2019 CAFETERIA FUND FORM
PAYROLL DEDUCTION AUTHORIZATION
CERTIFICATED

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)

	Single	2-Party	Family	Plan Name
Medical - HMO: (Anthem Blue Cross, Health Net SmartCare, Kaiser, Western Health Advantage)	☐	☐	☐	
Medical - PPO: (PERSChoice, PERSSelect, PERSCare)	☐	☐	☐	
Dental: Delta Dental of California	☐	☐	☐	
Vision: Vision Service Plan	☐	☐	☐	

Salary Deduction: If medical plan selected above exceeds $1,111.13 single, $2,222.26 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

	AFTER-TAX:
Medical Insurance (maximum cash back $384.13 in 2019)	☐
Dental Insurance (maximum cash back $57.87 in 2019)	☐

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)** _____