

**2019 EMPLOYEE COST SHARE OF BENEFIT PREMIUMS
PRE-TAX PAYROLL DEDUCTION AUTHORIZATION**

All insurance premiums, including those for dependent coverage, are billed by the Diocese to the employer on the monthly benefits invoice. If the employee opts into a plan that exceeds the premiums provided by the employer, the employees can reimburse their employer through a recurring 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: As of 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: \$ _____ (E-1P) to cover the cost of employee's elected health benefits in accordance with the employer's annual benefits policies.

I 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 _____

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I confirm that the above named employee has received a copy of our benefits policy outlining the cost share for insurance premiums for plans selected.

Employer _____ Date _____