



**INSURANCE ELECTION AND PAYROLL AUTHORIZATION FORM (Plan Year 22-23)**

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEPT:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Please note that this election may not be changed before the end of the Plan Year unless you experience a family status change. The plan year runs from July 1<sup>st</sup> to June 30<sup>th</sup>. If you have questions about this, please contact Human Resources.

**\*\*Employees participating in the HSA Plan who elect to contribute to the account via pre-tax payroll deduction must complete this form again in order to change the deduction amount.**

**HEALTH INSURANCE ELECTION**

**Please check one**

**Employee Cost Bi-Weekly**

**PPO Plan**

- Employee Only **\$0.00**
- Employee + Spouse **\$222.50**
- Employee + Child/Children **\$150.00**
- Employee/Family **\$445.00**

**HSA Plan**

- Employee Only **\$0.00**
- Employee + Spouse **\$157.50**
- Employee + Child/Children **\$95.00**
- Employee/Family **\$325.00**
- HSA contribution (optional pre-tax payroll deduction) – bi-weekly payroll deduction \$ \_\_\_\_\_
- Waive health insurance participation

**DENTAL INSURANCE ELECTION**

**Please check one**

**Employee Bi-Weekly Cost**

- Employee Only **\$0.00**
- Employee/Dependent **\$10.00**
- Family **\$20.00**
- Waive dental insurance participation

**My signature authorizes payroll deductions for all coverage indicated on this form.**

I hereby authorize deduction of the amount(s) indicated above from my gross earnings (pre-tax) in accordance With the guidelines outlined in Section 125 of the Internal Revenue Code.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**