

Employee Benefits Enrollment & Payroll Deduction Authorization

EMPLOYEE INFORMATION

Employee Full Name _____

Employee ID _____

Department _____

Job Title _____

Date of Hire _____

BENEFIT ENROLLMENT & PAYROLL DEDUCTION DETAILS

Enroll	Benefit Plan / Coverage Type	Coverage Level (e.g., Single, Family)	Pre-Tax Deduction (\$)	Post-Tax Deduction (\$)	Pay Period Frequency
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
Total Deductions Per Pay Period:					

AUTHORIZATION & ACKNOWLEDGMENT

I hereby authorize my employer to deduct from my earnings each pay period the amounts indicated above for the purpose of paying my share of the premiums for the benefits selected. I understand that pre-tax deductions reduce my taxable income. I also acknowledge that these deductions will continue in effect until either the plan year ends, I experience a qualifying life event, or my employment terminates. I certify that the information provided on this form is true and accurate to the best of my knowledge.

Employee Signature

Date

HR & PAYROLL DEPARTMENT USE ONLY

Processed By _____

Date Processed _____

Effective Date of Deductions _____
