

**CAFETERIA FUND FORM
PAYROLL DEDUCTION AUTHORIZATION
2016**

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:

(Blue Cross, Blue Shield, Kaiser, UnitedhealthCare)

Medical - PPO:

(PERSChoice, PERSSelect, PERSCare)

Dental: Delta Dental of California

Vision: Vision Service Plan

| | Single | 2-Party | Family | Plan Name |
|----------------|--------|---------|--------|-----------|
| Medical - HMO: | | | | |
| Medical - PPO: | | | | |
| Dental: | | | | |
| Vision: | | | | |

Salary Deduction: If medical plan selected above exceeds \$1,033.86 single, \$2,067.72 party, \$2,642.07 family per month in 2016, the coverage 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 \$516.93 in 2016)

Dental Insurance (maximum cash back \$57.87 in 2016)

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)