



Plan 3 Payment Advice

This form is for employers reporting Plan 3 payments to DRS. Use a separate form for each reporting group.

Send completed form to:
 Department of Retirement Systems
 PO Box 9018 • Olympia, WA 98507-9018
www.drs.wa.gov • Toll Free: 800.547.6657
 Olympia Area: 360.664.7000 • TTY: 711

Please do not use staples, paperclips or tape. See the back for instructions on how to complete this form.

Print single-sided copies only.

If you have any questions, please call the Accounts Receivable Unit at 800-547-6657, select option 6; then option 1. To redistribute a previous payment, use the *Credit Redistribution* form.

Employer Name	Reporting Group
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Plan 3 Defined Benefit Contributions (Employer)

Check or JV Number	Reporting Period (mm/yy) or Invoice Number	Amount—List Each Check Individually
Defined Benefit Total for this page		

Plan 3 Defined Contributions (Member)

Check or JV Number	Reporting Period (mm/yy) or Invoice Number	Amount—List Each Check Individually	Investment Program
			WSIB
			SELF
Defined Contribution Total for this page			
Plan 3 Total Amount for this page			



Completing the Payment Advice Form

Employer Name	Enter your organization's name as shown on your <i>Statement of Account Activity</i> .
Reporting Group	Enter your DRS reporting group as shown on your <i>Statement of Account Activity</i> , e.g., 5000. If you have payments for more than one reporting group, use a separate form for each reporting group.
Check or JV Number	On each line, include the check/JV number, invoice number and the dollar amount. This form may be used for more than one invoice number. Use a separate line for each check or JV number. The dollar amount on the invoice should match the amount on the check.
Reporting Period or Invoice Number	For transmittals, use the reporting period month and year, like 01/12 for January 2012. For invoices, use the unique 8-digit invoice number that appears on the invoice.
Amount and Investment Program	Enter the amount you want applied to the invoice or reporting period. For defined contribution payments, enter the amounts beside the abbreviation for the appropriate investment program. "W" indicates the Washington State Investment Board and "S" indicates the funds are for the Self Directed Investment Program.
Defined Benefit Total	Enter the total paid for the defined benefit portion of your payment reported on this page. These are the employer contributions.
Defined Contribution Total	Enter the total paid for the defined contribution portion of your payment reported on this page. These are the member contributions.
Plan 3 Total	Enter the grand total for the defined benefit and the defined contribution payments. If you use more than one page for a single invoice or payment item number, please total each page separately.

Example Use of a Payment Advice from

Plan 3 Defined Benefit Contributions (Employer)

Check or JV Number	Reporting Period (mm/yy) or Invoice Number	Amount—List Each Check Individually
10001	01/2015	450.00
10002	1070001	25.00
Defined Benefit Total for this page		475.00

Plan 3 Defined Contributions (Member)

Check or JV Number	Reporting Period (mm/yy) or Invoice Number	Amount—List Each Check Individually	Investment Program
10003	01/2015	500.00	WSIB
10003	01/2015	425.00	SELF
Defined Contribution Total for this page			925.00
Plan 3 Total Amount for this page			1400.00