

EBD

Employee Benefits Division Post Office Box 15610 Little Rock, AR 72231-5610

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## **Billing Recap**

Agency/District Number:		F	or Month of:		
Contribution amount bi	lled (fro	m printou	ıt)	1) \$	
Adjustments:					
ARHealth (017)	2)	\$			
ARHealth Refunds (017)	3)	\$			
Life (700)	4)	\$			
RX (502)		\$			
Other	6)	\$			
Total Difference: (Lines 2-5)				7) \$	
Total Contribution Due: (Line 1 + Line 6)				8) \$	
Overages/shortages: Contribution Overages:		\$			
Contribution Shortages:	10)	\$			
Total Difference: (Line 9 + Line 10)				11) \$	
Total Contribution Remitted: (Line 8 + Line 11)				12) \$	
A worksheet with explanation	for each	entry must t	oe attached to	o this reconcilliation.	

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