



Sequoia Union High School District
Human Resources

2019 CAFETERIA FUND FORM
PAYROLL DEDUCTION AUTHORIZATION
Certificated & Classified Employees

New
Revised

Employee Name / Social Security Number _____

Effective Date _____

% of full time _____

Certificated

Classified

ALL BENEFITS ARE PRORATED BASED ON PART-TIME STATUS

DISTRICT PAID CAFETERIA FUNDS (Includes highest HMO plus dental & vision)				
<i>(Deduct for the following coverage)</i>				
	Single	2-Party	Family	Plan Name
Medical - HMO: (Anthem Blue Cross Select, Anthem Blue Cross Traditional, Health Net SmartCare, Kaiser, Western Health Advantage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical - PPO: (PERSChoice, PERSSelect, PERSCare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental: Delta Dental of California	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision: Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)				
<i>To decline medical and/or dental coverage please check the appropriate box</i>				
Medical Insurance (maximum cash back \$384.13 in 2019)	<input type="checkbox"/>			
Dental Insurance (maximum cash back \$57.87 in 2019)	<input type="checkbox"/>			
I hereby authorize the Sequoia Union High School District (SUHSD) to make payroll deductions on a pre-tax basis as required to reflect the elections I have made. I authorize the SUHSD to deduct from my salary warrant the balance due, if any. This authorization shall remain in effect until I notify the SUHSD 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 _____	