

### Deposit of MoneyPlus CONTRIBUTIONS

Entity Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Payroll Date(s) (NOT payroll period): \_\_\_\_\_

1. Dependent Care Spending Account Deductions	\$ _____	<b>Please Note:</b> This slip must be attached to <b>ALL</b> checks. If not attached, deposit and payroll information will be held until received.
2. Medical Spending Account Deductions	\$ _____	
3. Health Savings Account Contributions	\$ _____	
4. Total (Lines 1, 2 & 3)	\$ _____	

For amounts indicated on Line 4, make checks payable to: South Carolina MoneyPlus. Send checks, along with this form, to: WageWorks Inc., PO Box 603244, Charlotte, NC 28260-3244, within five business days of payroll ending date.

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Please ensure that all information is complete and accurate.*

4028FBWW-SC-DEPC\_FRM (11/2015)

### Deposit of MoneyPlus ADMINISTRATIVE FEES

Entity Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Payroll Date(s) (NOT payroll period): \_\_\_\_\_

Administrative Fees	\$ _____	<b>Please Note:</b> This slip must be attached to <b>ALL</b> checks. If not attached, deposit and payroll information will be held until received.
---------------------	----------	--

For Administrative Fees only, make checks payable to: WageWorks, Inc. Send checks, along with this form, to: WageWorks, Inc. PO Box 45584, San Francisco, CA 94145-0584, within five business days of payroll ending date.

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Please ensure that all information is complete and accurate.*

4028FBWW-SC-DEPC\_FRM (11/2015)