

# 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 - Premier

\$9.60 Employee Only  
\$17.10 Employee+Spouse  
\$18.00 Employee+Child(ren)  
\$28.20 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