

PAYROLL DEDUCTION FORM

edical egis PPO Plan: F E Waive MO: K fe Insurance: S ental egis Plan: F E MO: F F	Regis Self-Funded M Effective date Regis Self-Funded M Effective date Regis PPO/Kaiser	ledical ledical • Medical ble for prior HMO partic	Employee # FIONS BY PLACING AN X IN THE PREMIUM OPTION Employee Only Employee & Spouse Employee & Child(ren) PREFERRED OPTION Employee Only Employee & Spouse Employee & Child(ren) Employee & Family ipants within the last 12 months or Employee Only	MD01 MD13 MD15 MD05 MD19 MD20 MD21 MD22	BOX (ES): MONT \$102.0 \$290.0 \$274.0 \$447.0 \$64.0 \$243.0 \$231.0	HLY 00 00 00 00		
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ie Insurance: S Eental egis Plan: R E MO: F F			Employee & Child(ren)	MD24	\$224.0			
ie Insurance: S Eental egis Plan: R E MO: F F			Employee & Family	MD09	\$374.0	0		
E egis Plan: R E MO: F F								
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egis Plan: R E MO: F E			Employee Only	LI01, LI02	\$0.00			
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re E MO: F E	kegis Seit-Funded (F	^z aiα by Employee afte	r 1 year of employment)	DNIG (*			
AO: F E	ttective date		Employee Only	DN01	\$0.00			
IO: F E			Employee & Spouse	DN13	\$23.00			
E AO: F E F			Employee & Child(ren)	DN14	\$25.00			
E MO: F E			Employee & Family	DN15	\$62.00			
E AO: F E F	Regis Self-Funded (Paid by Employee prior to 1 year of employment)							
NO: F E			Employee Only	DN10	\$39.22	,		
F					\$66.99			
F			Employee & Spouse	DN16				
F			□ Employee & Child(ren)	DN17	\$70.93			
F			Employee & Family	DN18	\$98.52	:		
F	Fortis Dental (Paid b	y Regis University aft	er 1 year of employment)					
F	Effective date		Employee Only	DC04	\$0.00			
F			□ Employee & Spouse	DC10	\$0.00			
F			Employee & Child(ren)	DC11	\$0.00			
F			Employee & Family	DC12	\$0.00			
F	Cartia Dantal (Daid h			DOTZ	φ0.00			
		y Employee prior to 1		DC07	¢40.45			
E	_nective date			DC07	\$13.15			
			Employee & Spouse	DC13	\$21.72			
Waive	Self-funded/DMO	Dental	Employee & Child(ren)	DC14	\$29.68	j.		
			Employee & Family	DC15	\$34.88	5		
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	/ision Service Plan (Employee Paid)	Employee Only	VSP1	\$12.47	,		
	Effective date		Employee & Spouse	VSP2	\$23.46			
L			□ Employee & Spouse □ Employee & Child(ren)	VSP3				
\A/_!	Vision				\$21.46			
Waive \	vision		□ Employee & Family	VSP4	\$36.72			
oluntary Benefits		(*to be completed	by HR)					
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sability/Retiremen								
		Term Disability (After 1	year of employment)					
			Employee Only STD1	\$0.0	0			
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ד יח	The Standard Lars T	Corm Dipobility (After 4	voor of omployment					
		Ferm Disability (After 1 y		* • •	•			
E	_ffective date		Employee Only LTD1	\$0.0				
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I hereby autho	Effective date					-1 4 ¹ -		
	Effective date		check pre-tax. Choices indicated c	on this form supers	ede prior de	ductions.		

Employee Signature	Date						
Department of Human Resources & Payroll use only							
Department of Human Resources Signature	Date	Payroll Signature	Date				