GROUP LIFE INSURANCE PREMIUM PAYROLL ALLOCATION

Payroll Period Template

Company Name:

Pay Period Ending:

Policy Provider:

Policy Number:

TOTAL EMPLOYEES

TOTAL MONTHLY PREMIUM

TOTAL EMPLOYER SHARE

TOTAL EMPLOYEE DEDUCTION

EMPLOYEE ID	EMPLOYEE NAME	DEPARTMENT	COVERAGE AMOUNT ($)	TOTAL PREMIUM ($)	EMPLOYER %	EMPLOYER SHARE ($)	EMPLOYEE SHARE ($)
		Totals:					

Prepared By (HR / Payroll Specialist)

Authorized Signature (Finance Manager / CFO)