



[Date]

[CONTACT NAME]
[STREET ADDRESS]
[CITY, STATE, ZIP]

CONDITIONAL BENEFIT NOTICE – Participant # _____

We have determined that _____ is conditionally entitled to benefits under the Page/Collins Class Action Settlement, which was adopted by court order on June 7, 1996. The agreement provides that benefits from the Pension Benefit Guaranty Corporation be paid to certain participants of plans that terminated between 1976 and 1981. This Settlement Benefit will not affect any other benefit you are receiving on account of your employment with the Plan Sponsor identified below.

Conditional Benefit: \$_____ * Payment is conditioned on proof that the participant was employed with the company identified below for a period of ten years or more, including at some time after January 1, 1976. Alternatively, if your length of employment is confirmed between 5 and 9 years, you may be eligible for \$300.00. If your employment is less than 5 years of service, you may not be eligible to receive a benefit. Payments made to eligible participants are subject to 20% federal income tax withholding, unless a different tax election is made.

* This amount is net of 8% attorneys' fees awarded by the District Court.

CORRECT INFORMATION BELOW:

Participant's SSN:	Date of Birth:
Plan Sponsor/Employer:	
Date of Hire by this Company:	

To complete your response, sign and date the Social Security Earnings Authorization Form that is with this notice. If the participant named above is deceased and you are a spouse or beneficiary of the participant named above, please supply your SSN: _____. Please return this notice and the signed authorization form in the envelope provided.

If you have any questions or need assistance in completing these documents, please call 1-800-316-8857.

I hereby certify that I am the individual (or surviving spouse or estate representative of such person) who worked for the company listed on this form, and the attached information is true and correct to the best of my knowledge and belief.	
Signature: _____	Date: _____
Print Name: _____	

Enclosures: Postage-paid reply envelope, Social Security Earnings Authorization Form



**Page/Collins Class Action Settlement
Social Security Earnings Authorization Form**

PARTICIPANT NAME: _____
PARTICIPANT #: _____
PLAN SPONSOR/EMPLOYER: _____

Please review and correct the information below. *If the participant named above is deceased, please enclose a copy of the death certificate.*

1. Whose detailed earnings record do you need?

Name: _____ Social Security Number: _____

Other name(s) used Date of birth
(Include maiden name): _____ (Mo/Day/Yr): _____

2. What kind of information do you need?

Detailed Earnings Information from 1960 through 1979.

3. Why do you need this information?

I need this information to be eligible to receive settlement benefits in the Page/Collins v. PBGC class action.

4. I am the individual to whom the earnings record applies or a person who is authorized to sign on behalf of that individual. I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine or imprisonment or both. I hereby authorize the Social Security Administration to release my earnings records information directly to the Page/Collins Settlement Director at the address below.

I hereby certify that I am the individual (or surviving spouse or estate representative of such person) who worked for the company listed on this form, and the attached information is true and correct to the best of my knowledge and belief.

Signature: _____ **Date:** _____
Print Name: _____

Please return the completed form in the enclosed pre-paid envelope.