

Employee Name	_____
Check or Receipt #	_____
Date	_____
Period Paid	_____
I510680 43101	Medical _____
I510690 43102	Life - Dependent _____
I510700 43102	Dental _____
I053000 43102	Lincoln Life Emp* _____
I053000 43102	Lincoln Life Spouse* _____
I053000 43102	Lincoln Life Child* _____
44170/?042 21340	Colonial _____
I051000 43102	VSP _____
I050000 43102	Prepaid Legal _____
44170/?045 21340	Amer Gen Life Ins. _____
44170/?052 21340	Med. America (LTC) _____
I049000 43102	Provident _____
I600000 44160	Retiree - Medical _____
	Retiree - Other _____
	Other _____
	Total <input type="text"/>

*Previously Jefferson Pilot Life 08/08 A BEN-F047

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