USA PAYROLL

Health Insurance Tracking Form

Please complete this form to report the aggregate cost of employer-sponsored health insurance coverage for each of your employees. Sign & date the form and return it to your Payroll Specialist prior to your last payroll of the year.

This information will be included in Box 12 with code DD on employee W-2's for informational purposes and is not taxable to the employee. These reporting requirements were put into place to provide each employee with useful and comparable information of the value of their benefits package to assist with making changes that affect benefits (i.e. changing jobs, changing to a part time status, etc.). **For most plans, the amount reported on the W-2 should include both the portion the employee contributed and the portion the employer contributed to the plan.**

Date: _____

Client Number: _____ **Company Name:** _____

Tax Year: _____ **Payroll Specialist:** _____

Would you like the contribution amount shown on the employee check stubs as an informational reference? (check one) ☐ Yes ☐ No

The amounts provided below per employee are (check one):

☐ Per Pay Period Amounts ☐ Monthly Amounts ☐ Quarterly ☐ Annual Amounts

If you would like to report this differently in the upcoming year, please fill out a separate form for each tax year.

Employee Name:	Total Cost of Employer-Provided Health Care Coverage (Employee & Employer):

Client Signature: _____ Date: ___/____/____

For Internal Use:

Completed By: _____ Completion Date: _____ Scanned to Health Folder By: _____

2601 Lac De Ville Boulevard • Rochester, NY 14618 • 585-427-2010 • fax 585-427-2293