



The Episcopal Diocese of California – Treasurer’s Office

1055 Taylor Street, San Francisco, CA 94108

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2014 INSURANCE PREMIUM COST SHARE PRE-TAX PAYROLL DEDUCTION AUTHORIZATION

All insurance premiums, including those for eligible dependent coverage, are billed by the Diocese to the employer. However, the employer may establish a cost-share policy of reimbursement from employees for the difference in premiums above the medical insurance plan established prior to annual open enrollment. The cost share policy must be applied equally to all employees. Employee contributions for medical premiums can be processed via payroll deductions on a pre-tax basis.

Name _____

Social Security No. _____

Employer, City & Parish Code #: _____

Effective Date: _____

Please circle the employee’s elected plan and tier of coverage to indicate the per paycheck deduction to cover medical insurance premiums over the employers established policy.

Employer will pay Kaiser EPO 80 premiums in full for all employees. Employee elected a higher cost plan and agrees to the following pre-tax payroll deductions:

Kaiser High Option	BC/BS EPO 90	BC/BS PPO 80
Single = \$59.96	Single = \$158.88	Single = \$173.23
Dual = \$107.63	Dual = \$285.46	Dual = \$311.60
Family = \$167.59	Family = \$444.34	Family = \$484.83

Employer will pay for Kaiser EPO 80 & Kaiser High Option premiums in full for all employees. Employee elected a higher cost plan and agrees to the following pre-tax payroll deductions:

BCBS EPO 90	BCBS PPO
Single \$98.91	Single \$113.26
Dual \$177.84	Dual \$203.98
Family \$276.75	Family \$317.24

I have read and understand the insurance premium cost share policy set forth by my employer. I authorize deductions from my paycheck each pay period as indicated above.

Employee _____ Date _____

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I confirm that the above named employee has received a copy of our personnel policy outlining the cost share for insurance premiums above the lowest cost option (currently Kaiser).

Employer _____ Date _____

Send this form to Diocese of California – fax 415-673-4863