



CLIENT-SPONSORED BENEFIT PLANS

MUST BE RECEIVED 48 HOURS PRIOR TO PAYROLL PROCESSING DAY

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

Client Name: _____

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

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

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

Employee or Client Authorization

Date