

The Episcopal Diocese of California –
Payroll & Benefits Office
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**2014 INSURANCE PREMIUM COST SHARE
 FOR OVER-AGE DEPENDENT CHILDREN
 PRE-TAX PAYROLL DEDUCTION AUTHORIZATION**

All insurance premiums, including those for dependent (spouse, partner, children up to age 30) coverage, are billed by the Diocese to the employer. An employer may require reimbursement from an employee for costs associated with dependent children over the age of 19 if not a full-time students or over age of 24 if this coverage changes the tier of enrollment. This cost share policy was approved by the Diocesan Finance Committee at their April 14, 2010 meeting and is reviewed annually by each congregation/organization. If adopted, the cost share policy must be applied equally to all employees. Employee contributions for medical premiums can be processed via payroll deductions on a pre-tax basis.

Employee Name _____

Social Security No. _____

Employer, City & Parish Code #: _____

Effective Date: _____

The agreed upon pre-tax deduction to be withheld from each paycheck (please circle one)

Kaiser EPO 80		Kaiser High Option		Blue Cross/Blue Shield EPO 90		Blue Cross/Blue Shield PPO 80/60	
Dual Coverage = Employee + 1 overage dependent	\$195.78	Dual Coverage = Employee + 1 overage dependent	\$243.44	Dual Coverage = Employee + 1 overage dependent	\$322.36	Dual Coverage = Employee + 1 overage dependent	\$334.15
Family Coverage = Employee + eligible & overage dependent(s)	\$244.46	Family Coverage = Employee + eligible & overage dependent(s)	\$304.43	Family Coverage = Employee + eligible & overage dependent(s)	\$403.34	Family Coverage = Employee + eligible & overage dependent(s)	\$417.69

I have read and understand the insurance premium cost share policy set forth by my employer. I authorize deductions from my paycheck each pay period as indicated above.

Employee _____ Date _____

I confirm that the above named employee has received a copy of our policy outlining the cost share for insurance premiums for over-age dependent children.

Employer _____ Date _____