

HEALTH/DENTAL INSURANCE BILLING SUMMARY
MONTH OF FEBRUARY, 2014

CARRIER	HLTH COMPANY AMOUNT	EMPL COVER	DATE RECEIVED	BALANCED	ADJUSTMENTS ATTACHED	CHECKS ATTACHED	OTHER COMMENTS
DELTA DENTAL	43,455.71	785		✓	✓	✓	
DENTAL SPOC	.00	0					
BLUE CROSS	419,135.54	373		✓	✓		
BLUE ACCESS	399,403.57	407		✓	✓		
SPOC	.00	0					
BLUE ADVANTAGE	6,325.62	7		✓			

COMPLETE FORM. RETURN TO DAS-SAE, ATTN: SANDY MEZERA, BY DUE DATE.
DATE RECEIVED - ENTER DATE AGENCY RECEIVED BILLING REPORTS

BALANCED - ENTER AN 'X' IF YOU BALANCED THE "PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET"

ADJUSTMENTS ATTACHED - ENTER AN 'X' IF YOU HAVE ADJUSTMENTS FOR THE CARRIER (ATTACH THE "TRUSTEE REPORT ADJUSTMENT" (TRA) FORM TO THE BACK OF THE BILLING SUMMARY FORM)

CHECKS ATTACHED - ENTER AN 'X' IF YOU HAVE A CHECK(S) FOR THE CARRIER (ATTACH TO THE FRONT OF THE TRA)
OTHER COMMENTS - ADDITIONAL COMMENTS (I.E., APPLY REFUND, WORKSHEET WILL NOT BALANCE, ETC.)

STATE OF IOWA – CENTRALIZED PAYROLL HEALTH AND DENTAL INSURANCE TRUSTEE REPORT ADJUSTMENTS

FOR MONTH OF Feb 14 INS. CARRIER Blue Cross DATE COMPLETED 3/1/14 PAGE 1 OF 1
 THREE DIGIT NUMBER Xxx DEPT. NAME example DATE OF REVISION #1 _____
 DATE OF REVISION #2 _____

							DOLLAR AMOUNT	NO. OF EMPLOYEES
AMOUNT SHOWN ON TRUSTEE REPORT							419,135.54	373
NAME	SSN	CODE		EXPLANATION (INCLUDE DATES)	%	TOTAL	%	TOTAL
		FR	TO					
Laurel	111-11-1111		1X400	FMLA	+	773.54	+	1
Carol	222-22-2222		1X400	FMLA	+	773.54	+	1
CORRECTED TOTAL						420,682.62		3750

CFN 552-0570 R 4/04 *Incorrect code on the Billing Printout that the employee is changing from.

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Laurel SSN: 111-11-1111

Payroll Number: Xxx-M40-0310

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Blue Cross Amount: 773.54

Insurance Code: 1X400

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Carol SSN: 222-22-2222

Payroll Number: Xxx-M40-5120

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Blue Cross Amount: 773.54

Insurance Code: 1X400

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Brandi SSN: 333-33-3333

Payroll Number: Xxx-M40-0311

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Blue Access Amount: 1122.73

Insurance Code: CX600

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Samantha SSN: 444-44-4444

Payroll Number: Xxx-M40-3011

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Blue Access Amount: 479.81

Insurance Code: CX400

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Laurel SSN: 111-11-1111

Payroll Number: Xxx-M40-0310

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Delta Dental Amount: 29.13

Insurance Code: DX400

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Carol SSN: 222-22-2222

Payroll Number: Xxx-M40-5120

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Delta Dental Amount: 29.13

Insurance Code: DX400

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Brandi SSN: 333-33-3333

Payroll Number: __Xxx-M40-0311

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Delta Dental Amount: 39.15

Insurance Code: DX600

For Month of: Feb 2014

** Need to include a check
from Employee for \$39.14*

CFN 552-0335 R 4/04

Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE SHARE TRANSFER

Department: Example Date: 3/1/14

Employee Name: Samantha SSN: 444-44-4444

Payroll Number: __Xxx-M40-5120

Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: Delta Dental Amount: 29.13

Insurance Code: DX400

For Month of: Feb 2014

CFN 552-0335 R 4/04

Authorized by: _____

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Laurel SSN: 111-11-1111
Payroll Number: Xxx-M40-0310
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$3.34

