# EXECUTIVE LIFE INSURANCE

Payroll Withholding Log

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|---|---|
| **Company Name** | |
| **Pay Period Ending** | |
| **Payroll Cycle** | |

| EMP ID | EMPLOYEE NAME | POLICY NUMBER | CARRIER | COVERAGE AMT ($) | TOTAL PREMIUM ($) | EMPLOYER CONT. ($) | EMPLOYEE WITHHOLDING ($) | TAX STATUS (PRE/POST) |
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PREPARED BY (HR/BENEFITS)

Date:

REVIEWED BY (PAYROLL)

Date:

AUTHORIZED SIGNATURE

Date: