

2016 Calendar



Client Instructions

The 2016 Calendar must be submitted to National Benefit Services, LLC (NBS), the third party administrator. Plan Administrator/Trustee will complete form and then forward to NBS for processing.

1 Client Account Information

Employer Legal Name _____

Contact Person for Payroll Reports (Last Name, First Name) _____

Contact Email Address _____

2 Withholding information *(Select One)*

- A. Weekly (52 deductions)
- B. Monthly (12 deductions)
- C. Semi-monthly (24 deductions)
- D. Bi-Weekly (26 deductions)
- E. Bi-Weekly (24 deductions – the two months of the year with three pay periods will skip deductions on the third period)

Use the following chart to list your pay periods for each month in the year. Only fill in columns applicable to your payroll schedule.

- **NBS will date benefit contributions to the listed end date for each pay period.**
- **Do NOT include pay periods for which benefit deductions are not taken from employee paychecks.**
- **If there are any months in the year when employees are not paid, please leave those blank.**
- **Contribution report dates MUST match the dates listed here. Discrepancies will result in delayed funding.**

	<u>1st Pay Period</u> Start/End date <i>(all schedules)</i>	<u>2nd Pay Period</u> Start/End date <i>(all except monthly)</i>	<u>3rd Pay Period</u> Start/End Date <i>(biweekly, weekly)</i>	<u>4th Pay Period</u> Start/End Date <i>(weekly)</i>	<u>5th Pay Period</u> Start/End Date <i>(weekly – if needed)</i>
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

- F. Other: Please speak with your Implementation Specialist about further options.

3 Authorized Signer Approval

Signature of Authorized Employer Representative _____

Date _____