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Laurel SSN: 111-11-1111
Payroll Number: Xxx-M40-0310
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$12.56

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Carol SSN: 222-22-2222
Payroll Number: Xxx-M40-5120
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$3.34

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Carol SSN: 222-22-2222
Payroll Number: Xxx-M40-5120
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$9.08

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Brandi SSN: 333-33-3333
Payroll Number: Xxx-M40-3011
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$3.34

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Brandi SSN: 333-33-3333
Payroll Number: Xxx-M40-3011
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$10.24

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Samantha SSN: 444-44-4444
Payroll Number: Xxx-M40-0311
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$3.34

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services
LIFE/LTD STATE SHARE TRANSFER

Department: Example Date: 3/1/14
Employee Name: Samantha SSN: 444-44-4444
Payroll Number: Xxx-M40-0311
Reason for Transfer: FMLA

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One: Life LTD Amount \$8.98

Basic Life Code: A-2

For Month of: Feb 2014

**If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.*

Authorized by: _____

CFN 005-01 03/14

Iowa Department of Administrative Services

EMPLOYEE SUPPLEMENTAL LIFE PAYMENT

Department: Example Date: 3/1/14

Employee Name: Brandi SSN: 333-33-3333

Payroll Number: Xxx-M40-0311

Leave Code: _____

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$5.60

***Please make sure the amount of the check matches the amount on the supplemental life rate sheets.**

Life Supplemental Code: DT

For Month of: Feb 2014

CFN 005-02 03/14

Iowa Department of Administrative Services

EMPLOYEE SUPPLEMENTAL LIFE PAYMENT

Department: Example Date: 3/1/14

Employee Name: Laurel SSN: 111-11-1111

Payroll Number: Xxx-M40-0310

Leave Code: _____

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$12.70

***Please make sure the amount of the check matches the amount on the supplemental life rate sheets.**

Life Supplemental Code: IJ

For Month of: Feb 2014

CFN 005-02 03/14

Iowa Department of Administrative Services

EMPLOYEE SUPPLEMENTAL LIFE PAYMENT

Department: Example Date: 3/1/14

Employee Name: Samantha SSN: 444-44-4444

Payroll Number: Xxx-M40-0311

Leave Code: _____

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$5.60

***Please make sure the amount of the check matches the amount on the supplemental life rate sheets.**

Life Supplemental Code: DT

For Month of: Feb 2014

CFN 005-02 03/14

Iowa Department of Administrative Services

EMPLOYEE SUPPLEMENTAL LIFE PAYMENT

Department: _____ Date: _____

Employee Name: _____ SSN: _____

Payroll Number: _____

Leave Code: _____

*Enter only one employee name, plan name, insurance code and dollar amount per request.
All fields on form must be completed or this request may be returned due to insufficient information.
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$ _____

***Please make sure the amount of the check matches the amount on the supplemental life rate sheets.**

Life Supplemental Code: _____

For Month of: _____

CFN 005-02 03/14

PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET

Department - Xxx	Blue Cross			Delta Dental			Blue Advantage			Blue Access		
	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total
Regular Payroll												
Pay period 1 01/03/14	A 16,607.71	/	16,607.71	B 8,290.80	/	8,290.80	-	/	-	C 2,611.76	/	2,611.76
Pay period 2 01/17/14	D 16,466.14	E 386,199.90	402,666.04	F 8,349.51	G 26,834.97	35,184.48	-	H 6,325.62	6,325.62	I 2,611.76	J 394,180.05	396,791.81
Add Rewrites from DW rewrite reports												
Pay period 1		/	-		/	-		/	-		/	-
Pay period 2		K 905.05	905.05	L 5.01	M 29.13	34.14		/	-		/	-
Subtract Cancels from DW cancel report												
Pay period 1		/	-		/	-		/	-		/	-
Pay period 2		N (905.05)	(905.05)	O (5.01)	P (29.13)	(34.14)		/	-		/	-
Subtract Automatic Refunds - 075N192A or 075N181A												
Mildred	Q (138.21)	-	(138.21)									
Micah		-	-	R (19.57)	-	(19.57)						
Transfers between Carriers (+ or -) - 075N192B or 075N181B												
Transfers between Depts (+ or -)												
Totals	32,935.64	386,199.90	419,135.54	16,620.74	26,834.97	43,455.71	-	6,325.62	6,325.62	5,223.52	394,180.05	399,403.57
Amounts from Billing summary - 075N193A			419,135.54			43,455.71			6,325.62			399,403.57
Difference			-			-			-			-

