



Toll Free: (877) 815-1017 Fax: (501) 683-0230 <http://www.transform.ar.gov/employee-benefits/>

Billing Recap

Agency/District Number: _____ For Month of: _____

Contribution amount billed (from printout) 1) \$ _____

Adjustments:

ARBenefits (017) 2) \$ _____

ARBenefits Refunds (017) 3) \$ _____

Life (700) 4) \$ _____

RX (502) 5) \$ _____

Other 6) \$ _____

Total Difference: (Lines 2-5) 7) \$ 0.00

Total Contribution Due: (Line 1 + Line 6) 8) \$ 0.00

Overages/shortages:

Contribution Overages: 9) \$ _____

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 explanation for each entry must be attached to this reconcillation.

