

Department of Shared Administrative Services Employee Benefits Division Post Office Box 15610 Little Rock, AR 72231-5610

Toll Free: (877) 815-1017	Fax: (501) 683-0230	https://sas.arkansas.gov/employee-benefits/		
	Billing I	Recap		
Agency/District Number: Fo		For Mon	or Month of:	
Contribution amount	billed (from prin	ntout)	1) \$	
Adjustments:				
ARBenefits (017)	2) \$		_	
ARBenefits Refunds (017)	3) \$			
Life (700)				
RX (502)	5) \$			
Other				
Total Difference: (Lines 2-5	5)		7) \$ 0.00	
Total Contribution Due: (Line 1 + Line 6)			8) \$ 0.00	
· ·	,		,	
Overages/shortages:				
Contribution Overages:	•			
Contribution Shortages:	10) \$		_	
Total Difference: (Line 9 + Line 10)			11)\$ 0.00	
Total Contribution Remitted: (Line 8 + Line 11)			12) \$ 0.00	
A worksheet with explanati	on for each entry m	ust be attac	ched to this reconcilliation.	