Report ID: 075N436-A

Source: HR Payroll

Department: 411

PP Begin Date: 01/03/2014

STATE OF IOWA

PAYROLL JOURNAL : REGULAR BIWEEKLY PAYROLL - FINAL

Page: 1 of 1

Run Date: 02/17/2014

Run Time: 03:02:44 PM

Report Type: Regular Biweekly Final Run Flag: FINAL

411 - M40

Employee Pay

Base Pay	1,468,334.78
Lead Worker Pay	0.00
Special Duty Pay	0.00
Call Back Pay	90.96
Standby Pay	1,602.39
Subsistence Pay	0.00
Extraordinary Pay	0.00
Educational Diff Pay	0.00
Commuter Miles Pay	0.00
Longevity Pay	0.00
Shift Differential	15,411.65
Term Leave Pay	1,063.32
Workers Comp	(1,138.00)
Other Pay Adj	5,220.55
Overtime Pay	98,892.99
Sick Leave Pay	2,000.00
Comptime Pay	6,183.38
Holiday Pay	7,281.46
Med-Passer Pay	4,338.00
Per-Diem Meal Pay	0.00
Per-Diem Cleaning Pay	0.00
Phased Retire. Incentive	0.00
Move Pay	0.00
Imputed Pay	0.00
Vacation Payout	0.00
Reassignment Pay	0.00
Income Not Subj Retire	0.00
Catastrophic Pay	1,151.11
Second Language Pay	0.00
Spoc Premium Pay	0.00
Vol Firefighter Pay	0.00
Spoc Dnr 4% Prem Pay	0.00
Backpay Subj Por Pay	0.00
Additional NonBase Pay	4,774.40
Health Incentive Pay	0.00

Total Gross Pay 1,615,206.99

Total Net Pay 1,025,923.24

Employee Share

Fed WH	1101	178,043.80
Maint/Commuter/Miles	1102	1,207.24
State WH	1103	70,618.54
Charitable Contributions	1104	27.50
FICA	1105	121,271.01
Jud Retire.	1106	0.00
Pol Retire.	1107	0.00
IPERS	1108	95,887.82
Employee Org. Dues	1109	9,209.93
Blue Cross	1110	A 16,607.71
Temporary Deduction	1114	0.00
Credit Union	1115	43,160.00
Annuity	1116	0.00
Group Life	1117	0.00
Deferred Comp.	1118	22,594.12
Employee Org. Ins.	1119	0.00
Spoc Health	1120	0.00
Misc. Deduction	1122	5,520.61
Dental NonSpoc	1123	B 8,290.80
Illinois WH	1125	0.00
Out Of State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retire.	1134	0.00
Cons Peace Retire.	1135	0.00
Corr Officer Retire.	1136	0.00
Flex Spend Health	1141	2,568.88
Blue Advantage	1143	0.00
Dental Spoc	1148	0.00
Blue Access	1149	C 2,611.76
Imputed Income	1151	0.00
TIAA-CREF Retirement	1152	0.00
Flex Spend Depcare	1160	1,199.21
L.T. Disability Ded	1188	0.00
Roth Def Comp Ded	1189	1,792.50
Garnishment	1500	1,306.77
Wage Assignments	1501	7,365.55
Travel Advance	2115	0.00

Total Employee Share 589,283.75

State Share

FICA	1311	121,271.01
IPERS	1312	143,912.10
Jud Retire.	1313	0.00
Pol. Retire.	1314	0.00
Blue Cross	1315	0.00
Life Insurance	1317	0.00
L.T. Disability	1318	0.00
Spoc Health	1320	0.00
Deferred Comp	1322	5,540.50
Dental - NonSpoc	1323	0.00
FICA - Police	1330	0.00
Airport FF Retire.	1334	0.00
Cons Peace Retire.	1335	0.00
Corr Officer Retire.	1336	0.00
Blue Advantage	1343	0.00
Dental - Spoc	1348	0.00
Blue Access	1349	0.00
TIAA-CREF Retirement	1352	0.00

