Educators Benefit Consultants, LLC
Third Party Administrator
3125 Airport Parkway, Cambridge MN 55008
Fax: (763) 552-6055

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Employer Contribution Report

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If you need assistance in completing this form, please call (888) 507-6053.

Employer Name: _____ **Employer Contact Name:** _____
Federal Tax ID: _____ **Date:** _____ **Phone:** _____

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Participant's Social Security No.	Participant's Name			Gender (M or F)	Contribution Dollar Amount	Benefit Accrual Date
	Last	First	MI			

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