

DIOCESE OF SACRAMENTO
PERSONNEL TRANSACTION:
BENEFIT PAYROLL DEDUCTION AUTHORIZATION

ADP Company Code: _____ Facility Code: _____

- Begin payroll deduction effective: _____
 Change payroll deductions effective: _____
 Terminate payroll deductions effective: _____

Name of Employee: _____ **SSN#:** _____

Pro-rated Premium

Part-time Employees: _____ % of full time _____ hrs/week

Medical Coverage Level

- Single
 Two Party
 Family

Vision Coverage Level

- Single
 Two Party
 Family

Dental Coverage Level

- Employee Only
 Employee & Spouse
 Employee & Child(ren)
 Employee & Family

Blue Shield – PPO High:

EnvisionRx Prescription Plan: _____ per month _____ per pay period

Blue Shield – PPO Low:

EnvisionRx Prescription Plan: _____ per month _____ per pay period

Western Health Advantage – HMO:

EnvisionRx Prescription Plan: _____ per month _____ per pay period

Kaiser – HMO:

_____ per month _____ per pay period

Kaiser – HMO (*Catholic Charities Only*)

EnvisionRx Prescription Plan: _____ per month _____ per pay period

Delta Dental:

_____ per month _____ per pay period

VSP – Vision:

_____ per month _____ per pay period

The Standard - Life (Employee-Paid Premiums):

- Basic Dependent Life: _____ per month _____ per pay period
- Supplemental Dependent Life: _____ per month _____ per pay period
- Supplemental Spouse Life: _____ per month _____ per pay period
- Supplemental Employee Life: _____ per month _____ per pay period
- Supplemental AD&D Life: _____ per month _____ per pay period

Retro Premium Amounts for Previous Pay Period Ending: _____ (If Applicable)

Medical	Vision	Dental	Basic Dep. Life	Sup. Dep. Life	Sup. Spouse Life	Sup. EE Life	Sup. AD&D Life

Employee Signature

ORIGINAL TO: Payroll

Date

COPY TO: Employee

COPY TO: Personnel File