Total State Share 270,723.61

796	Permanent Full Time	1,839,024.82
0	Statutory	0.00
4	Exempt Full Time	45,328.66
0	Permanent Part Time	0.00
0	Exempt Part Time	0.00
0	Intermittent	0.00
2	Temporary Exempt	1,577.12
0	Project	0.00
0	Summer Exempt	0.00
0	Temporary Unauthorized	0.00
802	Total Paid Employees	1,885,930.60
143	Total Vacant	0.00
13	Total Not Paid	0.00

Total Charged to Salaries 1,885,930.60

Total Trustee Amount 860,007.36

I HEREBY CERTIFY THAT THE PERSONS LISTED ON THE ATTACHED PAYROLL ARE ENTITLED TO THE AMOUNT OF COMPENSATION INDICATED AND THE DEDUCTIONS AUTHORIZED FOR THE PERIOD SPECIFIED THEREON.

SIGNED NAME	TITLE
-------------	-------

Report ID: 075N436-A
 Source: HR Payroll
 Department: 411
 PP Begin Date: 01/17/2014

STATE OF IOWA
 PAYROLL JOURNAL : REGULAR BIWEEKLY PAYROLL - FINAL

Page: 1 of 1
 Run Date: 02/17/2014
 Run Time: 02:51:37 PM

Report Type: Regular Biweekly Final Run Flag: FINAL

411 - M40

Employee Pay

Base Pay	1,475,896.33
Lead Worker Pay	0.00
Special Duty Pay	0.00
Call Back Pay	66.51
Standby Pay	1,602.74
Subsistence Pay	0.00
Extraordinary Pay	0.00
Educational Diff Pay	0.00
Commute Miles Pay	0.00
Longevity Pay	0.00
Shift Differential	15,318.90
Term Leave Pay	13,646.43
Workers Comp	(1,709.93)
Other Pay Adj	14,251.13
Overtime Pay	78,816.31
Sick Leave Pay	2,974.38
Comptime Pay	8,067.64
Holiday Pay	90,569.47
Med-Passer Pay	4,272.00
Per-Diem Meal Pay	0.00
Per-Diem Cleaning Pay	0.00
Phased Retire. Incentive	0.00
Move Pay	0.00
Imputed Pay	0.00
Vacation Payout	0.00
Reassignment Pay	0.00
Income Not Subj Retire	0.00
Catastrophic Pay	1,465.67
Second Language Pay	0.00
Spoc Premium Pay	0.00
Vol Firefighter Pay	0.00
Spoc Dnr 4% Prem Pay	0.00
Backpay Subj Por Pay	0.00
Additional NonBase Pay	4,774.40
Health Incentive Pay	125.00

Total Gross Pay 1,710,136.98
 Total Net Pay 1,085,752.51

Employee Share

Fed WH	1101	193,846.05
Main/Commute/Miles	1102	1,207.24
State WH	1103	76,060.05
Charitable Contributions	1104	27.50
FICA	1105	128,649.23
Jud Retire.	1106	0.00
Pol Retire.	1107	0.00
IPERS	1108	100,726.34
Employee Org. Dues	1109	9,200.75
Blue Cross	1110	D 16,466.14
Temporary Deduction	1114	0.00
Credit Union	1115	43,405.00
Annuity	1116	0.00
Group Life	1117	0.00
Deferred Comp.	1118	23,631.62
Employee Org. Ins.	1119	0.00
Spoc Health	1120	0.00
Misc. Deduction	1122	5,704.94
Dental NonSpoc	1123	F 8,349.51
Illinois WH	1125	0.00
Out Of State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retire.	1134	0.00
Cons Peace Retire.	1135	0.00
Corr Officer Retire.	1136	0.00
Flex Spend Health	1141	2,593.88
Blue Advantage	1143	0.00
Dental Spoc	1148	0.00
Blue Access	1149	I 2,611.76
Imputed Income	1151	0.00
TIAA-CREF Retirement	1152	0.00
Flex Spend Depcare	1160	1,199.21
L.T. Disability Ded	1188	0.00
Roth Def Comp Ded	1189	1,792.50
Garnishment	1500	1,791.24
Wage Assignments	1501	7,121.51
Travel Advance	2115	0.00

