

## Request for Additional Time to File an Appeal of a PBGC Benefit Determination

PBGC Form 723

Approved OMB 1212-0061 Expires 4/30/2013

Pension Benefit Guaranty Corporation P.O. Box 151750 Alexandria Virginia 22315-1750

For assistance, call 1-800-400-7242 ext. 4090

As a recipient of a PBGC benefit determination, you have the right to appeal PBGC's determination of your benefit if you can provide a specific reason why the determination is wrong. If you simply have a question about your benefit or how it was calculated, you should call PBGC's Customer Contact Center at 1-800-400-7242. You have **45 calendar days** from the date on PBGC's determination letter to submit an appeal. If you need more time to prepare your appeal, you must request an extension from the Appeals Division before the 45-calendar-day limit expires. The appeal period will be suspended as of the date you file your request for an extension. Your request must be in writing and must state why you need more time to file your appeal and how much more time you will need. You may request an extension of time to file your appeal by using this form or by sending a letter, e-mail or fax that includes the information requested on this form. This request must be postmarked by the U.S. Postal Service or received in the Appeals Division no later than 45 calendar days from the date on PBGC's determination letter. If you use this form, please use dark ink and be sure to print clearly. Mail this form, and copies of appropriate documents, to the address shown on page 2. If you have questions about the appeals process, please refer to PBGC's brochure *Your Right to Appeal*, or call the Appeals Division at 1-800-400-7242 ext. 4090.

. Appellant Information (Specify one)																															
☐ Participant ☐ Benefi											iciary of a Deceased Participa									arl	ticip	oa	nt   Alternate Payee								
Last Name																								First Name							
Middle Name											Other Name(s) Used																				
5	Social Security Number											Date of Birth (mm/dd/y							уу	ууу)					Gender MALE						
												1				1							FEMALE □								
N	Mailing Address													Apartment / Route Number																	
C	City																State					Zip Code									
(	Country													E-mail (optional)																	
	Daytime Phone														EXTENSION					E۱	/eni	ng	P	Phone							
(					)					<u></u>	-					X	<b>(</b>						(				)   -				
2. P	Plan Information																														
Plan Name																															
PBGC Case Number  Date of PBGC Benefit Determination Letter you are appealing / / /																															
E	(You must submit this form no later than 45 calendar days from the date of Benefit Determination Letter)													Or	1 trie	е				(mm/dd/yyyy)											
	. Explain the reason(s) for needing additional time to appeal (Use additional pages, if necessary.)																														

Re	equest for Additional Tin	ne to File an Appeal of	a PBGC E	ene	fit Dete	ermi	natio	n For	m 72	23, p	age	2 of	2			
4.	How much additional	time do you need to	file your	арр	eal?											
	□ 30 days	□ 45 days		da	ys (Spe	cify) _							_			
5. Authorized Representative Information (if any) If you are representing the Appellant identified the correct box below and complete the remaining information.													ect			
	☐ An attorney repres	ey representing the Appellant														
☐ A spouse, family member, or other person assisting the Appellant with this appeal If you have not already sent PBGC an original notarized power of attorney signed by the Appellant giving you the authority to act on the Appellant's behalf, you must submit one with this form.																
	Last Name					First Name										
	Middle Name	Other Nar	ne(s) Used		•											
	Mailing Address			Ар	artment	/ Route Number										
	City		Sta	ate		Zip Code										
	Country			E-mail (optional)												
	Daytime Phone		EXTENSIO	N	Evenin	g Ph	Phone									
	( )	- x			(		)			- [						
6.	Signature of Appellan willfully making false, fictitio under Title 18, Section 1001 provided on this form is true	us or fraudulent statement I, United States Code. I de	s to the Per clare under	sion pena	Benefit	Guar	anty C	Corporat	ion is	s a cri	ime pu	unish				
	SIGNATURE					D	ATE									
	OW TO FILE: You may eithquired—see item 5), to:	ner mail this completed f Pension Benefit Attention: Appe	: Guaranty als Divisior	Corp	•	•	and a	power	of a	ttorn	ey (if					

Alexandria, VA 22315-1750

or, you may fax your request to the Appeals Division at (202) 326-4095 or (202) 326-4091. You may request additional time by e-mail to appeals@pbgc.gov provided you answer all of the questions on this form in your e-mail.

The Appeals Division will acknowledge your correspondence within one week of receipt. If you have any questions, call the Appeals Division at 1-800-400-7242 ext. 4090.

## **PBGC Privacy Act Notice**

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994), requires PBGC to give you this notice when collecting information from you. PBGC uses the information to resolve administrative appeals of matters specified in 29 C.F.R. § 4003(b)(5) – (10). Your Social Security Number is used by PBGC to identify your records within PBGC, to report income for tax purposes, and to respond to lawful requests for information about you from other individuals and entities. Your response is voluntary. However, failure to provide information to PBGC, including your Social Security Number, may delay or prevent PBGC from calculating and paying your pension benefits.

The PBGC may release information about you to other individuals and entities when necessary and appropriate under the Privacy Act, including: to a third party who may be aggrieved by a decision of the Appeals Board such as an alternate payee under a qualified domestic relations order; to a third party to make benefit payments to you; or to a labor organization that represents you.

PBGC may also release information about you to appropriate law enforcement agencies when PBGC becomes aware of a possible violation of civil or criminal law. If PBGC, an employee of PBGC, the United States, or another agency of the United States is involved in litigation, PBGC may provide relevant information about you to a court or other adjudicative body or to the Department of Justice when it represents PBGC. PBGC may also provide information about you to the Office of Management and Budget in connection with review of private relief legislation or to a Congressional office in response to an inquiry that office makes about you at your request.

PBGC publishes notices in the *Federal Register* that describe in more detail when information about you may be made available to others. A copy of the most recent *Federal Register* notice may be obtained from PBGC's Customer Contact Center by calling toll-free 1-800-400-7242. For TTY/TDD users, call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 1-800-400-7242. PBGC's authority to collect information from you, including your Social Security Number, is derived from 29 U.S.C. §§ 1055, 1056(d)(3), 1302, 1321, 1322, 1322a, 1341 and 1350 (1994). If you have any other privacy-related questions or concerns, you may contact PBGC's Disclosure Officer at 1-800-400-7242 extension 4040.

## **Paperwork Reduction Act Notice**

The PBGC needs this information, which is required to be filed under 29 CFR Part 4003, so that it can handle appeals of PBGC initial determinations in certain circumstances. PBGC estimates that it will take an average of 0.75 hours and \$55 to comply with these requirements. If you have any comments concerning the accuracy of this estimate or suggestions for improving this form, please send your comments to the Pension Benefit Guaranty Corporation, Legislative and Regulatory Department, 1200 K Street, N.W., Washington, D.C. 20005-4026. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0061 (expires 4/30/13). 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.