



State of Hawaii
 PTS Deferred Compensation Retirement Plan
NOTICE OF PTS PAYROLL ADJUSTMENT

Complete this form to notify National Benefit Services of a PTS payroll adjustment (payroll code DC015) that will be done to correct a deduction that occurred in the **current** calendar year.

A copy of the State of Hawaii Notification for Payroll Adjustment (form D-70) may be used in lieu of this form.

Fax completed form to:

ATTN: Eric Hunter
 National Benefit Services, LLC
 3121 Department
FAX: (801) 838- 7302
 Ph: 1-800-274-0503 x136 (Toll Free)

IMPORTANT; After this completed payroll adjustment form is faxed to National Benefits Service, LLC (NBS), you must await NBS' approval before processing the adjustment.

Name of Employee	Social Security Number XXX - XX - _____
------------------	--

Pay periods for which the correction will be made

_____ / _____ / _____ to _____ / _____ / _____

Employee Payroll Number:	Total Corrective Amount \$ _____ . _____	Payroll Adjustment to occur on: _____ / _____ / _____
--------------------------	---	--

From:

Department: _____

Name of Contact: _____

Phone Number : _____

Date: _____