



EMPLOYER REMITTANCE COUPON

Employer ID: _____

Employer Name: _____

Employer Address: _____

Employer City, State, ZIP: _____

This form is to be sent to IPERS with your remittance(s).

TOTAL AMOUNT OF MONEY REMITTED: _____

[This is the total amount of all the check(s) enclosed]

Electronic Funds Transfer (EFT) is highly encouraged. Please sign up for EFT on our website at <www.ipers.org>.

Please make a copy and retain for your records.

Please return this document to:

**IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P O BOX 9117
DES MOINES IA 50306-9117**