

ASHLAND PUBLIC SCHOOLS

JACKSON COUNTY SCHOOL DISTRICT 5

FEIN: 93-6000507

Benefits Deduction Authorization and Salary Redirection Agreement

Employee Name: _____ Date of Birth: _____

Email: _____ Social Security: _____

On a separate benefit form(s), I have enrolled for certain insurance coverage(s) and understand that my required contribution will be deducted from my paycheck by Jackson County School District 5. Unless this agreement is amended or terminated, these deductions will be continuous and in an amount equal to my required contribution for my elected coverage. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement.

I hereby authorize Jackson County School District 5 to deduct the following benefits pre-tax from my gross earnings each payroll period. I understand I may not cancel this authorization if the pre-taxed benefit is covered under the Jackson County School District 5 Section 125 Cafeteria Plan until the next Enrollment Period or for circumstances covered by the IRS. I further authorize Jackson County School District 5 to deduct any outstanding balances due for benefits which I have authorized to be deducted from my final check, if due at time of termination.

The deductions will start with the first paycheck following the submission of this form.

Pre-Tax

Medical	<input type="checkbox"/>
Dental	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Other	<input type="checkbox"/>
Other	<input type="checkbox"/>

Or, I elect to waive all pre-tax benefits under the Flexible Benefits Plan. Except for a change in status, I understand at I cannot elect pre-tax until the next Open Enrollment and that any after-tax coverage shall be outside of the plan.

Employee Signature: _____ Date: _____

Please forward the original to Jackson County School District 5 Employee and Payroll Services