

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 (check applicable box)	<input type="radio"/> PBGC-covered single employer plan <input type="radio"/> PBGC-covered multiemployer plan <input type="radio"/> Defined contribution plan <input type="radio"/> 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