



3125 Airport Parkway, Cambridge MN 55008
 Fax: (763) 552-6055

TrustSecure™

Employer Contribution/Status Report



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

Date: _____ **Phone:** _____
Employer Name: _____ **Federal Tax ID:** _____
Employer Contact Name: _____ **Employer Contact E-Mail:** _____

Please FAX this form to EBC at (763) 552-6055. If you choose to e-mail this form as an attachment, please ensure that the information has been properly protected. E-mail only secured attachments to ebc@ebcsolutions.com.

CONTRIBUTION

| Participant's Social Security No. | Participant's Name | | | Gender (M/F) | Contribution Dollar Amount | Benefit Accrual Date | Premium Reimbursements Only? (Yes or No) |
|-----------------------------------|--------------------|-------|----|--------------|----------------------------|----------------------|--|
| | Last | First | MI | | | | |
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STATUS CHANGE

| Participant's Social Security No. | Participant's Name | | | Date of Event | Type of Event (e.g., retirement, termination, etc.) |
|-----------------------------------|--------------------|-------|----|---------------|---|
| | Last | First | MI | | |
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