

Cafeteria Fund
PAYROLL DEDUCTION AUTHORIZATION
2012

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 Shield or Kaiser)

(OR)

Medical - PPO:

(If choosing a PPO, premium costs over the cost of the single active HMO premium will be deducted from the employees salary warrant.)

Dental: (\$99.45)

Vision: (\$7.00-single \$14.00-double \$21.00-family)

Salary Deduction: (If medical PPO plan selected in line # 2 above exceeds \$711.10/single, \$1,422.20/2 party, \$1,848.86/family per month in 2012, the coverage will be deducted from employees pay warrant.)

Single 2-Party Family Plan Name

DECLINE DISTRICT PAID HEALTH CARE OPTION (receive cash back):

Check the appropriate box if declining medical and/or dental and would like to continue to receive cash in lieu of benefits

Medical Insurance (maximum cash back \$355.55 in 2012):

PRE-TAX:

AFTER-TAX:

Dental Insurance (maximum cash back \$49.73 in 2012):

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)