



Insurance Benefits

Please fill-out the following 2 page form for the insurance plan(s) you wish to have set-up in WebPay. Complete this form to the best of your ability and a member of our Technical Support team will contact you to further address your needs. If you have questions on this form, please contact our Client Services department at (847) 956-4850.

Once complete, submit the forms to: Service@Paylocity.com or fax to (847) 956-1926, Attn: Client Services.

Please provide the following information regarding your insurance benefits.

** Please note this feature is only available for benefits that have a standard set of flat rates for all employees and do not require a special calculation based on age, income etc.*

- **Which benefit types would you like recorded in WebPay?** (circle all that apply)

Medical

Dental

Vision

Life

Other _____

- **At which point are your employees eligible for benefits?** (Ex. After 30 days of service, starting the beginning of the following month, etc) *Please specify for each type.*

Medical:

Dental:

Vision:

Life:

Other:

- **Do you currently have deductions set-up in WebPay for these benefits?** YES NO
If so, please list and identify the benefit with which they are associated.
Plan: (ex. Medical) Deduction Code: (ex. MDCL)
- **If yes, are there active employees already using these codes to deduct from their paycheck?** YES NO
- WebPay requires a unique deduction code per set of rates; do you have deduction code preferences if Paylocity needs to add new ones? YES NO

*Please use the table below to identify your benefit plans and rates.
Example:*

TYPE	PLAN NAME	RATE TYPE	EE DEDUCTION PER PAYROLL	ER PORTION PER PAYROLL (OPTIONAL)
Medical	Blue Cross HMO	Employee Only	\$30.00	\$100.00
		Employee + Spouse	\$60.00	\$200.00
		Employee + Child	\$65.00	\$205.00
TYPE	PLAN NAME	RATE TYPE	EE DEDUCTION PER PAYROLL	ER PORTION PER PAYROLL (OPTIONAL)

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