

Company Change Form - Employer Health

Client Number: _____ Client Name: _____
 Company Number: _____ Company Name: _____
 Date Requested: _____ **Change Effective Date:** _____
(Please note: For proper audit PayData requires advance notice for company changes)

Indicate Type of Change: New Change

Code: D Code Type: M4 Description: ER Health Insurance Premium

Default W2 Box: 12DD

Override Rate/Calculation: _____ Annual Limit: _____

General Ledger Number: _____ General Ledger Offset Number _____

Agency check: Yes No Payable to: _____

Indicate Type of Change: New Change

Code: D Code Type: _____ Description: EE Health Deduction

Default W2 Box: 12DD

(Note: The aggregate reportable cost of employer-sponsored group health plan coverage must be reported in Box 12DD of the W2. Please reference the IRS publication link below.)

For additional information see: Interim Guidance on Informational Reporting to Employees of the Cost of Their Group Health Insurance Coverage: <http://www.irs.gov/pub/irs-drop/n-11-28.pdf>

Is client being billed for changes? Yes No If yes, amount per pay period \$ _____ Flat amount \$ _____

I agree to and authorize PAYDATA to make the above changes to our company set up.

Authorized client representative: _____ Title: _____

Signature: _____ Date: _____

If returning the form via facsimile, please use the direct fax number assigned to your Client Service Representative

<i>For PayData use only:</i>	<i>Requestor:</i>	<i>CSR Rep:</i>	<i>Date Requested:</i>
<i>Route form to all Departments for Review</i>			
1-CUST SVC: _____	_____	_____	_____
2-TAX : _____	_____	_____	_____
3-FINANCE: _____	_____	_____	_____

Priority: High Medium Low

Date Completed: _____
 Date Completed: _____
 Date Completed: _____

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by PayData of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that PayData may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that PayData shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold PayData harmless and indemnify PayData from any and all claims, injuries and damages, of any nature incurred or suffered by PayData as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont.