

**2017 CAFETERIA FUND FORM
PAYROLL DEDUCTION AUTHORIZATION**

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)

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

Salary Deduction: If medical plan selected above exceeds \$1,062.26 single, \$2,124.52 party, \$2,761.88 family per month in 2017, 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

Medical Insurance (maximum cash back \$531.13 in 2017) **AFTER-TAX:**

Dental Insurance (maximum cash back \$57.87 in 2017)

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)