

SAMPLE Enrollment Report - Pinal County Employee Benefit Trust

Last Name	First Name	Alt ID	Medical Benefit (by Tier)
Total Premium	Employer Contribution	Employee Pre-Tax Contribution	Employee PostTax Contribution
Basic Dental (by Tier)	Total Premium	Employer Contribution	Employee Pre-Tax Contribution
Employee PostTax Contribution	Extended Dental (by Tier)	Total Premium	Employer Contribution
Employee Pre-Tax Contribution	Employee PostTax Contribution	Vision (by Tier)	Total Premium
Employer Contribution	Employee Pre-Tax Contribution	Employee PostTax Contribution	EE Basic Life Amt
Premium (Pd. by ER)	Dep Basic Life	Amount	Total Premium
Employer Contribution	Employee Pre-Tax Contribution	Employee PostTax Contribution	Dep Supplemental Life
Amount	Total Premium	Employer Contribution	Employee Pre-Tax Contribution
Employee PostTax Contribution	EE VTL Amt	Total Premium	Employee Pre-Tax Contribution
Employee PostTax Contribution	Spouse VTL Amt	Total Premium	Employee Pre-Tax Contribution
Employee PostTax Contribution	Child VTL Amt	Total Premium	Employee Pre-Tax Contribution
Employee PostTax Contribution	FSA Medical Amt	Employer Contribution	Employee Pre-Tax Contribution
FSA Dep Care Amt	Employer Contribution	Employee Pre-Tax Contribution	STD
Total Premium	Employee Pre-Tax Contributions	Employee Post-Tax Contributions	TOTAL PREMIUM
TOTAL EMPLOYER CONTRIBUTION	TOTAL EMPLOYEE PRE-TAX CONTRIBUTION	TOTAL EMPLOYEE POST-TAX CONTRIBUTION	

SAMPLE Enrollment Report - Pinal County Employee Benefit Trust

Last Name	First Name	Alt ID	Medical Benefit (by Tier)
Total Premium	Employer Contribution	Employee Pre-Tax Contribution	Employee PostTax Contribution
Basic Dental (by Tier)	Total Premium	Employer Contribution	Employee Pre-Tax Contribution
Employee PostTax Contribution	Extended Dental (by Tier)	Total Premium	Employer Contribution
Employee Pre-Tax Contribution	Employee PostTax Contribution	Vision (by Tier)	Total Premium
Employer Contribution	Employee Pre-Tax Contribution	Employee PostTax Contribution	EE Basic Life Amt
Premium (Pd. by ER)	Dep Basic Life	Amount	Total Premium
Employer Contribution	Employee Pre-Tax Contribution	Employee PostTax Contribution	Dep Supplemental Life
Amount	Total Premium	Employer Contribution	Employee Pre-Tax Contribution
Employee PostTax Contribution	EE VTL Amt	Total Premium	Employee Pre-Tax Contribution
Employee PostTax Contribution	Spouse VTL Amt	Total Premium	Employee Pre-Tax Contribution
Employee PostTax Contribution	Child VTL Amt	Total Premium	Employee Pre-Tax Contribution
Employee PostTax Contribution	FSA Medical Amt	Employer Contribution	Employee Pre-Tax Contribution
FSA Dep Care Amt	Employer Contribution	Employee Pre-Tax Contribution	STD
Total Premium	Employee Pre-Tax Contributions	Employee Post-Tax Contributions	TOTAL PREMIUM
TOTAL EMPLOYER CONTRIBUTION	TOTAL EMPLOYEE PRE-TAX CONTRIBUTION	TOTAL EMPLOYEE POST-TAX CONTRIBUTION	

***This report should highlight only those Plan participants who experienced a change in coverage and MUST identify what the change is, the effective date and any premium changes resulting from the change.**

