

**International Association of Machinists Motor City Pension Fund**

**EIN/Plan #: 38-6237143/001**

**Checklist Item #15 – 4.05(2) Efforts to Contact Eligible Recipients**

*Does the application include a description of the efforts that are being taken to contact participants, beneficiaries in pay status, and alternate payees.*

*See section 4.05(2).*

Document 15.1 provides a brief description of the efforts the Pension Plan has taken to contact active participants, retirees, beneficiaries in pay status, and alternate payees. Document 15.2 provides a copy of the web site and related materials of the Pension Benefit Information, Inc. (PBI), the commercial locator service that the Pension Plan uses to assist in its efforts to locate missing individuals.

## **Document 15.1**

### **The Pension Plan's Efforts to Contact Active Participants, Retirees, Beneficiaries in Pay Status, and Alternate Payees**

As required by the IRS regulations, the Pension Plan has provided notice of the proposed suspension to the following eligible recipients via regular mail:

1. All active participants, retirees, beneficiaries of deceased participants, and alternate payees, regardless of whether their benefits are proposed to be suspended;
2. Each employer that has an obligation to contribute to the Plan; and
3. Each employee organization that, for purposes of collective bargaining, represents the participant employed by each such employer.

Only written notices about the proposed suspension were sent to the recipients. No electronic notices were sent out.

Going into this submission, the Plan did not have mailing addresses for one hundred eleven (111) individuals. These are generally participants that have been inactive with the Local for many years. In an effort to locate them, the Fund Office contacted Pension Benefit Information, Inc. (PBI) (see Document 15.2) to assist in its efforts to locate these participants. This service provided the Fund Office with mailing addresses on all of these individuals.

A death search was also performed on this same group of 111 individuals. One of the reasons why the Plan loses touch with a participant or beneficiary is because he or she passed away. This death search identified 8 individuals with social security number and name match that had a date of death in the social security database.

If any of the notices come back to the Fund Office as undeliverable, the Plan will conduct additional searches to locate up-to-date addresses. Once an updated address is found, the Fund Office will resend those benefit suspension notices immediately.

**International Association of Machinists Motor City Pension Fund**  
**EIN/Plan #: 38-6237143/001**  
**Checklist Item #15 – 4.05(2) Notification Efforts**

**Document 15.2**

**Information Relating to**  
**Pension Benefit Information, Inc. (PBI)**

See the following pages.



## When Actionable Data Meets Execution

Just having data to meet your compliance needs is not enough anymore. PBI simplifies your compliance challenges by offering technology and expertise that you need to not only stay above water, but to tackle these challenges efficiently. We are an experienced and dedicated team whose objective is to make sure your compliance needs are met. We are not only a vendor; we are a partner to your customers. Our goal is to provide you with the support that you need to get the job done.



### LOCATE PARTICIPANTS

Minimize the cost of returned mail and ensure your data is up-to-date.



### IDENTIFY DEATHS

PBI's data from multiple sources identifies more deaths than anyone



### CLEANSE DATA

Retrieve accurate data elements to remedy incorrect participant data.



### RESEARCH CENTER

Instantly identify deaths and address information. Available



# SPECIAL PROJECTS CU2800 TRANSMITTAL FORM

**Client Account # (if previously assigned): 62459**

**Date: 03/17/2017**

**Number of records submitted: 111**

*Please utilize PBI's Secure File Transfer System to upload names & SSNs of lost participants. Contact PBI to request a user profile if you do not have one. Email is not secure and cannot be utilized unless it is encrypted. If you do not have the SSN please provide the name and former address, an additional fee applies.*

### Company Requesting Information (Including Plan Name):

#### IAM Motor City Pension

*Pension Benefit Information's data provider uses public records and commercially available data that may contain errors. This data, when used in conjunction with other data can provide reasonable clues to locate your participant. The data should not be relied upon by end users as definitively accurate, and is not allowed to be used for adverse action or deprivation of services.*

#### I am requesting (check all that apply):

(\*Note: FEIN Required for SSN Verification)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Address Retrieval (Unconfirmed) | <input type="checkbox"/> *SSN Verification FEIN # of PLAN                       |
| <input type="checkbox"/> Address Retrieval w/ Phone                 | <input type="checkbox"/> SSN Retrieval  |
| <input type="checkbox"/> Address Verification                       | <input type="checkbox"/> Date of Birth Retrieval                                |
| <input type="checkbox"/> Batch Relative Search                      | <input checked="" type="checkbox"/> Other (specify): <u>No cost death audit</u> |

### Information Access Authorization

By signing below I acknowledge:

I am authorizing PBI to act as my designee to utilize commercial, credit, and or government sources to verify or obtain information required to service a benefit plan or policy. This information will be used in at least one of the following manners:

1. To notify an individual of a benefit due them
2. To verify information submitted by an individual for the purpose of administering a benefit plan or policy
3. To obtain information necessary to administrate a benefit plan or policy
4. To fulfill fiduciary obligations of a benefit plan or policy
5. To prevent/identify fraud

I have full understanding of my responsibilities under GLBA (Gramm Leach Bliley) and DPPA (Driver's Privacy Protection)

My company has industry standard security controls in place and I will protect this information at all times.

I acknowledge PBI's right to conduct an audit of Permissible Use and my obligation to cooperate and respond promptly.

**Employer/Administrator Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Redacted by the U.S. Department of the Treasury*

**Company: IAM Motor City Pension**

Send Report to:

Name: Lili Kozic

Title: Senior Retirement Services Rep

Company: Benesys - IAM Motor City Pension

Address: 700 Tower Drive, Suite 300

City: Troy

State: MI

Zip: 48098

Phone: 248-813-9800 x3157

Fax: 248-721-9678

Email: lili.kozic@benesys.com

Send Invoice to: *(if different)*

Name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

Email: