



**EMPLOYEE BENEFITS BUREAU: AGENCY-BENEFITS 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
MEDICAL	
DENTAL	
VISION	
LIFE INSURANCE-BASIC LIFE \$50,000-BASLF	
LIFE INSURANCE-LINE OF DUTY \$75,000 -BASICP	
LIFE INSURANCE-ADMINISTRATIVE FEE	
<b>Total</b>	

**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
	56105	6005000000	237900								123	G0000		

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.*