Total Employee Share 624,384.47

State Share

FICA	1311	128,649.23
IPERS	1312	151,174.04
Jud Retire.	1313	0.00
Pol. Retire.	1314	0.00
Blue Cross	1315	E 386,199.90
Life Insurance	1317	0.00
L.T. Disability	1318	0.00
Spoc Health	1320	0.00
Deferred Comp	1322	18,853.50
Dental - NonSpoc	1323	G 26,834.97
FICA - Police	1330	0.00
Airport FF Retire.	1334	0.00
Cons Peace Retire.	1335	0.00
Corr Officer Retire.	1336	0.00
Blue Advantage	1343	H 6,325.62
Dental - Spoc	1348	0.00
Blue Access	1349	J 394,180.05
TIAA-CREF Retirement	1352	0.00

Total State Share 1,112,217.31

802	Permanent Full Time	2,769,927.71
0	Statutory	0.00
4	Exempt Full Time	49,898.77
0	Permanent Part Time	0.00
0	Exempt Part Time	0.00
0	Intermittent	0.00
2	Temporary Exempt	2,527.81
0	Project	0.00
0	Summer Exempt	0.00
0	Temporary Unauthorized	0.00
808	Total Paid Employees	2,822,354.29
138	Total Vacant	0.00
12	Total Not Paid	0.00

Total Charged to Salaries 2,822,354.29

Total Trustee Amount 1,736,601.78

I HEREBY CERTIFY THAT THE PERSONS LISTED ON THE ATTACHED PAYROLL ARE ENTITLED TO THE AMOUNT OF COMPENSATION INDICATED AND THE DEDUCTIONS AUTHORIZED FOR THE PERIOD SPECIFIED THEREON.

SIGNED NAME	TITLE
-------------	-------

411 - M40

Employee Pay

Base Pay	1,237.04
Lead Worker Pay	0.00
Special Duty Pay	0.00
Call Back Pay	0.00
Standby Pay	0.00
Subsistence Pay	0.00
Extraordinary Pay	0.00
Educational Diff Pay	0.00
Commute Miles Pay	0.00
Longevity Pay	0.00
Shift Differential	0.00
Term Leave Pay	0.00
Workers Comp	0.00
Other Pay Adj	0.00
Overtime Pay	0.00
Sick Leave Pay	0.00
Comptime Pay	571.32
Holiday Pay	0.00
Med-Passer Pay	6.00
Per-Diem Meal Pay	0.00
Per-Diem Cleaning Pay	0.00
Phased Retire. Incentive	0.00
Move Pay	0.00
Imputed Pay	0.00
Vacation Payout	0.00
Reassignment Pay	0.00
Income Not Subj Retire	0.00
Catastrophic Pay	0.00
Second Language Pay	0.00
Spoc Premium Pay	0.00
Vol Firefighter Pay	0.00
Spoc Dnr 4% Prem Pay	0.00
Backpay Subj Por Pay	0.00
Additional NonBase Pay	0.00
Health Incentive Pay	0.00

Total Gross Pay 1,814.36

Total Net Pay 1,313.72

Employee Share

Fed WH	1101	120.37
Main/Commute/Miles	1102	0.00
State WH	1103	72.04
Charitable Contributions	1104	0.00
FICA	1105	138.42
Jud Retire.	1106	0.00
Pol Retire.	1107	0.00
IPERS	1108	107.95
Employee Org. Dues	1109	19.35
Blue Cross	1110	0.00
Temporary Deduction	1114	0.00
Credit Union	1115	0.00
Annuity	1116	0.00
Group Life	1117	0.00
Deferred Comp.	1118	37.50
Employee Org. Ins.	1119	0.00
Spoc Health	1120	0.00
Misc. Deduction	1122	0.00
Dental NonSpoc	1123	5.01
Illinois WH	1125	0.00
Out Of State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retire.	1134	0.00
Cons Peace Retire.	1135	0.00
Corr Officer Retire.	1136	0.00
Flex Spend Health	1141	0.00
Blue Advantage	1143	0.00
Dental Spoc	1148	0.00
Blue Access	1149	0.00
Imputed Income	1151	0.00
TIAA-CREF Retirement	1152	0.00
Flex Spend Depcare	1160	0.00
L.T. Disability Ded	1188	0.00
Roth Def Comp Ded	1189	0.00
Garnishment	1500	0.00
Wage Assignments	1501	0.00
Travel Advance	2115	0.00

