

## Your right to appeal

You have the right to appeal PBGC's determination of your benefit ("benefit determination"). To file an appeal, you must provide a specific reason why the benefit determination is wrong. If you simply have a question about your benefit or how it was calculated, you should ask for an explanation, instead of filing an appeal, by calling PBGC's Customer Contact Center at 1-800-400-7242. If you are deaf or hard of hearing or have a speech disability, please dial 7-1-1 to access telecommunications relay services. You have 45 calendar days from the date of the benefit determination to file an appeal. If the 45th calendar day from the benefit determination falls on a federal holiday or a weekend, the first non-federal holiday weekday following the 45th calendar day will be substituted as the deadline. For example, if the 45th calendar day falls on a Saturday and the following Monday is not a federal holiday, then that Monday, the 47th calendar day following the date of the benefit determination, will be the filing deadline. Note that this rule applies for every use of "45 calendar days" in this brochure. If you need more time to prepare your appeal before the 45-calendar-day limit expires, you may request an extension from PBGC's Appeals Board, as explained below.

## How to file an appeal

An appeal must be submitted directly to PBGC's Appeals Board. PBGC offers a convenient optional form you may use to file an appeal (Form 724 – Appeal of a PBGC Benefit Determination). Form 724 can be obtained from PBGC's Customer Contact Center or printed/downloaded directly from [www.pbgc.gov/documents/e724.pdf](http://www.pbgc.gov/documents/e724.pdf).

Your appeal must:

- Be in writing;
- Be clearly marked as an appeal;

- Include a specific explanation why PBGC's benefit determination is incorrect and a statement of the result you are seeking;
- Provide information you believe is relevant to your appeal. You may include copies of documents that support your appeal; and
- Be postmarked by the U.S. Postal Service, faxed, emailed, or delivered directly to the Appeals Board no later than 45 calendar days after the date of the benefit determination.

## You may request additional time to file your appeal

If you need more time to file your appeal, you may ask the Appeals Board for an extension of time. Your request for more time must be in writing. You should state why you need more time to file your appeal and how much more time you will need. PBGC offers a convenient optional form you may use to request an extension of time (Form 723 – Request for Additional Time to File an Appeal of a PBGC Benefit Determination). Form 723 can be obtained from PBGC's Customer Contact Center or printed/downloaded directly from [www.pbgc.gov/documents/e723.pdf](http://www.pbgc.gov/documents/e723.pdf). If you use Form 723, you should answer all questions and sign and date the form. A request for an extension of time to file an appeal must be postmarked by the U.S. Postal Service, faxed, emailed, or delivered to the Appeals Board no later than 45 calendar days after the date of PBGC's benefit determination. The Appeals Board will grant an extension of time if you show a good reason why you need more time. The filing of a request for an extension of time will stop the running of the 45-calendar-day period of time to file an appeal. When the Appeals Board grants a request for an extension of time to file an appeal, the Appeals Board will notify you, in writing, of the amount of additional time granted.

If the Appeals Board denies an extension request, the Appeals Board will notify you, in writing, and the 45-calendar-day appeal period will resume running on the date of the Appeals Board's notification of its denial.

## Other information you should include

You should include the following information in your appeal or your request for an extension of the filing deadline:

- Your name, address, and PBGC Customer ID Number;
- The name of your pension plan;
- The PBGC case number assigned to your plan (this can be found at the top of PBGC's benefit determination);
- Your daytime telephone number (including area code); and
- A list of any information requests for which you are awaiting a response from PBGC or another entity (such as the Social Security Administration, a former employer, or a union).

## Where to send an appeal or a request for additional time to file an appeal

Send your appeal or request for additional time to file an appeal by mail to:

**Pension Benefit Guaranty Corporation**  
**ATTN: Appeals Board**  
**Post Office Box 151750**  
**Alexandria, VA 22315-1750**

You may also submit your appeal or request for additional time to file an appeal by fax to the Appeals Board at 202-229-4095 or 202-229-4091, or by email to [appeals@pbgc.gov](mailto:appeals@pbgc.gov).

