



## CLIENT-SPONSORED BENEFIT PLANS

**MUST BE RECEIVED 48 HOURS PRIOR TO PAYROLL PROCESSING DAY**

Please circle:    Weekly - 52 Annually                      Weekly - 48 Annually                      Bi-Weekly - 26 Annually  
                          Bi-Weekly - 24 Annually                      Semi-monthly – 24 Annually                      Monthly – 12 Annually

**Client Name:** \_\_\_\_\_

<b>Employee:</b> _____		<b>SSN:</b> _____ - _____ - _____				
<b>Pay Date Start:</b> _____  New Enrollment Change Only Cancellation	BENEFIT PLAN	PRETAX AMOUNT		AFTER TAX AMOUNT		DEDUCTION AMOUNT
		Employee	Employer	Employee	Employer	<b>Please circle one:</b> Monthly or Per-Pay amount

<b>Employee:</b> _____		<b>SSN:</b> _____ - _____ - _____				
<b>Pay Date Start:</b> _____  New Enrollment Change Only Cancellation	BENEFIT PLAN	PRETAX AMOUNT		AFTER TAX AMOUNT		DEDUCTION AMOUNT
		Employee	Employer	Employee	Employer	<b>Please circle one:</b> Monthly or Per-Pay amount

<b>Employee:</b> _____		<b>SSN:</b> _____ - _____ - _____				
<b>Pay Date Start:</b> _____  New Enrollment Change Only Cancellation	BENEFIT PLAN	PRETAX AMOUNT		AFTER TAX AMOUNT		DEDUCTION AMOUNT
		Employee	Employer	Employee	Employer	<b>Please circle one:</b> Monthly or Per-Pay amount

\_\_\_\_\_  
**Employee or Client Authorization**

\_\_\_\_\_  
**Date**