



PAYROLL DEDUCTION FORM

NAME: _____

DEPARTMENT: _____

I am electing the following medical coverage:

- BLUE CROSS BUY-UP Single coverage \$12.52 per pay period (\$25.04 per month)
- BLUE CROSS BUY-UP Family coverage \$200.47 per pay period (\$400.94 per month)
- BLUE CROSS BASE Single coverage \$0 per pay period (\$0 per month)
- BLUE CROSS BASE Family coverage \$168.59 per pay period (\$337.18 per month)
- BLUE CROSS HDHP Single coverage \$0 per pay period (\$0 per month)
- BLUE CROSS HDHP Family coverage \$131.24 per pay period (\$262.48 per month)

I am electing the following Dental coverage:

- DELTA DENTAL Single Coverage \$0 per pay period (\$0 per month)
- DELTA DENTAL Family Coverage \$29.90 per pay period (\$59.80 per month)

I am electing the following Vision coverage:

- VSP EXAM ONLY Single Coverage \$0 per pay period (\$0 per month)
- VSP EXAM ONLY Family Coverage \$0 per pay period (\$0 per month)
- VSP BUY UP Single Coverage \$2.83 per pay period (\$5.66 per month)
- VSP BUY UP Family Coverage \$6.87 per pay period (\$13.74 per month)

I am electing the following Basic Life and AD&D coverage:

- Dependent coverage \$0.12 per pay period (\$0.24 per month)
- Waive Dependent coverage for BASICLIFEAND AD&D INSURANCE

I am electing the following Voluntary Term Life coverage:

- VOLUNTARY TERM LIFE Employee coverage for \$_____ and the cost is \$_____ per pay period
- VOLUNTARY TERM LIFE Spouse coverage for \$_____ and the cost is \$_____ per pay period
Spouse Date of Birth: _____
- VOLUNTARY TERM LIFE Child(ren) coverage for \$_____ and the cost is \$_____ per pay period
Number of Children: _____ Child Date of Birth: _____
Child Date of Birth: _____ Child Date of Birth: _____
Child Date of Birth: _____ Child Date of Birth: _____
Child Date of Birth: _____ Child Date of Birth: _____
- Waive the VOLUNTARY TERM LIFE

I am electing the following ING Deferred Compensation Plan coverage:

- Employer Contribution to ING of \$25 per pay period
- ING deferral of _____% or \$_____
- ING 457 catch-up provision \$_____ per pay period (not to exceed an additional \$15,000 total)
- ING Age 50 catch-up provision \$_____ per pay period (not to exceed an additional \$2,000 total)
- Waive the ING Deferred Compensation Plan coverage

I am electing the following ICMA Deferred Compensation Plan coverage:

- Employer Contribution to ICMA of \$25 per pay period
- ICMA deferral of _____% or \$_____
- ICMA 457 catch-up provision \$_____ per pay period (not to exceed an additional \$15,000 total)
- ICMA Age 50 catch-up provision \$_____ per pay period (not to exceed an additional \$2,000 total)
- Waive the ICMA Deferred Compensation Plan coverage

I am electing the following Flexible Spending Account coverage:

- FLEXIBLE SPENDING ACCOUNT for Medical (F.S.A.) \$_____ contributed per pay period
- FLEXIBLE SPENDING ACCOUNT for Dependent Care (F.S.A.) \$_____ contributed per pay period
- Waive the FLEXIBLE SPENDING ACCOUNT benefit

I am electing the following Health Savings Account coverage:

- HEALTH SAVING ACCOUNT (H.S.A.) \$_____ contributed per pay period
- HEALTH SAVING ACCOUNT catch-up contribution \$_____ contributed per pay period
- Waive the HEALTH SAVINGS ACCOUNT

I have elected to participate in the Blue Cross Blue Shield HDHP medical plan and want the \$43.36 EMPLOYER contribution to go into the following account. HEALTH SAVINGS ACCOUNT (H.S.A.) \$21.68 *deposited* per pay period (\$43.36 per month)

- FLEXIBLE SPENDING ACCOUNT (F.S.A.) \$21.68 *deposited* per pay period (\$43.36 per month)

I authorize the City of Flagstaff to deduct the amounts selected above for my group health, Basic Life and AD&D coverage, Voluntary Term Life, Deferred Compensation, Flexible Spending Account, and/or Health Savings Account. I understand these deductions will be processed over 24 pay periods. These elections cannot be changed until the next open enrollment period and/or I experience a life changing event such as divorce, marriage, birth or adoption of a child, change in job by me or my spouse, etc.

Employee Signature

Date

HR Use Only

Life Changing Event: _____