

DIOCESE OF GARY
Benefit Insurance Premiums
Authorization for Payroll Deduction

Please be advised that I wish to enroll in the below benefits under the Diocese of Gary Insurance Benefit Plan. I understand that I am responsible for payment of my benefit premiums, and the coverage will be continuous unless I otherwise notify, in writing, the Diocese of Gary Human Resources department of my wish to drop the coverage.

Number of dependents enrolled: _____

Names: _____

I authorize a monthly payroll deduction to be made from my salary in the amount indicated below as payment for benefit insurance coverage for me and my dependents. I understand the premium is subject to increases without notification.

Current monthly payroll deduction is: \$ _____

Employee's Signature

Date

Printed Name

Location (Parish, School or Institution Name)