VOLUNTARY LIFE INSURANCE DEDUCTION REGISTER

Payroll Premium Withholding Record

Company Name:
Pay Period Begin Date:
Pay Period End Date:
Policy / Group Number:
Pay Date:
Insurance Provider:

EMP ID	EMPLOYEE NAME	COVERAGE AMOUNT ($)	MONTHLY PREMIUM ($)	EMPLOYEE DEDUCTION ($)	EMPLOYER CONTRIBUTION ($)	STATUS (A/T)
	Totals:					

Prepared By (Payroll Administrator)

Authorized Signature / Approval Date