

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:

- \$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 continue on a monthly basis from July 1, 2017 through June 30, 2018. 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 _____