



U.S. Department of Justice
Office of the United States Trustee
Region 2 - New York, Connecticut, and Vermont

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