# Payment Voucher

## Missing Participants Program

for

Plans that Terminate on or after January 1, 2018

### 1 Plan identifying information

- **a** Plan name

- **b** Employer identification number/plan number: _ _ -_ _ _ _ / _ _ _ _

- **c** 8-digit PBGC Case #: _ _ _ _ _ _ _ _

- **d** Type of plan:
  - PBGC-covered single employer plan
  - PBGC-covered multiemployer plan
  - Defined contribution plan
  - Small professional services defined benefit plan (not covered by PBGC)

### 2 Plan contact information

- **a** Name

- **b** Telephone: _ _ _ - _ _ _ - _ _ _ _

- **c** Email

### 3 Amount paid to PBGC

- **a** Benefit transfer amount and late fee, if applicable: $________

- **b** Administrative fee, if applicable: $________

- **c** Total: $________

### 4 Check number

Where to send voucher (and check):

- **U.S. Postal Service**
  - Pension Benefit Guaranty Corporation
  - P.O. Box 955710
  - St. Louis, MO 63195-5710

- **A delivery service other than the U.S. Postal Service**
  - PBGC Missing Participants Box 955710
  - U.S. Bank Wholesale Lockbox
  - 1005 Convention Plaza
  - SL-MO-C1WS
  - St. Louis, MO 63101