



## PAYROLL DEDUCTION FORM

Employee name \_\_\_\_\_ Employee # \_\_\_\_\_ Date of hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE INDICATE YOUR BENEFIT SELECTIONS BY PLACING AN X IN THE APPROPRIATE BOX (ES):**

Medical				
Regis PPO Plan:	Regis Self-Funded Medical Effective date _____	<b>PREMIUM OPTION</b>		<b>MONTHLY</b>
		<input type="checkbox"/> Employee Only	MD01	\$102.00
		<input type="checkbox"/> Employee & Spouse	MD13	\$290.00
		<input type="checkbox"/> Employee & Child(ren)	MD15	\$274.00
		<input type="checkbox"/> Employee & Family	MD05	\$447.00
	Regis Self-Funded Medical Effective date _____	<b>PREFERRED OPTION</b>		
		<input type="checkbox"/> Employee Only	MD19	\$ 64.00
		<input type="checkbox"/> Employee & Spouse	MD20	\$243.00
		<input type="checkbox"/> Employee & Child(ren)	MD21	\$231.00
		<input type="checkbox"/> Employee & Family	MD22	\$374.00
HMO:	<b>Kaiser HMO</b> (Available for prior HMO participants within the last 12 months only) Effective date _____ (Plan 215 Service Area Only)	<input type="checkbox"/> Employee Only	MD07	\$ 68.00
		<input type="checkbox"/> Employee & Spouse	MD23	\$236.00
		<input type="checkbox"/> Employee & Child(ren)	MD24	\$224.00
		<input type="checkbox"/> Employee & Family	MD09	\$374.00
Life				
Life Insurance:	Sun Life Canada (Regis Paid) Effective date _____	<input type="checkbox"/> Employee Only	LI01, LI02	\$0.00
Dental				
Regis Plan:	Regis Self-Funded ( <b>Paid by Employee after 1 year of employment</b> ) Effective date _____	<input type="checkbox"/> Employee Only	DN01	\$0.00
		<input type="checkbox"/> Employee & Spouse	DN13	\$23.00
		<input type="checkbox"/> Employee & Child(ren)	DN14	\$25.00
		<input type="checkbox"/> Employee & Family	DN15	\$62.00
	Regis Self-Funded ( <b>Paid by Employee prior to 1 year of employment</b> ) Effective date _____	<input type="checkbox"/> Employee Only	DN10	\$39.22
		<input type="checkbox"/> Employee & Spouse	DN16	\$66.99
		<input type="checkbox"/> Employee & Child(ren)	DN17	\$70.93
		<input type="checkbox"/> Employee & Family	DN18	\$98.52
DMO:	<b>Fortis Dental (Paid by Regis University after 1 year of employment)</b> Effective date _____	<input type="checkbox"/> Employee Only	DC04	\$0.00
		<input type="checkbox"/> Employee & Spouse	DC10	\$0.00
		<input type="checkbox"/> Employee & Child(ren)	DC11	\$0.00
		<input type="checkbox"/> Employee & Family	DC12	\$0.00
	<b>Fortis Dental (Paid by Employee prior to 1 year of employment)</b> Effective date _____	<input type="checkbox"/> Employee Only	DC07	\$13.15
		<input type="checkbox"/> Employee & Spouse	DC13	\$21.72
		<input type="checkbox"/> Employee & Child(ren)	DC14	\$29.68
		<input type="checkbox"/> Employee & Family	DC15	\$34.88
Vision				
VMO:	Vision Service Plan (Employee Paid) Effective date _____	<input type="checkbox"/> Employee Only	VSP1	\$12.47
		<input type="checkbox"/> Employee & Spouse	VSP2	\$23.46
		<input type="checkbox"/> Employee & Child(ren)	VSP3	\$21.46
		<input type="checkbox"/> Employee & Family	VSP4	\$36.72
Voluntary Benefits <span style="float: right;">(*to be completed by HR)</span>				
Life Insurance:	Yes ___ No ___	*Effective date _____	*Monthly Deduction _____	VLIF _____
Cancer Coverage:	Yes ___ No ___	*Effective date _____	*Monthly Deduction _____	VCAN _____ <b>Waive</b>
Flexible Spending Account(s)				
Discovery Benefits:	Effective date _____	<input type="checkbox"/> FMED \$ _____	<input type="checkbox"/> FDEP\$ _____	<b>Waive</b>
Disability/Retirement				
STD:	The Standard Short Term Disability (After 1 year of employment) Effective date _____	<input type="checkbox"/> Employee Only	STD1	\$0.00
LTD:	The Standard Long Term Disability (After 1 year of employment) Effective date _____	<input type="checkbox"/> Employee Only	LTD1	\$0.00
		<input type="checkbox"/> Waiver	LTDW	\$0.00
Retirement: *	TIAA-CREF (After 1 year or 12 months prior service in higher education immediately preceding hire) Effective date _____	<input type="checkbox"/> Employee only	TIAM	\$0.00

\* Note: TIAA-CREF Salary Reduction Agreement form must accompany this form.

I hereby authorize deductions/reductions from my payroll check pre-tax. Choices indicated on this form supersede prior deductions.

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