## Payroll Deduction Form



|   |                |                             | Employee Info              | ormation                |   |  |  |
|---|----------------|-----------------------------|----------------------------|-------------------------|---|--|--|
| Employee#   | Nai            | me:                         | Dept:                      |                         |   |  |  |
|   |                | Status: FT                  | Pay Fred                   |                         | BW  | Scheduled Work Ho  | ours   |
| Health Insurance  |                |                             |                            |                         |   |  |  |
| Coverage Level  | F Empl<br>Spou | oyee & Femplo<br>child(i    | yee &   Empl<br>ren) Famil | oyee &<br>y             | Employee &<br>Domestic Pa                       | Emplo<br>Family  | yee &<br>(Domestic   |
| Deduction<br>Change:  | ┌ Yes ┌        | Reason fo<br>No Change:     | or<br>                     |                         |   |  |  |
| Amount of Deduc   | ction _        |                             |                            |                         | <del>2001-200-200-200-200-200-200-200-200</del> |  |  |
| Dental Insurance  |                |                             |                            |                         |   |  |  |
| Coverage Level  | F Emp<br>& Sp  | oloyee                      |                            | oyee &<br>y             | Employee &<br>Domestic Pa                       | Emplo<br>(Dome   | yee & Family<br>estic Partner)   |
| Deduction<br>Change:  | ┌ Yes ┌        | No Reason for               | Change:                    |                         |   | .,,  |  |
| Amount of Deduc   | ction:         |                             |                            |                         |   |  | incontrol automotive control   |
|   |                |                             | Life Insur                 |                         |   |  |  |
| Coverage Level (Employee coverage is required to purchase coverage for spouse and/or children |                |                             |                            |                         |   |  |  |
| [ Employ  | [ Employee     | AD&D                        | Spous                      | e                       | ☐ Child(  | ren)   |  |
| Coverage<br>Amount  |                | Coverage<br>Amount          | $\longrightarrow$          | Converge<br>Amount      |   | Coverage<br>Amount   |  |
| Deduction<br>Amount   |                | Deduction<br>Amount         |                            | Deduction<br>Amount     | *2  | Deduction<br>Amount  | Santon Company of the |
| Voluntary Short Term Disability   |                |                             |                            |                         |   |  |  |
| Benefit Amount  | -              |                             |                            | _                       |   | -  | _  |
| <b>5</b> 0  | \$100          | \$150                       | \$200                      | \$250                   | \$300   | T \$350  | T \$400  |
| Amount of Dedu  | ction:         | 4° (K)                      |                            | 11.000                  | Elevible  | Spanding Account   |  |
| Pre <sup>-</sup>  | Tax            | Post Tax                    | (Roth)                     | All the seasons are and | rickibic.                                       | STATE OF THE PARTY | teriti dikazaranya di Masika   |
| Amount  |                | Amount                      |                            |                         | Medical   |  |  |
| Percent   |                | Percent                     |                            | De                      | ependent Care                                   |  |  |
|   |                |                             | Othe                       |                         |   |  |  |
| Deduction Type:<br>Amount of<br>Deduction:  |                | <b>□</b> Gym                | ☐ Dues                     |                         |   |  |  |
|   |                | (hwhe) (and his redo) y (d) |                            |                         |   | TWO KINDS A  |  |
| <b>Employee Signat</b>  | ure:           |                             |                            | Date:                   | Will serve                                      |  | <del>                                      </del>  |