Total Employee Share 500.64

State Share

FICA	1311	138.42
IPERS	1312	162.02
Jud Retire.	1313	0.00
Pol. Retire.	1314	0.00
Blue Cross	1315	K 905.05
Life Insurance	1317	0.00
L.T. Disability	1318	0.00
Spoc Health	1320	0.00
Deferred Comp	1322	37.50
Dental - NonSpoc	1323	M 29.13
FICA - Police	1330	0.00
Airport FF Retire.	1334	0.00
Cons Peace Retire.	1335	0.00
Corr Officer Retire.	1336	0.00
Blue Advantage	1343	0.00
Dental - Spoc	1348	0.00
Blue Access	1349	0.00
TIAA-CREF Retirement	1352	0.00

Total State Share 1,272.12

1	Permanent Full Time	3,086.48
0	Statutory	0.00
0	Exempt Full Time	0.00
0	Permanent Part Time	0.00
0	Exempt Part Time	0.00
0	Intermittent	0.00
0	Temporary Exempt	0.00
0	Project	0.00
0	Summer Exempt	0.00
0	Temporary Unauthorized	0.00
1	Total Paid Employees	3,086.48
0	Total Vacant	0.00
0	Total Not Paid	0.00

Total Charged to Salaries 3,086.48

Total Trustee Amount 1,772.76

I HEREBY CERTIFY THAT THE PERSONS LISTED ON THE ATTACHED PAYROLL ARE ENTITLED TO THE AMOUNT OF COMPENSATION INDICATED AND THE DEDUCTIONS AUTHORIZED FOR THE PERIOD SPECIFIED THEREON.

SIGNED NAME	TITLE
-------------	-------

RUN DATE 02/10/2014 RUN TIME 19:46:38

-1ST-HALF-DED-- -----2ND-HALF-DED-----

NAME	EMPLOYEE NUMBER	CODE	PRE TAX	EMPL DEDUCT	CODE	PRE TAX	EMPL DEDUCT	STATE SHARE	TOT PREM	REFUND	REASON
DEPARTMENT											
MILDRED	11801	1X600	Y	138.21	Y	.00	.00	.00	138.21	138.21	TERMINATION OF EMPLOYMENT
TOTALS FOR DEPT									138.21	NUMBER	1

RUN DATE 02/10/2014 RUN TIME 19:47:28

-1ST-HALF-DED- -2ND-HALF-DED-

NAME

EMPLOYEE NO

CODE

PRE

EMPL

CODE

PRE

EMPL

STATE

TOT

REFUND

REASON

TAX DEDUCT

TAX DEDUCT

SHARE

PREM

DEPARTMENT

MICAH

68646

DX600

Y

19.57

Y

.00

.00

.00

19.57

TERMINATION OF EMPLOYMENT

TOTALS FOR DEPT

R

19.57 NUMBER

1

RUN DATE 02/10/2014 RUN TIME 19:47:28

NAME	EMPLOYEE NUMBER	-F I R S T--H A L F-			S E C O N D--H A L F			STATE SHARE	TOT PREMIUM	REASON
		DENT CODE	PRE- TAX	EMPL COST	EMPL DEDUCT	DENT CODE	PRE- TAX			

DEPARTMENT

DEANNA	39112			.00	.00	DX600	Y	19.57	39.14	39.15	78.29	NO 1ST HALF DED - 2ND HALF ADJ
WILLIAM	65451		Y	.00	.00	DX600	Y	19.57	39.14	39.15	78.29	NO 1ST HALF DED - 2ND HALF ADJ
MICAH	68646	DX600	Y	19.57	19.57		Y	.00	.00	.00	19.57	NO 2ND HALF DED - REFUND DUE

