



Instructions:

Use this form to repay a COVID-19 related distribution you received from the PCA Retirement Plan. A COVID-19 related distribution is part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law by Congress on March 27, 2020. The CARES Act provides for distributions for certain qualifying individuals (“Impacted Individuals”) participating in 403(b) retirement plans.

You are eligible to repay COVID-19 related distributions you received from the plan between January 1, 2020 and December 31, 2020. The distribution may be repaid to the PCA Retirement Plan within three years following the date of the distribution.

Repayments are not subject to the normal IRS annual contribution limits.

To repay the distribution into the plan you must do the following:

- ✓ To complete a repayment via check, mail a cashier’s check or money order to PCA Retirement Center. The check must be made payable to **PCA Retirement Plan FBO [your name]**.
- ✓ Mail the repayment check and the signed and completed CARES Act Distribution Repayment Form to:

PCA Retirement Center
4025 Delridge Way SW, Suite 250
Seattle, WA 98106

General Information:

Eligible Amounts

You are eligible to repay a COVID-19 related distribution into the Plan if you meet the requirements for an impacted individual.

To be considered an Impacted Individual under the CARES Act, you must meet one of the following conditions:

- You have been diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (“CDC”).
- Your spouse or dependent has been diagnosed with COVID-19 by a test approved by the CDC (spouse and dependent definitions are dictated by section 152 of the Internal Revenue Code of 1986).
- You, your spouse, or a member of your household experienced adverse financial consequences related to COVID-19 due to:
 - being quarantined, furloughed, or laid off
 - having work hours reduced
 - being unable to work due to lack of childcare
 - closing or reducing hours of a business that you, your spouse, or a member of your household own or operate
 - having a reduction in pay (or self-employment income) or having a job offer rescinded or start date for a job delayed.

For purposes of applying these factors, a member of your household is someone who shares your principal residence.



Employee Information:

Name		Last 4 of SSN or Employee ID	
Date of Birth		Date of Hire	
Address		City	State Zip
Telephone Number	Email Address		

Check is made payable to "PCA Retirement Plan FBO [Your Name]"

Enter the amount you would like to repay: \$

I understand that my repayment contribution will be invested according to my current investment elections on file. If I do not have investment elections on file, my contributions will be invested in the Plan's Qualified Default Investment Alternative (QDIA), the Target Retirement Funds.

I have read and understand the summary that describes the Plan, and I agree to be bound by the provisions of the Plan. I certify that the amount of my repayment contribution represents only money that is eligible to be rolled over into the PCA Retirement Plan.

Signature of Employee

Date