SAMPLE ALL CHECK REGISTERS

Check #	Payee	Date	Type	Total	
1	John Doe	04/27/09	MEDICAL	256.95	
2	ABC Company	04/30/09	DENTAL	52.98	
3	Jane Doe	04/30/09	VISION	75.14	
4	Legal	04/30/09	ADMIN	25.00	
5		04/30/09		56.25	
6		04/30/09		290.81	
7		04/30/09		20.00	
8		04/30/09		20.00	
9		04/06/09		6,241.62	
10		04/13/09		8,189.15	
11		04/20/09		8,222.72	
		04/27/09		<u>7,575.73</u>	
				31,026.35	TOTAL CHECKS
19866		04/02/09	S	(41.10)	TOTAL STOP PAYS
12516		04/01/09	V	(175.00)	
23473		04/01/09	V	(14,036.20)	
31611		04/01/09	V	(285.46)	
35501		04/24/09	V	<u>(400.00)</u>	
				(14,896.66)	TOTAL VOIDS
1337		04/17/09	R	(13.16)	
3445		04/22/09	R	(465.94)	
8214		04/17/09	R	(263.55)	
9149		04/29/09	R	(10,376.95)	
9197		04/01/09	R	(963.00)	
15379		04/06/09	R	(59.84)	
15495		04/17/09	R	(35,587.55)	
21935		04/17/09	R	(1,309.82)	
23666		04/27/09	R	(72.64)	
25179		04/23/09	R	(1,055.95)	
25765		04/23/09	R	(14.30)	
28015		04/01/09	R	(166.86)	
28943		04/13/09	R	(5,711.40)	
29556		04/06/09	R	(386.14)	
30939		04/13/09	R	(4.06)	
31467		04/15/09	R	(100.00)	
32314		04/15/09	R	<u>(350.72)</u>	
				(56,901.88)	TOTAL REFUNDS

SAMPLE MEDICAL CHECK REGISTER

Check #	Payee	Prt Dt	Total
36651		04/30/09	40.00
36652		04/30/09	334.68
36653		04/30/09	570.00
36654		04/30/09	55.21
36655		04/30/09	160.00
36656		04/30/09	62.21
36657		04/30/09	20.00
36658		04/30/09	20.00
36659		04/30/09	104.17
36660		04/30/09	20.00
36661		04/30/09	52.98
36662		04/30/09	75.14
36663		04/30/09	25.00
36664		04/30/09	56.25
36665		04/30/09	290.81
36666		04/30/09	20.00
36667		04/30/09	20.00
			1,926.45
9197		04/01/09 R	(963.00)
35501		04/24/09 V	(400.00)
		Total	563.45

SAMPLE DENTAL CHECK REGISTER

Check #	Payee	Prt Dt	Total
36651		04/30/09	40.00
36652		04/30/09	334.68
36653		04/30/09	570.00
36654		04/30/09	55.21
36655		04/30/09	160.00
36656		04/30/09	62.21
36657		04/30/09	20.00
36658		04/30/09	20.00
36659		04/30/09	104.17
36660		04/30/09	20.00
36661		04/30/09	52.98
36662		04/30/09	75.14
36663		04/30/09	25.00
36664		04/30/09	56.25
36665		04/30/09	290.81
36666		04/30/09	20.00
36667		04/30/09	20.00
			<u>1,926.45</u>
			1,926.45
9197		04/01/09 R	(963.00)
35501		04/24/09 V	(400.00)
		Total	563.45

SAMPLE VISION CHECK REGISTER

Check #	Payee	Prt Dt	Total
36651		04/30/09	40.00
36652		04/30/09	334.68
36653		04/30/09	570.00
36654		04/30/09	55.21
36655		04/30/09	160.00
36656		04/30/09	62.21
36657		04/30/09	20.00
36658		04/30/09	20.00
36659		04/30/09	104.17
36660		04/30/09	20.00
36661		04/30/09	52.98
36662		04/30/09	75.14
36663		04/30/09	25.00
36664		04/30/09	56.25
36665		04/30/09	290.81
36666		04/30/09	20.00
36667		04/30/09	20.00
			1,926.45
9197		04/01/09 R	(963.00)
35501		04/24/09 V	(400.00)
		Total	563.45

SAMPLE DISABILITY CHECK REGISTER

Check #	Payee	Prt Dt	Total
36651		04/30/09	40.00
36652		04/30/09	334.68
36653		04/30/09	570.00
36654		04/30/09	55.21
36655		04/30/09	160.00
36656		04/30/09	62.21
36657		04/30/09	20.00
36658		04/30/09	20.00
36659		04/30/09	104.17
36660		04/30/09	20.00
36661		04/30/09	52.98
36662		04/30/09	75.14
36663		04/30/09	25.00
36664		04/30/09	56.25
36665		04/30/09	290.81
36666		04/30/09	20.00
36667		04/30/09	20.00
			1,926.45
9197		04/01/09 R	(963.00)
35501		04/24/09 V	(400.00)
		Total	563.45

