

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 (including area code)			
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 last payroll paid in March and September
 Previous editions obsolete and unuseable