LINDA LINGLE
GOVERNOR

RUSS K. SAITO
COMPTROLLER

KATHERINE H. THOMASON
DEPUTY COMPTROLLER

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES
P.O. BOX 119
HONOLULU, HAWAII 96810-0119

January 27, 2006

TO: Financial Officers

FROM: Wayne M. Horie, Accounting Division Administrator

SUBJECT: Employer's Share of Contribution Adjustment Sheet, SAFORM D-71

This is to inform departments that a revised Employer's Share of Contribution Adjustment Sheet, SAFORM D-71 has been implemented and is effective on January 1, 2006. Remaining quantities of the old form may be used until December 31, 2006. Any old forms submitted after this date will not be accepted for processing by Central Payroll. Departments are responsible for ensuring that the users of the form have the new forms by the end of December.

New forms may be purchased from the Standard Price List for Multiple Part (Snap-out) Standard Forms, SPO Price List No. 06-16.

Attached for your information is a sample copy of the revised form with the changes described below:

1. Deleted the description "CHILDREN DENTAL" in block number 991.
2. Deleted the description "PRESCRIPTION DRUGS" in block number 986.
3. Changed revision date to January 1, 2006 (REVISED).

If you have any questions regarding this memorandum, please call Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610.

Attachment

STATE OF HAWAII

EMPLOYER'S SHARE OF CONTRIBUTION ADJUSTMENT SHEET

FORM 1-4	PAYROLL NUMBER 5-7	EFF. DATE 8-13	DEPARTMENT
PC			

UNIFORM ACCOUNTING CODE											ACCOUNTS TO BE ADJUSTED					ADJUSTMENT IS FOR
F 14	YR	APPRN 15-17	D 18	S/D 19-21	OBJECT 22-25	FUNC-TION 26-29	LOC 30-32	PROJECT 33-36	ENC CODE 37	38	990 MEDICAL	991 (1)	992 W/C	993 GROUP LIFE INSURANCE	994 MEDICARE TAX	EMPLOYEE NAME
											995 RET. HEALTH INSURANCE	996	997 FICA	998 REG. RET.	999 ADM. FND.	DATE PAID
											989 UNEMPLOYMENT INSURANCE	988 ADULT DENTAL	987 VISION CARE	986 (2)		
											39-46	47-54	55-62	63-70	71-78	
										1						
										2						
										3						
										1						
										2						
										3						
										1						
										2						
										3						
										1						
										2						
										3						
										1						
										2						
										3						
										1						
										2						
										3						

BATCH TOTALS										TOTAL OF ALL
PC1B			1	990	991	992	993	994		
FORM 1-4	PAYROLL NO. 5-7	EFFECTIVE DATE 8-13	2	995	996	997	998	999		
REMARKS:			3	989	988	987	986			
			14	21-30	31-40	41-50	51-60	61-70	71-80	

I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE PROPER AND CORRECT

AUTHORIZED SIGNATURE

OFFICIAL TITLE

(3) STATE ACCOUNTING FORM D-71
JANUARY 1, 2006 (REVISED)