Form Approved

OMB 3206-XXXX

Report of Withholdings and Contributions for Health Benefits By Enrollment Code

Department or establishment	Payroll Office number	Report number
Bureau, division or office	Pay period from	Pay period to
Address (*including ZIP Code*)	Date payroll paid	
	Agency telephone number	

Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*	Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*	Enrollment Code No.	Total Withholdings & Contributions	Number enrolled*

***Number of enrollees is required on report, for the last payroll periods paid during the 1st through the 15th of March and September.**

Public Burden Statement

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completing time, to the Office of Personnel Management, Funds Management, P.O. Box 582, Washington, DC 2044. The OMB Number 3206-XXXX is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.