# Diocese of Gary
# Authorization for Dental and Vision Payroll Deduction Form
# Plan year 2016-2017

I wish to participate in the Anthem PPO Low or High voluntary dental and/or the Anthem Blue View Vision voluntary vision with the coverage type(s) indicated below:

**Please check one for voluntary dental:**

| | | | |
|---|---|---|---|
| Anthem PPO Low Plan: | Single _____<br>$14.81 monthly | Single + 1 _____<br>$29.62 monthly | Family _____<br>$38.51 monthly |
| Anthem PPO High Plan: | Single _____<br>$22.53 monthly | Single + 1 _____<br>$44.23 monthly | Family _____<br>$67.60 monthly |

I choose to waive the voluntary dental insurance: _____

*I understand that by waiving coverage I will not be able to enroll in the voluntary dental plan until the 2017/2018 open enrollment period with an effective date of July 1, 2017 unless I have a change of status.*

**Please check one for voluntary vision:**

| | | | |
|---|---|---|---|
| Employee only _____<br>$6.83 monthly | Employee + Spouse _____<br>$13.24 monthly | Employee + Children _____<br>$13.86 monthly | Family _____<br>$21.35 monthly |

I choose to waive the voluntary vision insurance: _____

*I understand that by waiving coverage I will not be able to enroll in the voluntary vision plan until the 2017/2018 open enrollment period with an effective date of July 1, 2017 unless I have a change of status.*

I authorize a monthly payroll deduction(s) from my salary in the amount(s) indicated above. I understand that the monthly deduction(s) will continue for a minimum of 12 (twelve) months unless I: **(1)** report a change of status to the Benefits Office within 31 days of the change of status date OR **(2)** notify the Benefits Office in writing during the next annual open enrollment period of my wish to drop coverage.

_____ _____
Employee's Signature Date

_____ _____
Printed Name Location (Parish, School or Institution Name)

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## Please return to local person in charge of benefits

**Benefits Office Use Only**

| | **Dental** | **Vision** |
|---|---|---|
| **Effective Date** | _____ | _____ |
| **Data Entry Date** | _____ | _____ |
| **ABRA Entry Date** | _____ | _____ |