EMPLOYEE BENEFIT AND VOLUNTARY DEDUCTION FORM

Payroll Department Template

EMPLOYEE INFORMATION

FULL NAME _____

EMPLOYEE ID _____

DEPARTMENT _____

JOB TITLE _____

EFFECTIVE DATE _____

VOLUNTARY DEDUCTIONS & BENEFITS SELECTION

DEDUCTION / BENEFIT TYPE	ENROLL	PRE-TAX	POST-TAX	EMPLOYEE CONTRIBUTION (PER PAY PERIOD)	EMPLOYER CONTRIBUTION (IF APPLICABLE)
Medical Insurance	☐	☐	☐	$	$
Dental Insurance	☐	☐	☐	$	$
Vision Insurance	☐	☐	☐	$	$
Retirement / 401(k)	☐	☐	☐		
Health Savings Account (HSA)	☐	☐	☐	$	$
Flexible Spending Account (FSA)	☐	☐	☐	$	$
Life / AD&D Insurance	☐	☐	☐	$	$
Short/Long Term Disability	☐	☐	☐	$	$
Other: _____	☐	☐	☐	$	$

AUTHORIZATION AND AGREEMENT

I hereby authorize my employer to make the voluntary deductions indicated above from my pay each pay period. I understand that these deductions will continue until I submit a written request to change or terminate them in accordance with company policy and applicable plan rules. I acknowledge that pre-tax deductions will reduce my taxable income and that I am responsible for any tax implications resulting from these choices.

Employee Signature

Date

HR / Payroll Representative Signature

Date