



State Health Benefits : AGENCY-LIFE INSURANCE PREMIUM TRANSMITTAL FORM

State Agency Name: _____ Date: _____

HR Rep: _____ Contact Phone #: _____

Employee Name: _____ Employee ID#: _____

Pay Period Ending(s): _____

Reason for OPR: _____

Type of leave employee is currently on:	Agency Portion Due
LIFE INSURANCE-BASIC LIFE \$50,000-BASLF	
LIFE INSURANCE-LINE OF DUTY \$75,000 -BASICP	
LIFE INSURANCE-ADMINISTRATIVE FEE	
Total	

Required: A copy of the applicable payroll deduction screen and spreadsheet must be attached.

Please enter the necessary financial information below for OPR processing.

Financial Agency Contact: _____ Phone Number: _____

BUS UNIT	FUND	DEPT	ACCT	SUB ACCT	RPT. CAT	PROJ. UNIT	PROJECT	ACTIVITY	ANALYSIS TYPE	OPER UNIT	BUD REF	CLASS	DEBIT	CREDIT
	05200	701000200	535900								125	10000		

HR Signature _____

Date: _____

Directions to Electronically Sign: Click on Tools on the top left corner, in right window pane click Fill & Sign, Click Sign icon  in top window pane, select signature, and drag and place in desired area.