

## Report of Withholdings and Contributions for Health Benefits By Enrollment Code

Department or establishment	Payroll Office number	Report number
Bureau, division or office	Pay period from	Pay period to
Address (including ZIP Code)	Date payroll paid	
	Agency telephone number (   )	



Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*	Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*	Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*

**\*Number of enrollees is required on report, for the last payroll periods paid during the 1st through the 15th of March and September.**