

ALERUS

PAYROLL VERIFICATION

To ensure accuracy for contribution posting, please complete this form and return to Alerus no later than one month prior to the start of your new plan year.

Company name	
Plan year begin date (MM/DD/YYYY)	Plan year end date (MM/DD/YYYY)
Check your applicable payroll frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly 24 <input type="checkbox"/> Bi-weekly 26 <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Start date of your payroll	Do you take deductions from a 3 rd month payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No
For payroll dates that fall on a holiday or weekend, please check the one that applies to your organization. <input type="checkbox"/> Payroll processes business day before <input type="checkbox"/> Payroll processes business day after	

Employer Acknowledgement

I hereby acknowledge that I have received, read, and agree to the details on this form.

Signature

Date

Submit request: Upload the completed form through Alerus' employer website. Click on **Request** > **+New Request** > **Request Type Other** > **Next**. Upload your completed form and click **Submit Request**.