

PRE-TAX PAYROLL DEDUCTION AUTHORIZATION FORM

Payroll Department Template

EMPLOYER INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Employee Full Name: _____

Employee ID / SSN: _____

Department: _____

Email Address: _____

Phone

Number: _____

PRE-TAX DEDUCTION ELECTION

Please select the applicable pre-tax benefit plans and enter the deduction details below:

Medical Insurance

Health Savings Account (HSA)

Dental Insurance

Flexible Spending Account (FSA) - Medical

Vision Insurance

Flexible Spending Account (FSA) - Dependent Care

Qualified Retirement Plan (401k/403b)

Qualified Transportation / Parking Benefits

DEDUCTION SCHEDULE & AMOUNTS

Deduction Description / Plan Name	Amount Per Pay Period (\$ or %)	Effective Date

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to make the pre-tax deductions indicated above from my gross earnings each pay period. I understand that these deductions are to be made under the employer's Section 125 Cafeteria Plan (or applicable qualified pre-tax plan rules) and will reduce my taxable income accordingly. I agree that this authorization will remain in effect until I submit a written change or termination request, or until my employment terminates, or until the plan year ends as governed by plan guidelines. I acknowledge that I cannot change or revoke this election during the current plan year unless I experience a qualifying life event.

EMPLOYEE SIGNATURE

DATE

AUTHORIZED EMPLOYER SIGNATURE

DATE