Clear Form

WASHINGTON STATE Department of Retirement Systems

Deferred Compensation Program (DCP)

Payment Advice

This form is for employers to use to report Deferred Compensation Program (DCP) 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 3
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.

Employer Information

Name	Reporting Group

DCP Contributions

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

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Instructions

Submit payments to DRS using the following forms:

- *Plans 1 and 2 Payment Advice*
- *Plan 3 Payment Advice*
- *Deferred Compensation Program (DCP) Payment Advice*
- *Higher Education Retirement Plan (HERP) Payment Advice*

Find these forms in the *Publications and Forms* section of the Employer website.

Use this form for payments only. To redistribute a previous payment, use the *Credit Redistribution* form.

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.

DCP Contributions:

- **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:** For transmittals, use the reporting period month and year (for example, "01/17" for "January 2017").
- **Version:** Enter the reporting pay period version (1 of 1, 1 of 2, or 2 of 2).
- **Amount:** Enter the amount being paid against each reporting period.
- **Totals:** Enter the check amount totals. If you use more than one page, please total each page separately.

Example Use of Payment Advice Form

DCP Contributions

Check or JV No.	Reporting Period (mm/yy)	Version	Individual Check Amount
123	01/17	1 of 2	100.00
134	01/17	2 of 2	102.25
			Total for This Page $202.25