



# Los Rios Community College District

## AUTHORIZATION FOR PAYROLL DEDUCTION

I have applied for coverage under a Los Rios medical and/or dental plan and authorize the appropriate deduction from my salary for the monthly sum necessary to pay the premium due under the applicable contract for my medical and/or dental insurance coverage.

I understand that my monthly premium may change depending on my health plan selection, premium increases/decreases, District contribution changes, summer adjustments for 10-month employees, etc. I also may be responsible for additional premium cost if I experience a loss of pay with the District. I also understand that if a pay warrant is insufficient to cover the cost of the premium deduction, an adjustment for the difference will be made on the next available pay warrant(s). Also, if I am a 9 or 10-month employee, I further understand and authorize Los Rios to adjust the premium deduction to a 10-month schedule (August – May) for 12-months of coverage (September – August).

I also understand that **this is a pre-tax deduction** as part of the Los Rios Cafeteria Plan. If I desire my deduction to be post-tax, I understand I must make this request in the space provided below\*.

This payroll deduction authorization is to remain in force while I am covered under Los Rios medical and/or dental benefits regardless of carrier or plan changes unless changed by me in writing.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If requesting post-tax deductions, please indicate that here:*

\_\_\_\_\_  
\_\_\_\_\_

Questions about this form may be directed to your  
Los Rios Employee Benefits Department at (916) 568-3070