STATE OF IOWA – CENTRALIZED PAYROLL

HEALTH AND DENTAL INSURANCE TRUSTEE REPORT ADJUSTMENTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR MONTH OF | (Enter Month) | |  | INS. CARRIER | | (Enter Name of Carrier) |  | DATE COMPLETED | (Enter Date) | **PAGE** |  | OF |  |
|  |  | |  |  | |  |  | DATE OF REVISION #1 |  |  | | | |
| THREE DIGIT NUMBER | | 000 |  | DEPT. NAME | (Enter Dept. Name) | |  | DATE OF REVISION #2 |  |

|  |  |  |
| --- | --- | --- |
|  | DOLLAR **AMOUNT** | NO. OF **EMPLOYEES** |
| AMOUNT SHOWN ON TRUSTEE REPORT | $0.00 |  |

| NAME | SSN | CODE | | **EXPLANATION (INCLUDE DATES)** | **+/-** | **TOTAL** | **+/-** | **TOTAL** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FR\*** | **TO** |
| (Name) | (Enter SSN) | Code | Code | (Enter Explanation) |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| CORRECTED TOTAL | | | | | | $0.00 |  | 0 |

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