

specified period of time. The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

*{Instructions: Select and complete the appropriate option below.}*

*{Option one}*

The Plan was not in endangered, critical, or critical and declining status in the Plan Year.

*{Option two}*

The Plan was in *[insert "endangered" or "critical"]* status in the Plan Year ending *[insert last day of Plan Year]* because *[insert summary description of why plan was in this status based on statutory factors]*. In an effort to improve the Plan's funding situation, the trustees adopted *[insert summary of the plan's funding improvement or rehabilitation plan, including when adopted and expected duration, and a description of any modification or update to the plan adopted during the plan year to which the notice relates]*. You may get a copy of the Plan's *[insert "funding improvement plan" or "rehabilitation plan"]*, any update to such plan and the actuarial and financial data that demonstrate any action taken by the Plan toward fiscal improvement. You may get this information by contacting the plan administrator. *[If applicable, insert: "Or you may obtain this information at [insert Intranet address of plan sponsor (or plan administrator on behalf of the plan sponsor)]."]*

*{Option three}*

The Plan was in critical and declining status in the Plan Year ending *[insert last day of Plan Year]* because *[insert summary description of why plan was in this status based on statutory factors]*. The Plan is projected to be insolvent in the *[insert plan year]* Plan Year. Such insolvency may result in benefit reductions. In an effort to improve the Plan's funding situation, the trustees adopted a rehabilitation plan on *[insert date]*. The rehabilitation plan *[Insert a summary of the plan's rehabilitation plan, including expected duration and a description of any modification or update to the plan adopted during the plan year to which the notice relates]*. *[Insert the following if applicable: The plan sponsor has taken the following legally permitted actions to prevent insolvency: [Insert explanation of actions]."* You may get a copy of the Plan's rehabilitation plan, any update to such plan and the actuarial and financial data that demonstrate any action taken by the Plan toward fiscal improvement. You may get this information by contacting the plan administrator. *[If applicable, insert: "Or you may obtain this information at [insert Intranet address of plan sponsor (or plan administrator on behalf of the plan sponsor)]."]*

If the Plan is in endangered, critical, or critical and declining status for the plan year ending *[insert the last day of the plan year following the Plan Year]*, separate notification of that status has or will be provided.

### Participant Information

The total number of participants and beneficiaries covered by the Plan on the valuation date was *[insert number]*. Of this number, *[insert number]* were current employees, *[insert number]* were retired and receiving benefits, and *[insert number]* were retired or no longer working for the employer and have a right to future benefits.