Pension Benefit Guaranty Corporation

Benefit Overpayment/Installment Agreement Program

Instructions

* Required Field

Payer Information:

* First Name: _____ M.I.: _____ * Last Name: _____

* Address Line 1: _____

Address Line 2: _____

* City: _____ * State: _____ * Zip Code: _____

☐ Check if this is a change of address

* Please provide your preferred contact information

Phone Number: _____ Extension: _____

E-mail Address: _____

* **Payment Amount:** _____

Charges on your bank or credit card statement will appear as: **PBGC Installment Payment**.

Additional Information:

* PBGC Tracking Number: _____

* PBGC Case Number: _____

* Participant Name: ☐ Check if Participant is the same as Payer

First Name: _____ M.I.: _____ Last Name: _____

Continue