

## Employee Life Insurance Premium Withholding Sheet

### EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

### INSURANCE POLICY DETAILS

INSURANCE PROVIDER

POLICY NUMBER

COVERAGE AMOUNT

EFFECTIVE DATE

### WITHHOLDING & PREMIUM SCHEDULE

WITHHOLDING FREQUENCY

Weekly

Bi-Weekly

Premium Description

Amount per Pay Period

Semi-Monthly

Total Policy Premium

Monthly

Employer Contribution Amount

**Employee Withholding Amount (Deduction)**

### AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the designated employee withholding amount shown above from my earnings each pay period. This deduction represents my contribution towards the life insurance policy selected. I understand that this authorization will remain in effect until I submit written notification to change or terminate this withholding, or until my coverage under the policy ceases.

EMPLOYEE SIGNATURE

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DATE

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HR / PAYROLL REPRESENTATIVE SIGNATURE

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DATE

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Form: LI-WTH-01  
Payroll & Benefits Administration