

**DIOCESE OF SACRAMENTO – HUMAN RESOURCES SERVICES**

**PT 1001: 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

**Anthem Blue Cross: PPO - 1119 / EPO – 1139 / HSA - 1129** (please circle one):  
\_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Kaiser: EPO - 4063 / HSA - 4085** (please circle one):  
\_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Sutter Health | Aetna: EPO – 2122**  
\_\_\_\_\_ per month \_\_\_\_\_ per pay period

**Delta Dental High / Low** (please circle one):  
\_\_\_\_\_ per month \_\_\_\_\_ per pay period

**VSP Vision:** \_\_\_\_\_ per month \_\_\_\_\_ per pay period

Sun Life Financial - Life (Employee-Paid Premiums):

- Basic Dependent Life: \_\_\_\_\_ per month \_\_\_\_\_ per pay period
- Supplemental Child 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. Child Life	Sup. Spouse Life	Sup. EE Life	Sup. AD&D Life

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

\_\_\_\_\_  
Date

ORIGINAL TO: Payroll

COPY TO: Personnel File

COPY TO: Employee