

## Life Insurance Payroll Deduction Authorization Form

### EMPLOYEE INFORMATION

Employee Full Name

Employee ID / Number

Department / Division

Social Security Number (Last 4 digits)

### INSURANCE POLICY & COVERAGE DETAILS

Insurance Provider / Carrier Name

Policy / Group Number

Coverage Amount (\$)

Coverage Type

Basic Life

Supplemental Life

Dependent Life

### PAYROLL DEDUCTION DETAILS

Premium Deduction Amount Per Pay Period (\$)

Effective Date of Deduction

Deduction Frequency

Weekly

Bi-Weekly

Semi-Monthly

Monthly

### AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct from my earnings each pay period the amount indicated above to pay my premium for the selected life insurance coverage. I understand that this authorization will remain in effect until I submit written notification to

terminate the deduction, or until my employment or coverage is terminated. I also acknowledge that any change in premium rates by the insurance provider will result in an automatic adjustment of my payroll deduction amount, following written notification from the employer.

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**Employee Signature**

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**Date**

**HR / PAYROLL OFFICE USE ONLY**

**Processed By (Name & Title)**

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**Date Actioned**

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**Payroll Officer / HR Representative Signature**

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**Date**