



Payroll Deduction

Averett University 420 West Main Street, Danville, VA 24541
1-800-AVERETT www.averett.edu

PAYROLL DEDUCTION AUTHORIZATION

EFFECTIVE DATE: 1ST DAY OF MONTH FOLLOWING EMPLOYMENT

I, _____, hereby authorize the following monthly payroll deduction for medical coverage:

Averett University Employee Health Plan - Effective January 1, 2012 - December 31, 2012

COST FOR EMPLOYEE PER MONTH		AVERETT PAYS TOWARD EMPLOYEE COST PER MONTH
_____ \$76.66	SUBSCRIBER ONLY	\$434.42
_____ \$171.26	SUBSCRIBER/1 CHILD	\$513.64
_____ \$372.07	SUBSCRIBER/FAMILY	\$690.99

These amounts fall under Section 125 and are pre-taxed (insurance will be deducted from your check before taxes are calculated); therefore only during the annual (December) open enrollment period changes can be made to add/or delete dependents to your insurance. Once this open enrollment is over, refer to next page for qualifying reasons to make changes to your insurance.

Signed: _____ **Date:** _____

Date Deduction to Begin _____

PAYROLL DEDUCTION AUTHORIZATION

EFFECTIVE DATE: 1ST DAY OF MONTH FOLLOWING EMPLOYMENT

I, _____, hereby authorize the following monthly payroll deduction for dental coverage.

DELTA DENTAL INSURANCE-

_____ \$30.01	SUBSCRIBER
_____ \$60.04	SUBSCRIBER/SPOUSE
_____ \$63.01	SUBSCRIBER/CHILD(REN)
_____ \$77.01	SUBSCRIBER/FAMILY

These amounts fall under Section 125 and are pre-taxed (insurance will be deducted from your check before taxes are calculated); therefore only during the annual (December) open enrollment period changes can be made to add/or delete dependents to your insurance. Once this open enrollment is over, refer to next page for qualifying reasons to make changes to your insurance.

Signed: _____ **Date:** _____

Date Deduction to Begin _____

I, _____, hereby authorize the following monthly payroll deduction for vision coverage.

VSP VISION BUY UP-

_____ \$5.04	SUBSCRIBER
_____ \$8.82	SUBSCRIBER/CHILD(REN)
_____ \$14.11	SUBSCRIBER/FAMILY

These amounts fall under Section 125 and are pre-taxed (insurance will be deducted from your check before taxes are calculated); therefore only during the annual (December) open enrollment period changes can be made to add/or delete dependents to your insurance. Once this open enrollment is over, refer to next page for qualifying reasons to make changes to your insurance.

Signed: _____ **Date:** _____

Date Deduction to Begin _____

Annual Open Enrollment Period: December

During this annual enrollment period, employees have the following options:

- Employees who previously chose not to participate may take this opportunity to participate
- Employees who are participating may choose to cease participating
- Employees may change their type of coverage, for example, from employee only to family coverage

CHANGING AN ELECTION

Other than the annual enrollment period of June, no changes may be made unless one of the following events occur:

1. Eligible family status changes:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or dependent

2. Eligible employment status changes:

- Change in a spouse's employment status
- Change in full-time vs. part-time employment status (employee or spouse)
- Unpaid leave of absence (employee or spouse)

3. Eligible changes in insurance coverage or cost:

- Significant change in insurance benefits provided by spouse's employer (for employee or spouse)

WAIVER OF PARTICIPATION FORM

Premium Conversion Plan

Instructions

1. Fill in your name and Social Security number
2. Read the Employee Statement
3. Sign and date the form and return to your employer

Employee Information

Your name: _____
(LAST) (FIRST) (MI)

Personal Identification Number (PID): _____

Employee Statement

I have been offered the opportunity to participate in the Premium Conversion Plan of Health — Dental offered by my employer. By signing this form, I choose not to participate. I understand that if I do not participate at this time, I may not have the opportunity to join the plan until the next annual open enrollment period.

Your Signature

Date