SAMPLE FSA-HEALTH CARE REGISTER

Check #	Payee	Prt Dt	Total
-----	-----	-----	-----
36651		04/30/09	40.00
36652		04/30/09	334.68
36653		04/30/09	570.00
36654		04/30/09	55.21
36655		04/30/09	160.00
36656		04/30/09	62.21
36657		04/30/09	20.00
36658		04/30/09	20.00
36659		04/30/09	104.17
36660		04/30/09	20.00
36661		04/30/09	52.98
36662		04/30/09	75.14
36663		04/30/09	25.00
36664		04/30/09	56.25
36665		04/30/09	290.81
36666		04/30/09	20.00
36667		04/30/09	20.00
			1,926.45
			1,926.45
9197		04/01/09 R	(963.00)
35501		04/24/09 V	(400.00)
		Total	563.45

SAMPLE FSA-DEP CARE CHECK REGISTER

Check #	Payee	Prt Dt	Total
36651		04/30/09	40.00
36652		04/30/09	334.68
36653		04/30/09	570.00
36654		04/30/09	55.21
36655		04/30/09	160.00
36656		04/30/09	62.21
36657		04/30/09	20.00
36658		04/30/09	20.00
36659		04/30/09	104.17
36660		04/30/09	20.00
36661		04/30/09	52.98
36662		04/30/09	75.14
36663		04/30/09	25.00
36664		04/30/09	56.25
36665		04/30/09	290.81
36666		04/30/09	20.00
36667		04/30/09	20.00
			1,926.45
9197		04/01/09 R	(963.00)
35501		04/24/09 V	(400.00)
		Total	563.45

SAMPLE FSA-DEBIT CARD REGISTER

DATE		AMOUNT
04/06/09	Debit Card Funding	\$ 6,241.62
04/13/09	Debit Card Funding	\$ 8,189.15
04/20/09	Debit Card Funding	\$ 8,222.72
04/27/09	Debit Card Funding	<u>\$ 7,575.73</u>
		\$ 30,229.22

SAMPLE ADMIN CHECK REGISTER

Vendor	Agent Name	Check no.	Chk dt	Check amt.
-----	-----	-----	-----	-----
		34407	04/06/09	8,094.08
		34408	04/06/09	32,994.78
		34409	04/06/09	3,300.00
		34410	04/06/09	38,897.97
		34411	04/06/09	24,578.75
		34412	04/06/09	2,782.50
		35504	04/17/09	<u>271.80</u>
				110,919.88

SAMPLE Census by Plan

Apr-09

Employee Only	Employee & Spouse	Employee & Children	Employee & Family	Totals
---------------	-------------------	---------------------	-------------------	--------

Pinal Medical Plan				0
COBRA				0

Extended Dental		N/A	N/A	0
COBRA		N/A	N/A	0

Basic Dental		N/A	N/A	0
COBRA		N/A	N/A	0

Pinal Vision		N/A	N/A	0
COBRA		N/A	N/A	0

Enrolled #'s:
 S/T Disability
 Basic Life
 Supp Life
 Dep Supp Life
 Retiree Life
 Medical FSA
 Dependent FSA

Employee	Family

Benefit Eligible

Month	Basic Life Count	Medical Lives
-------	------------------	---------------

Apr-08
 May-08
 Jun-08
 Jul-08
 Aug-08
 Sep-08
 Oct-08
 Nov-08
 Dec-08
 Jan-09
 Feb-09
 Mar-09
 Apr-09

* Census must match monthly payables.

SAMPLE Short-Term Disability Report

Last Name	First Name	Alt ID	Check Date	Check #	Gross Amt	Pre-Tax Deduction	Post-Tax Deduction	Net Amt
-----------	------------	--------	------------	---------	-----------	-------------------	--------------------	---------

*NOTE: This report must separately list each pre- and post-tax deduction and identify each.