

PAYROLL INTEGRATION FORM

Staff Benefits Enrollment & Deduction Authorization

1. EMPLOYEE PERSONAL INFORMATION

FULL NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

SOCIAL SECURITY / NATIONAL ID NUMBER

DATE OF HIRE

EMAIL ADDRESS

PHONE NUMBER

2. BENEFIT PLAN SELECTION & PRE-TAX PAYROLL DEDUCTIONS

Select the benefits you wish to enroll in. The indicated amounts will be automatically deducted from your gross pay on a pre-tax basis per pay cycle.

Benefit Benefit Type	Plan Selection / Coverage Tier	Employee Cost Per Pay Period
<input type="checkbox"/> Medical Insurance	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Dental Insurance	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Vision Insurance	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Flexible Spending Account (FSA)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Health Savings Account (HSA)	<input type="text"/>	<input type="text"/>

3. RETIREMENT PLAN CONTRIBUTIONS

PRE-TAX CONTRIBUTION PERCENTAGE (%)

OR FLAT DOLLAR AMOUNT PER PAY PERIOD (\$)

CATCH-UP CONTRIBUTION (AGE 50+)

ROTH (POST-TAX) CONTRIBUTION

DECLINE ENROLLMENT

4. PAYROLL DEDUCTION AUTHORIZATION & SIGNATURES

I hereby authorize my employer to make the necessary deductions from my salary/wages each pay period to cover my share of the cost for the benefits selected above. I understand that pre-tax deductions will reduce my taxable income and that these selections cannot be changed until the next open enrollment

period, unless I experience a qualifying life event.

EMPLOYEE SIGNATURE

DATE

FOR HR & PAYROLL DEPARTMENT USE ONLY

DATE FORM RECEIVED

EFFECTIVE PAYROLL CYCLE DATE

PROCESSED BY (HR/PAYROLL REP NAME)

SIGNATURE OF ADMINISTRATOR
