

EMPLOYEE NAME: _____ EMPLOYER: City of Zephyrhills

EE ID # _____ MODE OF DEDUCTION: Semi-Monthly DATE OF FIRST DEDUCTION: 10-01-19 effective date

<u>COMPANY/POLICY</u>	<u>PRE TAX</u>	<u>POST TAX</u>	<u>COMPANY/POLICY</u>	<u>PRE TAX</u>	<u>POST TAX</u>
Aflac Accident			Allstate Group Accident		
Aflac Cancer			Allstate Group Critical Care		
Aflac Hospital			Allstate Group Hospital		
Aflac Sickness			Allstate Group Cancer		
Aflac Dental			Allstate Grand Total:		
Aflac Disability			Transamerica Life Total	N/A	
Aflac Vision			Notes:	N/A	
Aflac Critical Care					
Aflac Other					
Aflac Grand Total					

Applicant Signature: X _____ Date: _____

I hereby authorize my employer to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plans purchased through BeneCom Agency. In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless due to a qualifying event permitted by my employer.

PAY PERIOD _____
 ENTERED BY _____
 DATE _____
 AUDITED BY _____

Agents Signature: _____
 Date: _____