Department of Retirement Systems

CREDIT REDISTRIBUTION

PO Box 9018 Olympia, WA 98507-9018 ◆ www.drs.wa.gov
Toll Free: 800.547.6657 ◆ Olympia Area: 360.664.7000 ◆ TTY: 360.586.5450

Clear Form

Once completed, mail this form to the address listed above or you may print, scan and email to DRSAR@drs.wa.gov.

Employer Name					Organization Number			
Retirement System	PERS = P	TRS = T	SERS = E	PSERS = N	LEOFF = L	WSP = S	Judicial = J	HERP = Z
Reporting Group								
Prepared By		Phone Number				Date		

FROM (Credit)			TO (Debit)		
System & Plan	Reporting Period or Invoice Number	Reference Note	System & Plan	Reporting Period or Invoice Number	Amount
Summary					

For DRS Use Only

Processed by (DRS Account Manager)	Date

USING THE CREDIT REDISTRIBUTION FORM

General Information

Use this form to redistribute previous payments. Do ***not*** attach a payment. To make a payment, use the appropriate Payment Advice form (DRS F 136 R 9/11, DRS F 137 R 9/11, DRS F 398 01/12 or DRS F 398 9/11).

A receivable balance is reflected in the Balance Due column on your Statement of Account Activity. If the balance due is a credit (your payment was **greater than** the invoice amount) it will be reflected with a negative sign to the right of the number, for example, **$10.00-**. You may apply all or part of a credit balance to any debit balance (your payment was **less than** the invoice amount). The applied credit may cover only a part of the amount owed. You may apply other credits to the remaining receivable balance, using separate lines. You may redistribute credits between systems and/or plans.

If you have questions about distributing a previous payment or completing this form, please call the DRS Accounts Receivable Unit at (360) 664-7200, option 1, or toll free at 1-800-547-6657, option 6, then option 1; or contact Employer Support Services at (360) 664-7200, option 2, or toll-free at 1-800-547-6657, option 6, then option 2.

Completing the Form

Employer Name	Enter your organization's name as shown on your Statement of Account Activity.
Organization Number	Enter your Organization Number as shown on your Statement of Account Activity; e.g., 9999.
Reporting Group	Enter your DRS Reporting Group as shown on your Statement of Account Activity; e.g., 5000. If you have entries for more than one Reporting Group, list each Reporting Group individually in a separate box.
From **To**	Use the **FROM** column to document the current location of the credit balance. Use the **TO** column to document where you want DRS to apply the credit.
System & Plan	Enter the letter code of the applicable system as indicated on the front page of this form; e.g., T for TRS. Enter a 1, 2 or 3 for the applicable plan. (Example—T2.)
Reporting Period or Invoice Number	Enter the 8-digit unique Invoice Number for DRS generated invoices or the 6-digit month-year invoice number used for the transmittals; e.g.; 012012 for January 2012, as shown on the Statement of Account Activity.
Reference Note	Enter employee payment number, employee name, Social Security number, or other identifying information corresponding to the receivable showing a credit balance on the Statement of Account Activity.
Amount	Enter the amount you are moving expressed as a positive number. Do not use brackets or other symbols.