

Benefit Deductions Calendar



Client Instructions

The form 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

Please answer all the following questions. This form will be returned to client if all questions are not answered.

NOTE: Please refer to dates on which employees/participants are **paid** (receive their paychecks), **not** pay period end dates.

If your benefits have different paycheck/benefit withholding schedules for different employees, please fill out a separate form for each.

Designate the primary calendar (applicable to the most employees) here: ☐ Primary

(A) How many times a year do your employees receive a paycheck?

☐ 26 ☐ 24 ☐ 12 ☐ 52 ☐ Other, specify: _____

(B) How many times a year are benefit deductions taken from employee paychecks?

☐ Same as (A) ☐ 24 ☐ 18 ☐ 9 ☐ Other, specify: _____

(C) If (A) and (B) are not the same, on which pay dates are benefit deductions not taken? _____

(D) Are employees paid on:

☐ Certain Day of the Week ☐ Certain Day(s) of the Month

(E) If paid on a day of the week, which day? _____

OR

If paid on day(s) of the month, which day(s)? _____

(F) What will be the first two pay dates **of the benefit plan year** in which benefit deductions will be taken from participant paychecks?

1st: _____ 2nd: _____

3 Authorized Signer Approval

Signature of Authorized Employer Representative _____

Date _____