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AUTHORIZATION FOR MISCELLANEOUS BENEFITS PAYROLL DEDUCTION

☐ - Initial Deduction Setup ☐ - Deduction Change

To: Benefits Department

Today's Date: _____

Employee Name: _____ Client Name: _____

Deduction to be taken from Check dated: _____

You are hereby authorized to deduct a total per pay period amount of \$_____ from my payroll check(s) for the following benefits:

Name of Insurance Company and Type of Product (s): _____

This is to be deducted in the following manner:

- ☐ Installments of \$_____ per pay period
- ☐ One time deduction for full amount owed
- ☐ Other (please specify): _____

Please indicate employer contribution amount per payroll check towards Health, Hospital Indemnity or Specified Illness insurance: _____

Amount to be deducted for: ☐1 ☐2 ☐3 ☐4 ☐5 payrolls in a month (Please select one)

Please check one: ☐AFTER-TAX ☐PRE-TAX

I understand that the remaining balance due will be deducted from my final payroll check(s) upon termination or layoff if I have not met this obligation in full. All deduction(s) are set up by SPMI as instructed by your employer and credited back to your employer. All decisions and administering responsibilities remain with your employer.

I AGREE and UNDERSTAND that by electing Pre-Tax deductions, these deductions CANNOT be revoked or changed during the plan year, unless there is a change in my family status (e.g. Marriage, Divorce, Death of Spouse or Child, Birth or Adoption of Child or Spouse's termination of Employment) which justifies the revocation or change as authorized by the Internal Revenue Code and Regulations. I understand that should I fail to execute a new payroll deduction form for any subsequent plan year the current payroll deduction form will remain in effect, unless canceled by me in writing. I understand that my participation in the plan may reduce my Social Security benefits at retirement.

Employee Signature: _____

Client Representative: _____