



**PAYROLL DEDUCTION FORM**  
**(Per Bi-Weekly Payroll)**

***PLEASE SIGN BACK OF FORM***

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**I am electing the following medical coverage:**

- BLUE CROSS BUY-UP Single coverage \$20.90 per pay period (\$41.80 per month)
- BLUE CROSS BUY-UP Family coverage \$270.85 per pay period (\$541.70 per month)
- BLUE CROSS BASE Single coverage \$0 per pay period (City paid)
- BLUE CROSS BASE Family coverage \$238.52 per pay period (\$477.04 per month)
- BLUE CROSS HDHP Single coverage \$0 per pay period (City pays \$47.68 per month)
- BLUE CROSS HDHP Family coverage \$201.65 per pay period (\$403.30 per month)
- WAIVER OF MEDICAL COVERAGE (Proof of other group coverage required)

**I am electing the following ING Deferred Compensation Plan coverage:**

- City contribution to ING of \$30 per pay period
- ING deferral of \_\_\_\_\_% or \$\_\_\_\_\_ (not to exceed \$16,500 total)
- ING Age 50 catch-up provision \$\_\_\_\_\_ per pay period (not to exceed \$22,000 total)
- ING 457 Normal catch-up provision \$\_\_\_\_\_ per pay period (not to exceed \$33,000 total)
- Waive the ING Deferred Compensation Plan coverage

**I am electing the following ICMA Deferred Compensation Plan coverage:**

- City contribution to ICMA of \$30 per pay period
- ICMA deferral of \_\_\_\_\_% or \$\_\_\_\_\_ (not to exceed \$16,500 total)
- ICMA Age 50 catch-up provision \$\_\_\_\_\_ per pay period (not to exceed \$22,000 total)
- ICMA 457 Normal catch-up provision \$\_\_\_\_\_ per pay period (not to exceed \$33,000 total)
- Waive the ICMA Deferred Compensation Plan coverage

**I am electing the following Health Savings Account coverage:**

- HEALTH SAVING ACCOUNT (H.S.A.) \$\_\_\_\_\_ contributed per pay period (\$3050/\$6150)
- HEALTH SAVING ACCOUNT age 55 catch-up \$\_\_\_\_\_ contributed per pay period (\$4050/\$7150)
- Waive the HEALTH SAVINGS ACCOUNT

**I have elected to participate in the Blue Cross Blue Shield HDHP medical plan and want the EMPLOYER monthly contribution of \$27.68 to go into the following account:**

- HEALTH SAVINGS ACCOUNT (H.S.A.) \$23.84 deposited per pay period (\$47.68 per month)
- FLEXIBLE SPENDING ACCOUNT (F.S.A.) \$23.84 deposited per pay period (\$47.68 per month)

**I am electing the following Dental coverage:**

- DELTA DENTAL Single Coverage \$0 per pay period (City paid)
- DELTA DENTAL Family Coverage \$27.95 per pay period (\$55.90 per month)

**I am electing the following Vision coverage:**

- VSP EXAM ONLY Single Coverage \$0 per pay period (\$0 per month)
- VSP EXAM ONLY Family Coverage \$0 per pay period (\$0 per month)
- VSP BUY UP Single Coverage \$2.80 per pay period (\$5.60 per month)
- VSP BUY UP Family Coverage \$6.80 per pay period (\$13.60 per month)

**I am electing the following Voluntary Term Life coverage:**

- VOLUNTARY TERM LIFE Employee coverage for \$\_\_\_\_\_ and the cost is \$\_\_\_\_\_ per pay period
- VOLUNTARY TERM LIFE Spouse coverage for \$\_\_\_\_\_ and the cost is \$\_\_\_\_\_ per pay period  
Spouse Date of Birth:\_\_\_\_\_
- VOLUNTARY TERM LIFE Child(ren) coverage for \$\_\_\_\_\_ and the cost is \$\_\_\_\_\_ per pay period  
Number of Children:\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_
- Child Date of Birth:\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_
- Child Date of Birth:\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_
- Child Date of Birth:\_\_\_\_\_ Child Date of Birth:\_\_\_\_\_
- Waive the VOLUNTARY TERM LIFE

**I am electing the following Flexible Spending Account coverage: 24 PAY PERIODS**

- FLEXIBLE SPENDING ACCOUNT for Medical (F.S.A.) \$\_\_\_\_\_ contributed per pay period
- FLEXIBLE SPENDING ACCOUNT for Dependent Care (F.S.A.) \$\_\_\_\_\_ contributed per pay period
- Waive the FLEXIBLE SPENDING ACCOUNT benefit

*I authorize the City of Flagstaff to deduct the amounts selected above for my group health, Voluntary Term Life, Deferred Compensation, Flexible Spending Account, and/or Health Savings Account. These elections cannot be changed until the next open enrollment period unless I experience a life changing event such as divorce, marriage, birth or adoption of a child, change in hours/ job by me or my spouse/domestic partner. Exception to change is the Health Savings Account which may be changed at least monthly.*

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

\_\_\_\_\_  
Date

- ARIZONA STATE RETIREMENT
- PUBLIC SAFETY RETIREMENT

**HR Use Only**

Life Changing Event: \_\_\_\_\_