

STAFF BENEFITS ELECTION AND PAYROLL AUTHORIZATION

Payroll & Human Resources Department

Employee Name		Employee ID	
Department		Effective Date	
Job Title		Pay Period	

Benefit Plan Category	Selected Option / Coverage Level	Employee Pre-Tax Deduction	Employee Post-Tax Deduction	Employer Contribution	Waive (X)
Medical Insurance					<input type="checkbox"/>
Dental Insurance					<input type="checkbox"/>
Vision Insurance					<input type="checkbox"/>
Group Life Insurance					<input type="checkbox"/>
Retirement Plan (401k)					<input type="checkbox"/>
Flexible Spending Account					<input type="checkbox"/>
Health Savings Account					<input type="checkbox"/>
Short/Long Term Disability					<input type="checkbox"/>
Total Per Pay Period Deductions					

Payroll Deduction Authorization

I hereby authorize my employer to make the necessary deductions from my earnings each pay period to pay for the insurance covers/benefits selected above. I understand that these selections cannot be changed or revoked during the plan year unless I experience a qualifying life event. I also certify that all information provided is accurate and correct.

Employee Signature

Date

Authorized HR/Payroll Signature

Date