

Benefits Deduction Authorization

Client Name: _____ Client Number: _____

Employee: _____ Social Security: _____

I hereby authorize Simple HR to deduct the following amounts from my gross earnings each payroll period. I understand I may not cancel this authorization if the pre-taxed benefit is covered under the Simple HR Section 125 Cafeteria Plan until the next Enrollment Period or for circumstances covered by the IRS. I further authorize Simple HR to deduct any outstanding balances due for benefits which I have authorized to be deducted from my final check, if due at time of termination.

The deductions should start the first day of the pay period beginning _____.

In payment for:	Amount:	Post Tax	Pre Tax
<input type="checkbox"/> Medical	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vision	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 401 K Plan/Simple IRA	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify below)	\$ _____ . _____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Other: _____	\$ _____	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	\$ _____

Is this a one-time deduction? Yes No

Is this an existing deduction change? Yes – Increase ___ / Decrease ___ No

DEDUCTION CANCELLATION(S):

I HEREBY AUTHORIZE Simple HR (or their affiliates) to cancel the deductions listed above from my paycheck. I certify that this cancellation does not violate the provisions of the Simple HR Cafeteria Plan.

(Please be sure to check off the type of deductions and fill in the amount(s) above that you wish to cancel.)

FINAL DEDUCTION DATE: _____

The information below must be completed for both authorizations and cancellations.

Employee Signature: _____ Date: _____

Print Name: _____

Please forward the original to Simple HR Payroll and Benefits.

