

WHITE RIVER VALLEY SUPERVISORY UNION

School: _____
 Name: _____
 Address: _____

 Phone: _____

Date of Hire: _____
 Date Start Working: _____
 Replacing: _____
 New Position: ___ Yes

PAY PREFERENCE:

August-June (21 Pays)
 August - August (26 Pays)
 August - June (Lump)
 Pay by time sheet
 July - June (Admin or year-round employees only)

I AUTHORIZE THE FOLLOWING PAYROLL DEDUCTIONS:

If eligible, check all that apply

<input type="radio"/> Health Insurance	Platinum Single	Platinum Adult	2 Platinum Parent/Child	Platinum Family
<input type="radio"/> Health Insurance	Gold Single	Gold Adult	2 Gold Parent/Child	Gold Family
<input type="radio"/> Health Insurance	Gold-CDHP Single	Gold-CDHP 2 Adult	Gold-CDHP Parent/Child	Gold-CDHP Family
<input type="radio"/> Health Insurance	Silver-CDHP Single	Silver-CDHP 2 Adult	Silver-CDHP Parent/Child	Silver-CDHP Family
<input type="radio"/> Dental Insurance		Single	2-Person	Family
<input type="radio"/> Union Dues				
<input type="radio"/> Additional Retirement Contribution	<i>403(b) via Mass Mutual</i>			
<input type="radio"/> Additional Retirement Contribution	<i>457 via Prudential</i>			
<input type="radio"/> Purchase of Disability Insurance	<i>Principal Financial Group</i>			
<input type="radio"/> S125 Cafeteria Plan for Health Care or Dependent Care				
<input type="radio"/> Other				

 Employee Authorization

 Date

****Please Note: Open Enrollment for all Insurance Plans is January 1 ONLY****