

**2019 CAFETERIA FUND FORM
PAYROLL DEDUCTION AUTHORIZATION
CLASSIFIED**

New
Revised

% of full time

Employee Name / Social Security

Effective Date

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, 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 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 \$555.56 in 2019)	AFTER-TAX:			
	<input type="checkbox"/>			
Dental Insurance (maximum cash back \$57.87 in 2019)	<input type="checkbox"/>			
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)	