The Appeals Board will acknowledge your correspondence in writing. If you have questions about how to file an appeal or how to request additional time to file an appeal, or if you would like information about your appeal, you may call the Appeals Board at 1-800-400-7242, extension 4090, write to the Appeals Board at the above address, or email the Appeals Board at [appeals@pbgc.gov](mailto:appeals@pbgc.gov).

## How to obtain copies of PBGC records

For information on how to request PBGC records under the Freedom of Information Act (FOIA), see PBGC's website at [www.pbgc.gov/about/pg/footer/foia](http://www.pbgc.gov/about/pg/footer/foia). If you have additional questions about records requests, you may contact PBGC's Disclosure Division at 202-229-4040.

## You do not need an attorney to represent you

You may act on your own behalf during the appeals process, or you may have someone represent you. You do not need an attorney to file an appeal or to request an extension of time to file an appeal. If you select a representative and that person is not an attorney, send the Appeals Board a notarized power of attorney (signed by you), which specifically states the scope of the representative's authority to act for you. If you prefer, you may use PBGC's optional form to name a representative (Form 715 – Power of Attorney). Form 715 can be obtained from PBGC's Customer Contact Center at 1-800-400-7242, or printed/downloaded directly from [www.pbgc.gov/wr/transactions/power-attorney.html](http://www.pbgc.gov/wr/transactions/power-attorney.html).

## Information to support your appeal; hearings

The Appeals Board decides appeals based on PBGC records and the information you submit. Therefore, it is important that your written appeal include all the facts and documents you wish the Appeals Board to consider. The Appeals Board may ask you for additional information. If you request a hearing or an opportunity to present witnesses, the Appeals Board will decide whether a hearing is needed to resolve your appeal. The Appeals Board's past experience indicates that appeals ordinarily can be decided based on written information.

## You must appeal before you can go to court

Review by the Appeals Board is the final step in PBGC's administrative review process. If you do not appeal PBGC's benefit determination to the Appeals Board, you may not be able to obtain review by a court of law.

## When PBGC's benefit determination will become effective

If you do not appeal PBGC's benefit determination, it will become effective when the 45-calendar-day appeal period ends. If you do appeal, the determination will not become effective until the Appeals Board issues its decision on your appeal.

The Appeals Board's decision may uphold or change the benefit determination. Changes to a benefit determination may include increasing or decreasing the amount of your benefit entitlement.

## Reference

For more information about the Appeals Board's purpose and procedures, including a link to PBGC's "Rules for Administrative Review of Agency Decisions" in Title 29, Code of Federal Regulations, Part 4003, see [www.pbgc.gov/prac/appeals-board.html](http://www.pbgc.gov/prac/appeals-board.html).

## Checklist

- Have you included all information that applies to your appeal or request for an extension of time to file an appeal, including your name, address, PBGC Customer ID Number, daytime telephone number, plan name, and PBGC case number?
- Does your correspondence clearly state that it is an appeal or request for an extension of time to file an appeal?
- Does your correspondence specifically explain why PBGC's benefit determination is incorrect or why you are requesting an extension of time to file an appeal?
- Have you included all information and copies of documents that support your appeal or request for an extension of time to file an appeal?
- Have you included a notarized power of attorney or optional PBGC Form 715 if you are being represented by someone other than an attorney?
- Is your appeal or request for more time to file an appeal postmarked, faxed, emailed, or delivered to the Appeals Board no later than 45 calendar days after the date of the benefit determination?
- Have you signed your appeal or request for extension of time to file an appeal?

## Paperwork Reduction Act

This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0061. Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



Publication PBGC PS-02  
November 2022



# Your Right to Appeal



OMB Control No. 1212-0061  
Expires 7/31/25