

THE JOHN CARROLL SCHOOL PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____

Date: _____

Check all that apply this form	Benefit	Coverage {circle One}	Plan (circle one)	Amount Per Pay
_____	Health Insurance	Emp/Emp&Spouse/Emp&Child/Family	Cigna OAP Plus or Cigna HighDeductible	_____
_____	Dental Insurance	Emp/Emp&Spouse/Emp&Child/Family	Cigna Dental or United Concordia	_____
_____	Vision Insurance	Emp/Emp&Spouse/Emp&Child/Family	Only when not enrolled in health coverage	_____
_____	Voluntary Life	Emp/Emp&Spouse/Emp&Child/Family		_____
_____	Voluntary AD&D	Emp/Emp&Spouse/Emp&Child/Family		_____
_____	Flexible Spending			_____
_____	403B		Percentage/Dollar Amount	_____
_____	Legal Resources			_____
_____	Donation to JCS	Annual Fund/Cap Camp/Other(specify)	_____	_____
_____	Lunch Account			_____
_____	Tuition Payment (list Student Names):		_____	_____
			_____	_____

Employee Signature: _____