



Installment Payment Agreement

PBGC Form 718

Approved OMB 1212-0055

Expires 08/31/08

Plan Name: «PrismCase.CaseTitle»
Plan Number: «PrismCase.CaseIdNmbr»
Date Printed: 02/06/2021
Date of Plan Termination: «PrismCase.DOPT»

Participant Name: «PrismCust.FullName»

1. General information about you (Be sure to print clearly, use black ink, and stay within the boxes).

Last Name						First Name									
Middle Name						Other Name(s) Used									
Social Security Number				Date of Birth				Gender							
Mailing Address								Apartment / Route Number							
City								State				Zip Code			
Country								Email (optional)							
Daytime Phone						EXTENSION			Evening Phone						

INSTRUCTIONS: If you want to pay your debt in installments, please sign the agreement on the next page and send it to:

**Collections and Compliance Division / PIU, FOD
Pension Benefit Guaranty Corporation
1200 K Street, NW, Suite 670
Washington, DC 20005**

The agreement may not be altered in any manner. After you sign and return the agreement, PBGC will sign and return a copy of this agreement to you, with instructions concerning your monthly payments. Each month's payment will be due on the first day of the month, beginning on the first of the month following the date PBGC executes the agreement and returns it to you.

CONTINUE 

2. Installment Payment Agreement

I acknowledge that I owe the Pension Benefit Guaranty Corporation (PBGC) a debt for pension benefits that I received, but was not entitled to receive. The amount of this debt is entered below. In exchange for PBGC's agreement to not demand payment at once of the entire amount of this debt or to take legal or other collection actions, I agree to make monthly payments in the amount indicated below until my debt is fully repaid.

No interest will accrue on the balance while I continue to make timely installment payments. However, I understand that PBGC may declare me to be in default 60 days after a missed payment, and that simple interest will then accrue on the total remaining unpaid balance at the same rate as the U. S. Treasury Department's Current Value of Funds Rate for the month in which the (first) payment was missed. If interest accrues, my payments will first be applied to outstanding interest, then to reduce the principal amount.

In addition, I understand that PBGC may take legal or other collection actions. When an installment payment is 90 days late, PBGC may forward the debt to the U.S. Treasury Department for debt collection action, including tax refund offset, Social Security benefit offset, and/or wage garnishment.

Total debt: \$ _____

Monthly payment \$ _____ for ____ months

PBGC Tracking number: _____

By signing this form, I agree to the terms set forth in this agreement.

Signature

Date

Terms accepted by PBGC:

FOD Collections Official

Date

Printed Name