

**SUBMIT CHANGES
24 HOURS PRIOR TO PAYROLL**



BENEFITS CHANGE FORM

Fax to: Benefits (850) 476-2177 or e-mail to: benefitchanges@landrumprofessional.com

Employee Name: _____

Social Security Number: _____

Client Name/Location: _____

ADD NEW DEDUCTION: *"Effective Date" is the date the entry is made in the LPES payroll system. If payroll is processed prior to the "effective date", the change will be on the next payroll.

Type of Plan: _____ Pay period: \$ _____ Effective Date:* _____ Add'l Prem: _____

Type of Plan: _____ Pay period: \$ _____ Effective Date:* _____ Add'l Prem: _____

Type of Plan: _____ Pay period: \$ _____ Effective Date:* _____ Add'l Prem: _____

Type of Plan: _____ Pay period: \$ _____ Effective Date:* _____ Add'l Prem: _____

CHANGE BENEFIT DEDUCTION: *"Effective Date" is the date the entry is made in the LPES payroll system. If payroll is processed prior to the "effective date", the change will be on the next payroll.

Effective Date of change: _____ Deduction Code (if known): _____

Current Amount (or %) per Pay period \$ _____ Change to: \$ _____ per pay period Adjustment: \$ _____

Effective Date of change: _____ Deduction Code (if known): _____

Current Amount (or %) per Pay period \$ _____ Change to: \$ _____ per pay period Adjustment: \$ _____

Effective Date of change: _____ Deduction Code (if known): _____

Current Amount (or %) per Pay period \$ _____ Change to: \$ _____ per pay period Adjustment: \$ _____

STOP BENEFIT DEDUCTION:

Deduction Code: _____ Amount: \$ _____ Stop effective*: _____ (date) Refund: \$ _____ to employee

Deduction Code: _____ Amount: \$ _____ Stop effective*: _____ (date) Refund: \$ _____ to employee

PTO / VACATION / SICK LEAVE:

Add: _____ hours PTO Vacation Sick

Reduce: _____ hours PTO Vacation Sick

Change: _____

Effective Date:* _____

 Authorized By: _____ Date: _____