

**Pre-Tax Payroll Deduction Authorization
for
2024 Health (medical or dental) Insurance Premiums**

All insurance premiums, including those for dependent coverage, are billed by the Diocese to the employer on the monthly benefits invoice. If an employee opts into a plan that exceeds the benefit policies of the employer, the employee can reimburse their employer through a recurring pre-tax payroll deduction. These funds are allocated to the employer on the semi-monthly payroll register and invoice total.

Employee Name (last, first) _____

Social Security No. (last 4 only for existing employees) _____

Employer (org. name / city / Parish Code #): _____

Effective with first pay date of (specify mm/yy): _____

These pre-tax deductions will stop with final paycheck of the year

By signing below the employee and employer agree to the pre-tax payroll deduction per paycheck in the amount of: \$ _____ (PXCMP EE Pre) to reimburse the employer for the employee's elected health benefits in accordance with the employer's annual benefits policies.

I 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** _____



I confirm that the above named employee has received a copy of our benefits policy outlining the cost share for insurance premiums for plans selected.

Employer _____ **Date** _____