

Case Opening

U.S. Department of Labor
Pension and Welfare Benefits Administration



1. Subject Amended: (Y/N)
Conversion: (Y/N)

Name:

Address:

City: State: Zip Code:

EIN/PN

2. RO-Case No.(Prog) 3. Date Opened:

4. Type of Plan or Service Provider: 5. Type of Benefit: 6. Source: 7. Business Code:

8. Statute Control Date: (statute date if P48 or P52) 9. Plan Data
Year Ended:
Total Participants:
Total Assets:
Annual Contributions:
or Continuing (Y/N)

10. LB/ER Organization:

11. Amount Involved:

12. Investigator:

13. Summary:

14. Distribution

15. Approval: