

2018 Employee Deduction Authorization for Guardian & Gap Insurance

Name: (Print) _____

Effective Date: _____

_____ I would like to refuse/waive all supplemental insurance coverage: (Only check if not taking any benefits listed below. Please sign on page 2). You will still need to fill out the Guardian & American Fidelity Applications.

I authorize bi-weekly (per paycheck) deductions for the following selected benefits: **Deduction Amount**

1. **Dental (Guardian):**
 _____ Employee Only \$16.12
 _____ Employee + One \$32.28
 _____ Family \$58.11 (Pre-tax) _____

2. **Vision (Guardian):**
 _____ Employee Only \$ 4.11
 _____ Employee + One \$ 7.38
 _____ Family \$10.96 (Pre-tax) _____

3. **Short Term Disability Income (Guardian):**
 Weekly Disability benefit is: \$ _____
 Bi-weekly payroll deduction: \$ _____

4. **Long Term Disability Income (Guardian):**
 Monthly Disability benefit is: \$ _____
 Bi-weekly payroll deduction: \$ _____

5. **Voluntary Life (Guardian):**

	<u>Amount of Coverage</u>	<u>Cost</u>
Employee	_____	_____
Spouse	_____	_____
Child(ren)	_____	_____

6. **Cancer Plan (Guardian):**
 _____ Employee Only \$11.05
 _____ Employee + Spouse \$21.47
 _____ Employee + Child(ren) \$12.66
 _____ Empl/spouse/children \$23.08 (Pre-tax) _____

7. **GAP Coverage (American Fidelity):** (Pre-tax) _____
(\$2000 In-patient benefit)

_____ Single (under 55) \$13.17	_____ (55-59) \$16.43	_____ (60 +) \$27.36
_____ Empl/Spouse \$23.73	_____ (55-59) \$29.58	_____ (60 +) \$49.24
_____ Empl/Child(ren) \$19.72	_____ (55-59) \$22.98	_____ (60 +) \$33.92
_____ Family \$30.28	_____ (55-59) \$36.13	_____ (60 +) \$55.80

Total Bi-weekly Payroll Deduction for Supplemental Insurance: \$ _____

I hereby authorize my employer to make the pre-tax and/or after-tax payroll deductions I have indicated, if any, for the Plan Year indicated and each succeeding Plan Year unless I make a new election during an open enrollment period to replace this election. I understand that I cannot change or revoke my coverage election or my contribution agreement mid-year, unless I have a change in status as described in Section 125 of the Internal Revenue Code. (Check with Human Resources for a list of qualifying status changes & events) Application for a coverage change must be made within 30 days following the qualifying status change event. I understand I will not pay Federal, State or FICA taxes on the pre-tax payroll deductions in accordance with my Employer's Section 125 Plan. I further understand that this election will continue to apply to all future premium increases that are to be paid by the employees. Upon termination of my employment, my election benefits shall cease unless I elect to continue with after-tax contributions pursuant to my rights under COBRA. Should I leave the Company for any reason, I understand that any outstanding premiums owed will be deducted from my last paycheck.

 Signature

 Date

 Print Name