



Authorization for Payroll Deduction

All employees who are contractually eligible for MESSA benefits must complete online open enrollment along with completing and returning this form to Benefits Coordinator Chelsey Schell. Teachers who opt out of medical coverage **must** log into MESSA to ensure you are properly enrolled in the dental, vision, LTD, and Life Insurance benefits provided by the district.

I, _____, authorize Anchor Bay School District to make payroll
(please print clearly)

deductions for health and benefits beginning with the first payroll after benefits are effective.

I meet the criteria in my labor contract and elect health coverage.

I have received rate information and agree to the annual amount to be divided per pay based on my contract. I have selected the following coverage option on the MESSA online enrollment system.

Please select one:

Single Coverage

2-Person Coverage

Family Coverage

I am choosing to Opt-Out of medical insurance coverage. *Must provide proof of coverage elsewhere

Please select one:

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 found at <https://www.tsacg.com/individual/plan-sponsor/michigan/anchor-bay-school-district/>

Name of Board Approved Annuity Company: _____

Voluntary Coverages - I agree to pay the full amount for any voluntary coverages I selected on either the MESSA or SETSEG websites during open enrollment. Those rates were provided to me via their websites.

Employee Signature _____ **Date** _____