Benefit Deductions Calendar



Client Instructions

| The 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. | | | | | |
| 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) | | | | | |
| 2. Si Medity (21 deductions and the thromatic of the year man times pay periods min stup deductions on the tima 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. | | | | | |
| | | | | | |
| | 1st Pay Period | 2 nd Pay Period | 3rd Pay Period | 4th Pay Period | 5 th Pay Period |
| | Start/End date (all schedules) | Start/End date (all except monthly) | Start/End Date (biweekly) | Start/End Date (weekly) | Start/End Date (weekly – if needed) |
| January | ,, | (| (| 1 // | , |
| February | | | | | |
| March April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October November | | | | | |
| December | | | | | |
| | 1 | ı | | | |
| | | | | | |

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

3 Authorized Signer Approval

Signature of Authorized Employer Representative

Date

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