



# Floyd County Public Schools

## Payroll Deduction Authorization Form

Complete this form to initiate, change or terminate payroll deduction(s), and submit to the Floyd County Public Schools Human Resources Office.

Employee Name \_\_\_\_\_ ID/SSN \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Worksite \_\_\_\_\_ Resignation Date \_\_\_\_\_

I hereby authorize Floyd County Public Schools to: (check appropriate box(es))

☐ Initiate payroll deduction(s)      ☐ Change payroll deduction(s)      ☐ Terminate payroll deduction(s)

Benefits	EE	EE+CH	EE+SP	FAM	DUAL FAM	Current Amt	New Amt	Effective Date of Coverage Change / Termination
MEDICAL 1-KC25 PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
MEDICAL 2-KC45 PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
MEDICAL HSA4000 PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
DENTAL CORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
DENTAL OPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
Health Savings Account (HSA)						\$	\$	
Flexible Spending Account (FSA) – HealthCare Account <b>**See next page for FSA Rules and Regulations upon Termination of Employment**</b>						\$	\$	
Flexible Spending Account (FSA) - Dependent Care <b>**See next page for FSA Rules and Regulations upon Termination of Employment**</b>						\$	\$	
AFLAC - Accident						\$	\$	
AFLAC - Critical Illness						\$	\$	
AFLAC - Hospital Indemnity						\$	\$	
AUL - STD						\$	\$	
AUL - LTD						\$	\$	
Manhattan Life - Cancer						\$	\$	
Boston Mutual Whole Life						\$	\$	
FCEA - Dues						\$	\$	
VRS Optional Life - Employee						\$	\$	
VRS Optional Life - Spouse						\$	\$	
VRS Optional Life - Dependent						\$	\$	
<input type="checkbox"/> *Complete Form VRS-39A -Request for Change <b>or</b> <input type="checkbox"/> *Complete Form VRS-39R -Retiree Opt Life Continuance								
Voluntary Retirement Savings Plans (403B, 457B, ROTH 403B, ROTH IRA)						\$	\$	
<input type="checkbox"/> *Complete AdminPartners SRA Form								

**NOTE: Requests for initiation, change or termination of payroll deduction(s) will become effective and processed based on monthly payroll cycle deadlines and according to benefit eligibility guidelines.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



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## **FSA Rules and Regulations Upon Termination of Employment**

If you have funds in your FSA HealthCare Account, you can submit receipts for expenses incurred prior to your termination date, and be reimbursed for funds remaining in your account up to your annual election for 30 days after the end of month following your termination. However, if you have money left in your HealthCare Account and do not have receipts for expenses incurred prior to your termination date, you cannot be reimbursed for the money remaining in your account, unless you elect to participate in the federal program known as COBRA. If you elect to participate in COBRA, you will need to continue to set aside dollars on an after-tax basis to be deposited into your HealthCare account. You will receive information concerning this program from the contact person in your company.

Your FSA Dependent Care Account functions differently. If you have funds remaining in these accounts, this money will be reimbursed to you if appropriate receipts are submitted. You can receive reimbursement for expenses incurred during the Plan Year if receipts are submitted within the Plan Year and before the end of the 30 days after the end of month following your termination.

**If you have any questions, please contact Flexible Benefit Administrators, Inc. at (800) 437-FLEX. To view your account 24/7 visit <https://fba.wealthcareportal.com/>**