Insurance Payroll Deduction Authorization Form

Plan Year July 1, 2017 – June 30, 2018

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coverage Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical

Complete this section if you are electing medical coverage:

|  |  |
| --- | --- |
|  | Bi-Weekly Deduction (25%) |
| Plan | Employee Only | Employee + One | Family |
| PPO 1 | □ $72.35 | □ $159.23 | □ $188.07 |
| PPO 2 | □ $50.65 | □ $111.35 | □ $131.65 |
| PPO HD | □ $42.12 | □ $92.65 | □ $109.62 |

# Dental

Complete this section if you are electing dental coverage:

|  |  |
| --- | --- |
|  | Bi-Weekly Deduction (25%) |
| Plan | Employee Only | Employee + One | Family |
| Delta Dental | □ $6.23 | □ $11.54 | □ $15.12 |

# Vision

Complete this section if you are electing vision coverage:

|  |  |
| --- | --- |
|  | Bi-Weekly Deduction (100%) |
| Plan | Employee Only | Employee + One | Family |
| BCBS Vision | □ $3.46 | □ $6.46 | □ $10.15 |

I am aware of and authorize the Diocese of Lansing to deduct from my paycheck the pre-tax amount(s) for the coverage(s) checked above. I elect to receive such coverage under the Diocese of Lansing Section 125 Cafeteria Plan. If the diocese incurs changes in premiums, I will receive notice of any change and my deduction with automatically be adjusted. I understand that I will not be able to change my coverage until the next open enrollment period or within 30 days of a qualifying life event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature Date