

## FOURSQUARE BENEFIT PLAN

### Monthly Payment Distribution Breakdown

Group Insurance Plant For the Month of _____				Pension Plan For the Month of _____			
NAME OF EMPLOYEE	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE Mandatory	EMPLOYEE Voluntary	TOTAL
<b>TOTAL</b>				<b>TOTAL</b>			

**New Full-Time Employee?** \_\_\_\_\_  
 (Please give them a new Employee Package including a GIP application form)

**Change in Payroll** (Salary Increase/Decrease, Termination, Retirement, etc.)      **Salary Amount** \_\_\_\_\_  
 Name \_\_\_\_\_      **Date of Change** \_\_\_\_\_

**Address change?** Participant Name & Address \_\_\_\_\_  
 \_\_\_\_\_  
Postal Code \_\_\_\_\_

**Change in Marital or Dependent Status:** \_\_\_\_\_

**Termination or Retirement** \_\_\_\_\_

Signed \_\_\_\_\_

*Please pay the G.I.P. premiums upon receipt of the invoice.  
 Pension Plan contributions are done on an as-received basis. Only those payments that are received will be submitted on behalf of the plan member*