

**DIOCESE OF SACRAMENTO – HUMAN RESOURCES SERVICES  
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

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <u>Medical Coverage Level</u>      | <u>Vision Coverage Level</u>       | <u>Dental Coverage Level</u>                   |
| <input type="checkbox"/> Single    | <input type="checkbox"/> Single    | <input type="checkbox"/> Employee Only         |
| <input type="checkbox"/> Two Party | <input type="checkbox"/> Two Party | <input type="checkbox"/> Employee & Spouse     |
| <input type="checkbox"/> Family    | <input type="checkbox"/> Family    | <input type="checkbox"/> Employee & Child(ren) |
|                                    |                                    | <input type="checkbox"/> Employee & Family     |

**Anthem Blue Cross – PPO High / Low (please circle one):**  
EnvisionRx Prescription Plan: \_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Kaiser – DEPO High / Low (please circle one):**  
\_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Delta Dental High / Low (please circle one):**  
\_\_\_\_\_ 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 Date

ORIGINAL TO: Payroll      COPY TO: Personnel File      COPY TO: Employee