assistance regulation for participants and beneficiaries whose benefits were suspended under section 305(e)(9) of the Employee Retirement Income Security Act of 1974 (ERISA) and who were not in pay status on the date the plan received special financial assistance (SFA). This notice must be furnished during the 60-day period beginning on the date the Plan receives SFA.*

*Do not use this model notice if the reinstatement of benefits is based on any factor other than the participant’s accrued benefit, for example, restoration of an early retirement factor. Plans will have to develop their own notice to address this situation.*

**NOTICE OF REINSTATEMENT OF SUSPENDED BENEFITS FOR PARTICIPANTS  
AND BENEFICIARIES OF THE [insert name of plan] WHO WERE NOT IN PAY  
STATUS ON [insert date of Plan’s receipt of SFA]**

On [insert date], the joint board of trustees (“Board of Trustees” or “Board”) of the [insert name of plan] (“Plan”) submitted an application to the Pension Benefit Guaranty Corporation (“PBGC”) for special financial assistance under the American Rescue Plan (ARP) Act of 2021. PBGC approved the application on [insert date]. The Plan received special financial assistance of [insert amount of SFA received.] on [insert date of Plan’s receipt of SFA].

Under ARP, a plan receiving special financial assistance must reinstate benefits suspended by the Board of Trustees under the Multiemployer Pension Reform Act of 2014 (“MPRA”).

***Why am I receiving this notice?***

Effective [insert date] the Board amended the Plan to reduce your normal retirement benefits as allowed by MPRA.

The normal retirement benefit is the monthly pension benefit in the form of [insert normal form of benefit] that would be payable if you retire and start your pension [insert “at age {insert Plan’s normal retirement age (NRA)}” if participant is younger than NRA; or insert “immediately” if participant is older than NRA].

The normal retirement benefit determined without regard to the MPRA suspension is the reinstated normal retirement benefit mandated by ARP.

***What is my reinstated benefit?***

Your normal retirement benefit, reflecting the MPRA suspension, is [insert amount] per month payable in the form of [insert normal form of benefit]. Your reinstated normal retirement benefit is [insert amount] payable as [insert normal form of benefit].

The amounts of your suspended and reinstated normal retirement benefit above were calculated as of [insert first day of the month the SFA is received] based on the following information from Plan records:

- You have [insert total years and months of credited service] of credited service under the Plan.
- You are [insert age in years and months] years old as of [insert first day of the month SFA is received].

[Add additional bullets for other data used to determine the suspended and reinstated normal retirement benefits.]

***May the Plan suspend my benefits again?***

Upon receipt of special financial assistance, the Plan is not eligible to apply to the U.S. Department of the Treasury for approval to suspend or reduce your benefits under MPRA.

However, if the Plan becomes insolvent (i.e., runs out of money) in the future, your monthly pension benefit will be reduced to the amount guaranteed by the PBGC under Federal law.

*[Use the following section, only if the Plan document contains a suspension of benefits provision that complies with section 203(a)(3)(B) of ERISA.]*

The Plan also has the right to suspend the employer-derived portion of your monthly pension benefit during certain periods of employment and reemployment after your *[insert plan's normal retirement age]* birthday.

*[Use the following section "Effect on Partitions," if the Plan was partitioned under section 4233 of ERISA.]*

### ***Effect on Partition***

When your benefits were suspended under MPRA, the Plan was partitioned (or divided) into two plans. The PBGC-guaranteed portion of the benefits of certain participants and beneficiaries in the Plan were transferred to the *[insert name of successor plan]* ("Successor Plan"). While the Board of Trustees still administered both the Plan and the Successor Plan, PBGC provided financial assistance to the Successor Plan to pay for the benefits that were transferred to the Successor Plan.

Upon receipt of special financial assistance, Federal law requires that PBGC rescind the partition. This means that the Successor Plan no longer exists, and its assets and liabilities *[were]* *[will be]* combined with the assets and liabilities of the Plan. Going forward, the Plan will pay benefits to participants and beneficiaries, including those benefits that had been transferred to the Successor Plan.

### ***Claims Process for Incorrect Calculations***

If you think that your reinstated normal retirement benefit was calculated incorrectly, you have the right to submit a claim to the Plan to have the calculation corrected. Your Plan's summary plan description contains the Plan's claims procedures, including information on your right to have a court review the Plan's final decision on your claim.

### ***Access to Plan Documents***

Under the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to request a copy of plan documents and other information. The following documents may help you understand your rights relating to the reinstatement of your suspended monthly pension benefit:

- The Plan document (including any amendments adopted to reflect the reinstatement of your suspended monthly pension benefit), trust agreement, and other documents governing the Plan (such as collective bargaining agreements),
- The most recent summary plan description (SPD or plan brochure) and any summary of material modifications,

- The Plan’s Form 5500 annual reports, including audited financial statements, filed with the U.S. Department of Labor,
- The annual funding notices furnished by the Plan,
- The Plan’s application for special financial assistance and accompanying documentation,
- Actuarial reports, including reports prepared in anticipation of the receipt of special financial assistance, furnished to the Plan, and
- The Plan’s current rehabilitation plan.

The plan administrator must respond to your request for these documents within 30 days, and may charge you the cost per page to the Plan for the least expensive means of reproducing documents, but cannot charge more than 25 cents per page. The Plan’s Form 5500 Annual Return/Report of Employee Benefit Plan is also available free of charge at <https://www.efast.dol.gov>. Documents relating to the Plan’s application for special financial assistance are available free of charge at [link to PBGC website].

### *Assistance with Your Questions*

If you have any questions about the Plan or the reinstatement of your benefits, or if you believe that information used to calculate your reinstated benefit is incorrect, please contact the Plan office at [insert phone number, address, and e-mail address].

If you have any questions about your rights under ERISA or need assistance:

- In obtaining documents from the Plan office; or
- With a denied claim relating to the reinstatement of your suspended monthly pension benefit (including any failure to reinstate the suspended benefit effective the month the Plan receives special financial assistance);

You can speak to an employee of the Employee Benefits Security Administration (EBSA) with expertise in ERISA and employee benefits. You may contact EBSA by phone at 1-866-444-3272, or online at [askebsa.dol.gov](https://www.askebsa.dol.gov) to communicate directly with an EBSA Benefits Advisor. An EBSA Benefits Advisor will review and discuss your issue with you. When appropriate, the Benefits Advisor can contact the Plan and attempt to address issues through voluntary compliance.

### **PART 4D – Plan sponsor questions about the notice.**

The U.S. Department of Labor, in coordination with the Treasury Department, is responsible for ensuring the reinstatement of benefits and the payment of make-up payments under section

4262(k). If a plan sponsor has a question about the model notice, the plan sponsor may contact EBSA by phone at 1-866-444-3272, or online at [askebsa.dol.gov](http://askebsa.dol.gov).

## **Paperwork Reduction Act Notice**

This section provides information on the time and cost estimates for preparing and issuing the required notices. If you have any comments concerning the accuracy of these estimates or suggestions for making it simpler to submit the information, please send your comments to the Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, N.W., Washington, D.C. 20005-4026.

This information collection is this notice is necessary to allow participants and beneficiaries whose benefits were suspended and then reinstated to have a full understanding of the calculation of their reinstated benefits.

PBGC estimates an average burden of 2 hours of Fund office time and \$2,000 in contractor costs per plan. These are estimates and the actual time and cost per plan will vary depending on the circumstances of a given filing and the size of the plan.

This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0074 (expires 01/31/2022). 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.