SUBSCRIBER ID	NAME	PAYROLL NO	HLTH CODE	PREMIUM	STREET ADDRESS	CITY	STATE	ZIP	COUNTY WORK	OLD NAME	CHG CODE
	*MARTINA*M	-M40-0212	SX400	771.07		OMAHA	NE	68107	65		01
	*JANET*S	-M40-0311	IX600	.00		HASTINGS	IA	51540	65		02
	*SUSAN*C	-M40-0311	IX400	.00		GLENWOOD	IA	51534	65		02
	*LAUREL*M	-M40-0310	IX400	773.54		MALVERN	IA	51551	65		08
	*KATH	-M40-0211	SN60W	1,831.63		LAVISTA	NE	68128	65		12
	*RACHEL*D	-M40-0311	SX400	771.07		RED OAK	IA	51566	65		01
	*ADAM*J	-M40-0311	SX400	771.07		PACIFIC JUNCTION	IA	51561	65		01
	*MICHAEL*A	-M40-0211	IX400	773.54		GLENWOOD	IA	51534	65		11
	CAROL*L	-M40-5120	IX400	773.54		RANDOLPH	IA	51649	65		08
	MILDRED*SUE	-M40-0311	IX600	.00		GLENWOOD	IA	51534	65		02

SUBSCRIBER ID	NAME	PAYROLL NO	HLTH CODE	PREMIUM	STREET ADDRESS	CITY	STATE	ZIP	COUNTY WORK	OLD NAME	CHG CODE
	*BRANDY*S	M40-0311	CX600	1,122.73		PLATTSMOUTH	NE	68048	65		08
	RYAN*A	M40-0311	CX810	561.37		TABOR	IA	51653	65		10
	GERALD*R	M40-0411	CX600	1,122.73		BELLEVUE	NE	68005	65		08
	*KEVIN*C	M40-0311	CX600	1,122.73		TABOR	IA	51653	65		10
	SAMANTHA*J	M40-0311	CX400	479.81		RED OAK	IA	51566	65		08
	SAMANTHA*P	M40-0212	CX400	479.81		GLENWOOD	IA	51534	65		01
	HEATHER*R	M40-0311	CX600	.00		PAPILLION	NE	68046	65		14
	MARISSA*L	M40-0311	CX400	479.81		GLENWOOD	IA	51534	65		10
	COREY*L	M40-0411	CX600	1,122.73		MALVERN	IA	51551	65		10
	MARTHA*N	M40-0311	CX400	.00		COUNCIL BLUFFS	IA	51503	65		02
	BRANDON*C	M40-0311	CX400	.00		GLENWOOD	IA	51534	65		02
	BANDI*C	M40-0311	CX400	479.81		TABOR	IA	51653	65		01
	DIANA*C	M40-0311	CX600	1,122.73		COUNCIL BLUFFS	IA	51503	65		10
	WILLIAM*N	M40-0411	CX600	1,122.73		TABOR	IA	51653	65		12
	OSHUA*J	M40-0311	CX600	1,122.73		COUNCIL BLUFFS	IA	51503	65		10
	KATHRYN*E	M40-0311	CX600	1,122.73		OMAHA	NE	68104	65		10
	MICAH*F	M40-0311	CX600	.00		GLENWOOD	IA	51534	65		02

CHANGE CODE VALUES

- | | |
|----|----------------------------------------------------------------------------------|
| 01 | ADD NEW SUBSCRIBER
EITHER NEW EMPLOYEE OR CHANGED FROM ANOTHER HEALTH CARRIER |
| 02 | CANCELLATION OF COVERAGE
EITHER LEFT EMPLOYMENT, OR DECLINED COVERAGE |
| 03 | DEATH OF SUBSCRIBER |
| 04 | CANCELLATION OF COVERAGE
CHANGED HEALTH COVERAGE TO ANOTHER CARRIER |
| 05 | CHANGED TO MEDICARE CARVE-OUT CONTRACT |
| 06 | MILITARY LEAVE WITHOUT PAY |
| 08 | SUBSCRIBER PLACED ON LEAVE OF ABSENCE |
| 09 | CHANGED NAME |
| 10 | CHANGED HOME ADDRESS OR COUNTY OF EMPLOYMENT |
| 11 | CHANGED PAYROLL NUMBER |
| 12 | CHANGED HEALTH INSURANCE COVERAGE WITHIN CARRIER |
| 13 | COMBINATION ADDRESS AND PAYROLL NUMBER CHANGE |
| 14 | COMBINATION ADDRESS CHANGE AND CANCELLATION OF COVERAGE |
| 15 | PAYROLL NUMBER CHANGED TO ANOTHER 3-DIGIT DEPARTMENT |
| 99 | MULTIPLE CHANGE OTHER THAN 13 OR 14 |

