U.S Department of Justice
Office of the United States Trustee - Region VI

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GROUP/PENSION INFORMATION

Debtor: Bankruptcy Case #:

EIN: Is this a public corporation? ☐ Yes ☐ No

1. Does the debtor sponsor a group health or dental plan? ☐ **Yes** ☐ **No** **If No, go to #2.**

Premiums paid through: ☐ employee contributions ☐ employer contributions

Are the premium payments current? ☐ Yes ☐ No

Benefits paid from: ☐ employee contributions ☐ general assets of the company

Name and address of responsible officer:

Number of plan participants: Amount of plan assets:

2. Does the debtor sponsor a pension plan? ☐ **Yes** ☐ **No** **If No, go to #3.**

☐ 401(k) Plan ☐ Profit Sharing Plan ☐ Defined Benefit Plan*

☐ Money Purchase Plan* ☐ Employee Stock Ownership Plan

Name and address of responsible officer:

Who is the custodian of the plan assets:

Do employees make contributions to the plan? ☐ Yes ☐ No

Have all employee contributions been forwarded to the trust fund? ☐ Yes ☐ No

*Are defined benefit or money purchase plans fully funded? ☐ Yes ☐ No

Have any trustees, officers, owners, or board members of the debtor received any distributions from the plan within the last year? If so, please provide the name(s), address(es), and title(s):

Has the debtor received any loans from the plan? If so, state the approximate date, amount, and purpose of the loan:

Number of plan participants: Amount of plan assets:

3. I declare under penalty of perjury that the answers contained in the foregoing question are true and correct.

Debtor Date

A copy of this document may be provided to the Department of Labor USTLA-8 (1/03)