

2016 INS. PREMIUM PRE-TAX PAYROLL DEDUCTION AUTHORIZATION

**THIS FORM TO BE USED BY EMPLOYERS THAT DO NOT PAY 100% OF INSURANCE PREMIUMS FOR PART-TIME
EMPLOYEES ENROLLED IN MEDICAL AND/OR DENTAL.**

All insurance premiums, including those for dependent coverage, are billed by the Diocese to the employer on the monthly benefits invoice. Employees paid a re-curing salary amount (non-hourly) can opt to reimburse the employer for medical premiums through pre-tax payroll deductions. The ins. deduction credits will appear on the semi-monthly PR invoice.

Name _____

Social Security No. _____

Employer, City & Parish Code #: _____

Effective: deductions begin with the first pay period following return of completed form

By signing below the employee and employer agree to the pre-tax deduction per
paycheck in the amount of: \$ _____ to cover the cost of employee's elected
medical or dental insurance.

**As an employee that works at least 20hrs/week but <30 hrs/week I am eligible to enroll in the
medical or dental plans offered by the Diocese of California at my own expense. I authorize
deductions from my paycheck each pay period as indicated above to reimburse my employer for the
premiums**

Employee _____ Date _____

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**I confirm that the above named employee works 20 - <30hrs / week and has opted to buy medical or
dental coverage through the Diocesan group medical plan. I understand that we will be billed on
the monthly benefits invoice for coverage and reimbursed for premiums through PR invoice credits**

Employer _____ Date _____