



Authorization for Payroll Deduction TPOAM

Employees participating in the health benefits plan must complete this form and submit to Chelsey Schell, Benefits Coordinator. *Please note this form is not enrolling you into a plan. This form merely authorizes the payroll deduction.

I, _____, authorize Anchor Bay School District to make the following payroll elections for health and benefits beginning with first payroll after benefits are effective.
(please print clearly)

I am waiving coverage. Please check what offers you are waiving:

- Health ***Must provide proof of coverage elsewhere**
- Vision
- Dental

I elect the annual cash in lieu of insurance.

I elect the cash payment received to be applied to a Board Approved tax-deferred annuity company. The payment will be sent the 2nd pay of each month until the limit has been reached.

Name of Board Approved Annuity Company: _____

I meet the criteria in labor contract and elect for full health coverage. I authorize Anchor Bay to make the payroll deduction for health benefits beginning with the first payroll after benefits are effective. Please select what type of coverage you have elected:

- Single Coverage
- 2-Person Coverage
- Family Coverage

Employee Signature _____ **Date** _____