CODE 16 IS NO LONGER IN USE.
CODE 15 WILL ONLY APPEAR ON DEPT REPORT (NOT CARRIER OR BILLING TAPE)
CODE 07 INDICATES NO CHANGE FOR SUBSCRIBER

SUBSCRIBER ID	NAME	PAYROLL NO	DENTAL CODE	PREMIUM	STREET ADDRESS	CITY	STATE	ZIP	COUNTY WORK	OLD NAME	CHG CODE
	BRANDY*S	M40-0311	DX600	78.29		PLATTSMOUTH	NE	68048	65		08
	RYAN*A	M40-0311	DX800	39.15		TABOR	IA	51653	65		10
	MARTINA*M	M40-0212	DX400	29.13		OMAHA	NE	68107	65		01
	JANET*S	M40-0311	DX600	.00		HASTINGS	IA	51540	65		04
	GERALD*R	M40-0411	DX600	78.29		BELLEVUE	NE	68005	65		08
	SUSAN*C	M40-0311	DX400	.00		GLENWOOD	IA	51534	65		04
	KEVIN*C	M40-0311	DX600	78.29		TABOR	IA	51653	65		10
	SAMANTHA*J	M40-0311	DX400	29.13		RED OAK	IA	51566	65		08
	LAUREL*M	M40-0310	DX400	29.13		MALVERN	IA	51551	65		08
	CARL*D	M40-0311	DX400	29.13		PLATTSMOUTH	NE	68048	65		08
	SAMANTHA*P	M40-0212	DX400	29.13		GLENWOOD	IA	51534	65		01
	HEATHER*R	M40-0311	DX600	.00		PAPILLION	NE	68046	65		14
	MARISSA*L	M40-0311	DX400	29.13		GLENWOOD	IA	51534	65		10
	RYAN*D	M40-0212	DN400	29.13		BELLEVUE	NE	68125	65		12
	COREY*L	M40-0411	DX600	78.29		MALVERN	IA	51551	65		10
	MARTHA*N	M40-0311	DX400	.00		COUNCIL BLUFFS	IA	51503	65		04
	RACHEL*D	M40-0311	DX400	29.13		RED OAK	IA	51566	65		01
	ADAM*J	M40-0311	DX400	29.13		PACIFIC JUNCTION	IA	51561	65		01
	BRANDON*C	M40-0311	DX400	.00		GLENWOOD	IA	51534	65		04
	MICHAEL*A	M40-0211	DX400	29.13		GLENWOOD	IA	51534	65		11
	BANDI*C	M40-0311	DX400	29.13		TABOR	IA	51653	65		01
	CAROL*L	M40-5120	DX400	29.13		RANDOLPH	IA	51649	65		08
	DIANA*C	M40-0311	DX400	29.13		COUNCIL BLUFFS	IA	51503	65		10
	WILLIAM*N	M40-0411	DX600	78.29		TABOR	IA	51653	65		12
	JOSHUA*J	M40-0311	DX600	78.29		COUNCIL BLUFFS	IA	51503	65		10
	KATHRYN*E	M40-0311	DX400	29.13		OMAHA	NE	68104	65		10
	MICAH*F	M40-0311	DX600	.00		GLENWOOD	IA	51534	65		04

CHANGE CODE VALUES

01 ADD NEW SUBSCRIBER
EITHER NEW EMPLOYEE OR CHANGED FROM ANOTHER DENTAL CARRIER

03 DEATH OF SUBSCRIBER

04 CANCELLATION OF COVERAGE
DO NOT OFFER CONVERSION

06 MILITARY LEAVE WITHOUT PAY

08 SUBSCRIBER PLACED ON LEAVE OF ABSENCE

09 CHANGED NAME

10 CHANGED HOME ADDRESS OR COUNTY OF EMPLOYMENT

11 CHANGED PAYROLL NUMBER

12 CHANGED DENTAL INSURANCE COVERAGE WITHIN CARRIER

13 COMBINATION ADDRESS AND PAYROLL NUMBER CHANGE

14 COMBINATION ADDRESS CHANGE AND CANCELLATION OF COVERAGE

15 PAYROLL NUMBER CHANGED TO ANOTHER 3-DIGIT DEPARTMENT

99 MULTIPLE CHANGE OTHER THAN 13 OR 14.

CODE 07 INDICATES NO CHANGE FOR SUBSCRIBER