

**DIOCESE OF SACRAMENTO – HUMAN RESOURCES SERVICES**  
**PERSONNEL TRANSACTION:**  
**BENEFIT PAYROLL DEDUCTION AUTHORIZATION**

ADP Company Code: \_\_\_\_\_

Facility Code: \_\_\_\_\_

- Begin payroll deduction effective: \_\_\_\_\_
- Change payroll deductions effective: \_\_\_\_\_
- Terminate payroll deductions effective: \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

Pro-rated Premium

Part-time Employees: \_\_\_\_\_ % of full time \_\_\_\_\_ hrs/week

Medical Coverage Level

- Single
- Two Party
- Family

Vision Coverage Level

- Single
- Two Party
- Family

Dental Coverage Level

- Employee Only
- Employee & Spouse
- Employee & Child(ren)
- Employee & Family

**Blue Shield – PPO High / Low** (please circle one):

EnvisionRx Prescription Plan: \_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Kaiser – HMO High / Low** (please circle one):

\_\_\_\_\_ per month \_\_\_\_\_ per pay period

(Catholic Charities Only)

**Kaiser – HMO High / Low** (please circle one):

EnvisionRx Prescription Plan: \_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Delta Dental High / Low** (please circle one):

\_\_\_\_\_ per month \_\_\_\_\_ per pay period

**VSP Vision:**

\_\_\_\_\_ per month \_\_\_\_\_ per pay period

The Standard - Life (Employee-Paid Premiums):

- Basic Dependent Life: \_\_\_\_\_ per month \_\_\_\_\_ per pay period
- Supplemental Dependent Life: \_\_\_\_\_ per month \_\_\_\_\_ per pay period
- Supplemental Spouse Life: \_\_\_\_\_ per month \_\_\_\_\_ per pay period
- Supplemental Employee Life: \_\_\_\_\_ per month \_\_\_\_\_ per pay period
- Supplemental AD&D Life: \_\_\_\_\_ per month \_\_\_\_\_ per pay period

Retro Premium Amounts for Previous Pay Period Ending: \_\_\_\_\_ (If Applicable)

| Medical | Vision | Dental | Basic Dep. Life | Sup. Dep. Life | Sup. Spouse Life | Sup. EE Life | Sup. AD&D Life |
|---------|--------|--------|-----------------|----------------|------------------|--------------|----------------|
|         |        |        |                 |                |                  |              |                |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

ORIGINAL TO: Payroll

COPY TO: Personnel File

COPY TO: Employee