

E & E COMPANY LTD

E&E / SYNC/ OAL/ OAE

PAYROLL DEDUCTIONS AUTHORIZATION FORM FOR HEALTH INSURANCE 04/01/2022 THROUGH 03/31/2023

LAST NAME _____

FIRST NAME _____

SSN _____

DATE OF BIRTH: _____

HIRE DATE : _____

	MEDICAL PLANS		DENTAL PLAN	VISION PLAN	
	KAISER STANDARD PLAN HMO (CA ONLY)	KAISER BUY-UP PLAN HMO (CA ONLY)	UHC PPO MEDICAL	UHC DENTAL	UHC VISION
EMPLOYEE	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$39.25 <small>Per payroll</small>	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00
SPOUSE	<input type="checkbox"/> \$269.07 <small>Per payroll</small>	# <input type="checkbox"/> \$351.50 <small>Per payroll</small>	<input type="checkbox"/> \$308.18 <small>Per payroll</small>	<input type="checkbox"/> \$14.68 <small>Per payroll</small>	<input type="checkbox"/> \$1.34 <small>Per payroll</small>
CHILD/CHILDREN	<input type="checkbox"/> \$198.13 <small>Per payroll</small>	<input type="checkbox"/> \$269.18 <small>Per payroll</small>	<input type="checkbox"/> \$205.46 <small>Per payroll</small>	<input type="checkbox"/> \$18.50 <small>Per payroll</small>	<input type="checkbox"/> \$1.53 <small>Per payroll</small>
FAMILY	<input type="checkbox"/> \$525.91 <small>Per payroll</small>	<input type="checkbox"/> \$649.56 <small>Per payroll</small>	<input type="checkbox"/> \$539.32 <small>Per payroll</small>	<input type="checkbox"/> \$35.82 <small>Per payroll</small>	<input type="checkbox"/> \$3.25 <small>Per payroll</small>

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize E&E Co/OA Logistics/Sync Design, to deduct \$ _____ per pay period from my payroll to cover my dependents I elected above .

Signature _____ Date _____