



STATE OF WEST VIRGINIA

Active Employee Personal Pay Summary Form

Agency: _____

Employee Name: _____

Last Four Digits Of Ss# _____ FBMC 4-Digit Work Location # _____

Check # _____ Check Dollar Amount _____

INSTRUCTIONS: Please return this completed document and payment to your local Benefits Coordinator for distribution to FBMC. Please note: payments will NOT be accepted unless accompanied by this completed document. Benefit Coordinator signature is required.

Benefit Coordinator: _____ Date: _____

Benefit Coordinator Signature: _____

MAKE CHECKS PAYABLE TO:
WV - Mountaineer Flexible Benefits

MAIL THIS FORM WITH YOUR CHECK TO:

FBMC
Attn: Accounting - WVA
P.O. Box 1878
Tallahassee, FL 32302