



THEODORE LIFTMAN INSURANCE, INC.
FINANCIAL INSURANCE

LIFTMAN INSURANCE AGENCY CO. (NC, TX, CA) | LIFTMAN INSURANCE AGENCY (NY)

The Hartford Pension Plan ERISA Bond Application

The Hartford ERISA bond includes a safety feature which automatically increases the bond amount (if required) at the time of loss to ensure Department of Labor regulatory compliance.¹

¹ Subject to bond terms and conditions.

Section 412 of the Employee Retirement Income Security Act (ERISA) requires a bond for pension, 401K, profit-sharing, and thrift plans. The bond amount must not be less than 10% of the highest amount of funds handled in the preceding fiscal year of the plan up to a maximum bond of \$500,000. If a plan is new or does not have a full preceding plan year, estimate the highest amount to be in the plan.

BOND AMOUNTS AND PREMIUMS²

Premiums for all states except New York

Bond Amount	3 Year Prepaid Premium (3 year policy term)
\$300,000	\$284
\$400,000	\$324
\$500,000	\$365

Premiums for New York only

Bond Amount	3 Year Prepaid Premium (3 year policy term)
\$300,000	\$316
\$400,000	\$359
\$500,000	\$405

² This bond is only for a firm's own plans with 5 or fewer trustees/fiduciaries. Rates do not apply to plans sponsored by labor unions. Plans with "employer securities" call 617-439-9595 for DOL regulations and rate information.

To order this ERISA bond, complete and email, fax or mail the application to Liftman Insurance (see below for contact information). This bond will be issued by a company in The Hartford Financial Services Group, Inc. and you will be billed directly by the insurance company.

ERISA BOND APPLICATION

Contact Name: _____ Phone No.: _____

Plan Sponsor: _____

Street Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____ Email: _____

Your Plan's Exact Name: _____

(Plan name can be found in your adoption agreement)

Any plan fraud or dishonesty losses past 3 years? Yes No Is this a single employer plan? Yes No

Bond Effective Date: _____ Number of Trustees: _____ Assets Per Plan: _____

Today's Date: _____ Signature: _____ Title: _____

Bond Amount: \$300,000 \$400,000 \$500,000

101 Federal Street • Boston, MA 02110 • Tel 617-439-9595 • Fax 617-439-3099
email: pensionbond@liftman.com • www.liftman.com

This application may be copied or downloaded at www.liftman.com.