

**2019 CAFETERIA FUND FORM  
PAYROLL DEDUCTION AUTHORIZATION**

Certificated   
Classified

New   
Revised

\_\_\_\_\_  
Employee Name / Social Security

\_\_\_\_\_  
Effective Date

% of full time

**ALL BENEFITS ARE PRORATED BASED ON PART-TIME STATUS**

**DISTRICT PAID CAFETERIA FUNDS:** (includes highest HMO plus dental & vision)

*(Deduct for the following coverage)*

**Medical - HMO:**

(Anthem Blue Cross, Health Net SmartCare, Kaiser, Western Health Advantage)

**Medical - PPO:**

(PERSCheck, PERSSelect, PERSCare)

**Dental:** Delta Dental of California

**Vision:** Vision Service Plan

Single      2-Party      Family      Plan Name


**Salary Deduction:** If medical plan selected above exceeds \$1,111.13 single, \$2,222.26 2-party, \$2,888.94 family per month in 2019, the overage will be deducted from employees pay warrant.

**DECLINE DISTRICT PAID HEALTH CARE OPTION** (Cash in lieu of medical and/or dental benefits):

*To decline medical and/or dental coverage please check the appropriate box*

**Medical Insurance** (maximum cash back \$555.56 in 2019)

**Dental Insurance** (maximum cash back \$57.87 in 2019)

**AFTER-TAX:**

I hereby authorize the Sequoia Union High School District to make payroll deductions on a pre-tax basis as required to reflect the elections I have made. I authorize the Sequoia Union High School District to deduct from my salary warrant the balance due, if any. This authorization shall remain in effect until I notify the Sequoia Union High School District in writing regarding a change. I understand that I cannot change or revoke medical insurance election prior to the next open enrollment period unless I have a change in family status or other such events permitted under applicable law.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)