VOLUNTARY PAYROLL DEDUCTION FORM

Employee Benefits Authorization

Employee Name		**Employee ID**	
Department		**Job Title**	
SSN (Last 4 Digits)		**Effective Date**	

DEDUCTION AUTHORIZATION

I hereby authorize my employer to deduct the designated amounts indicated below from my gross earnings each pay period. These deductions are for voluntary benefits and/or programs that I have elected to participate in.

Select	Benefit / Deduction Description	Pre-Tax Amount ($)	Post-Tax Amount ($)
☐	Medical / Health Insurance		
☐	Dental Insurance		
☐	Vision Insurance		
☐	Retirement Plan (401k / 403b)		
☐	Flexible Spending Account (FSA)		
☐	Health Savings Account (HSA)		
☐	Life / Disability Insurance		
☐	Other: _____		

AUTHORIZATION & AGREEMENT

I understand that this authorization will remain in effect until I submit a written request to terminate or change my deduction elections. I acknowledge that these deductions will be made in accordance with federal and state regulations and company policy. I agree that in the event of an administrative error, the employer is authorized to make necessary retroactive adjustments to correct the error.

_____ _____

Employee Signature Date

HR / PAYROLL DEPARTMENT USE ONLY

Date Received: _____ Processed By: _____ Payroll Cycle Start: _____

Authorized Signature (HR/Payroll): _____