



SELECTIVE
HR Solutions

Jimco Maintenance
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Payroll Deduction/Cancellation Authorization

Worksite Employer Name: Jimco Maintenance Date: _____
Employee Name: _____ SS#: _____

I. Authorization

I hereby authorize Selective HR Solutions to deduct the amount(s) indicated below per pay period from my paycheck for the purpose(s) listed.

Deduction Description	Section 125 Pre-tax	Amount	One-time deduction?	Start Date	Balance	Add/Delete
Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$15/week	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
Spouse Benefits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 75.90/wk	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
Child Benefits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 56.81/wk	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
Family Benefits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 124.65/wk	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
Money Bag	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Add <input type="checkbox"/> Delete

***Please call for exact figures for dependant insurance coverage – Rates vary by location.**

If "Other", explain: _____

I understand that the benefits indicated as pre-tax are IRS Section 125 eligible, and will be deducted pre-tax, unless otherwise indicated after-tax on this form. I further understand that under Section 125 of the Internal Revenue Code, I may not change or cancel pre-tax benefits until the next open enrollment period, unless I have a Change in Status* as defined by IRS rules. All elected benefits will continue in effect for succeeding plan years unless I change my benefit elections. I hereby authorize SHRS to deduct benefit costs from my paycheck as shown above.

Employee Signature: _____ **Supervisor Signature:** _____

* **IMPORTANT NOTES:** If permitted to do so by the terms of SHRS' and/or the worksite employer's Section 125 cafeteria plan, an employee can revoke an election or make a new election under the following conditions:

- Significant benefit cost increase or significant curtailment in coverage.
- **Employee's status changes (for which the employee is responsible for advance notice to the appropriate parties so that the carrier receives notification of the change within 30 days from the change status/event):**
 - Employee's legal marital status - marriage, divorce, legal separation, annulment, or death of spouse.
 - Coverage eligibility/attainment via spouse's or dependent's plan due to marital or employment status change.
 - Number of dependents - birth, adoption or death of a dependent.
 - Employment status - start or termination of employment by employee, spouse or dependent. (If terminating employment, some benefit plans may be continued via COBRA, state continuation if applicable or, if included in the plan, through conversion or portability provisions.)
 - Work schedule - reduction or increase in hours worked by employee, spouse or dependent, or switch between part-time and full-time status, a strike, lockout, or start of or return from an unpaid leave of absence (FMLA - Family and Medical Leave Act).
 - Residence or worksite - change in the place of residence or worksite of the employee, spouse or dependent; move from service area.
 - Unmarried dependent changes - dependent satisfies or ceases to satisfy coverage rules for unmarried dependents due to attainment of age, student status or other circumstances as provided in the plan.
- Employee's, spouse's or dependent's Medicare eligibility is gained or lost.
- Employee has judgment, decree or court order (Qualified Medical Support Order) to provide benefits to dependent or foster child(ren)