

# Multi Benefit Plans

## Payroll Deduction Authorization

### 1. Select Coverage to be enrolled:

#### Dental – DeltaCare USA

\$14.60 Employee Only

\$24.90 Employee+Spouse

\$25.10 Employee+Child(ren)

\$36.00 Family

#### Vision - Designer

\$8.30 Employee Only

\$14.70 Employee+Spouse

\$15.50 Employee+Child(ren)

\$24.30 Family

### 2. Calculate Monthly Premium:

Dental	\$	<input type="text"/>
Vision	\$	<input type="text"/>
<b>Total</b>	<b>\$</b>	<input type="text"/>

### 3. Enter the Total Monthly Premium below in the authorization, sign and date the form.

I (employee name)  hereby authorize the payroll deduction of \$  from my paycheck until further notice and remit those funds to **Multi Benefit Plans Trust**. This amount represents the premium amount required to cover the voluntary benefits under which I have enrolled.

Should the amount required by Multi Benefit Plans Trust to maintain the enrolled coverage change, upon written notice from Multi Benefit Plans Trust of the required amount, I authorize my employer to adjust the amount of the deduction to insure the coverage will continue uninterrupted.

Employee Signature

Date