



ENCORE MECHANICAL

Authorization for Voluntary Payroll Deduction- Medical, Dental, Vision

I (print full name) _____ hereby authorize Encore Mechanical to deduct from my wages for benefit premiums in the sum of \$ _____ on a weekly schedule until term of insurance has ended. In the event my employment ends for any reason before the final deduction is made, the entire monthly balance will be deducted from my wages.

Address: _____

SSN: _____ DOB _____

Medical

- _____ Employee only (\$45.58/week)
- _____ Employee + Spouse (\$193.59/week)
- _____ Employee + Child(ren) (\$146.23/week)
- _____ Family (\$294.24/week)

Dental

- _____ Employee only (\$7.32/week)
- _____ Employee + Spouse (\$14.63/week)
- _____ Employee + Child(ren) (\$17.74/week)
- _____ Family (\$26.45/week)

Vision

- _____ Employee only (\$1.95/week)
- _____ Employee + Spouse (\$3.70/week)
- _____ Employee + Child(ren) (\$4.34/week)
- _____ Family (\$6.10/week)

_____ I WAIVE MEDICAL COVERAGE

I waive Dental _____ Vision _____ Coverage

Spouse Name: _____ SSN: _____ DOB: _____

Children Name: _____ SSN: _____ DOB: _____

Children Name: _____ SSN: _____ DOB: _____

Children Name: _____ SSN: _____ DOB: _____

This agreement will remain in effect until Encore Mechanical receives payment of premiums in full.

****I understand that if Encore Mechanical does not receive this form completed and signed by January 21, 2020 all coverage will be waived by default.**

Authroized Signature (Primary): _____ Date: _____