

**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 continue on a monthly basis from July 1, 2018 through June 30, 2019. 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 \_\_\_\_\_