Clear Form

WASHINGTON STATE
Department of
Retirement Systems

Plans 1 and 2 Payment Advice

This form is for employers to use to report Plan 1 and Plan 2 payments to DRS.

Send completed form to:
Department of Retirement Systems
PO Box 9018 • Olympia, WA 98507-9018

www.drs.wa.gov
800.547.6657, option 6 and then option 1
360.664.7000, option 1 • TTY: 711

Instructions

Detailed instructions and an example showing how to fill out this form are on the back of this payment advice. Please don't use staples, paperclips or tape. Don't use this form for Plan 3 or Deferred Compensation Program (DCP) payments or to redistribute a previous payment. (For the latter, use the *Credit Redistribution* form.)

Employer Information

Name	Reporting Group

Plan 1

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Individual Check Amount
		Plan 1 Amount Total for This Page

Plan 2

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Individual Check Amount
		Plan 2 Amount Total for This Page
		Plan 1 Amount Total for This Page
		Plans 1 and 2 Amount Total for This Page

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Instructions

Employer Information: Enter your organization's name as it appears on your *Statement of Account Activity*. If you have more than one Reporting Group, use a separate form for each Reporting Group number (except for PERS Plan 1 and SERS Plan 2, which can be reported together).

Plan 1 and Plan 2 Sections: Enter your information in the correct plan section.

- **Check or JV No.:** A check or journal voucher (JV) number must be listed for each applicable reporting period or invoice number. A single payment document may be used for more than one reporting period or invoice number.
- **Reporting Period or Invoice No.:** For transmittals, use the reporting period month and year (for example, "01/17" for "January 2017"). For invoices, use the invoice's unique eight-digit number.
- **Amount:** Enter the amount being paid against each invoice or reporting period.
- **Totals:** Enter the plan amount totals. If you use more than one page for a single invoice or payment item number, please total each page separately.

Example Use of Payment Advice Form

Plan 1

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Individual Check Amount
123	08/16	100.00
134	12345678	102.25
		Plan 1 Amount Total $202.25

Plan 2

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Individual Check Amount
124	08/16	100.00
135	10/16	92.25
		Plan 2 Amount Total for This Page $192.25
		Plan 1 Amount Total for This Page $202.25
		Plans 1 and 2 Amount Total for This Page $394.50