

LAKE TAHOE COMMUNITY COLLEGE DISTRICT
Payroll Deduction Form for Employee Health Benefits

I, _____ authorize a payroll deduction in the amount of _____
Print Employee Name

Select one:

- \$9,777.00 – Premier Plus Plan pretax total to be deducted from your paycheck
- \$5,781.00 – Premier Plan pretax total to be deducted from your paycheck
- \$2,085.00 – Standard Plan pretax total to be deducted from your paycheck

This deduction shall be divided and deducted equally among the number of months I work between July 1, 2019 and June 30, 2020. This payroll deduction represents my share of health benefits based on my election for coverage beyond the district contribution of \$18,456.

Employee Signature

Date

HR/Payroll Use Only:

Monthly Deduction: \$ _____ Entered into QSS by _____ Date _____