EMPLOYER HEALTH INSURANCE SUBSIDY RETURN SHEET

Return Template for Employer Health Insurance Contributions

Employer Name		**Tax Identification Number**	
Reporting Period		**Submission Date**	
Insurance Provider		**Policy Number**	

S.No.	Employee ID	Employee Full Name	Plan Tier / Category	Total Monthly Premium ($)	Employer Subsidy (%)	Employer Contribution ($)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

Prepared By (Name & Signature)

Date

Authorized Approver (Name & Signature)

Date