

# CAMPBELL UNIVERSITY

## CHANGES IN PAYROLL DEDUCTION

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

If employee is FACULTY:       9-mo.    12-mo.    Other \_\_\_\_\_ mo. (monthly premiums divided accordingly)

Health Insurance:      \$ \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
monthly / biweekly / HMO / PPO / EMP+1 / EMP+Family

Supplemental Life Insurance:      \$ \_\_\_\_\_       monthly       biweekly

Short Term Disability:      \$ \_\_\_\_\_       monthly       biweekly

Cancer Indemnity Coverage:      \$ \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
monthly / biweekly / EMP / EMP +Children / EMP+Family

Dental Insurance:      \$ \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
monthly / biweekly / Basic / Adv / EMP / EMP+Sp / EMP+Children / EMP+Family

Flexible Spending Account:      \$ \_\_\_\_\_       Medical       monthly       biweekly

\$ \_\_\_\_\_       Dependent Care       monthly       biweekly

TIAA-CREF Retirement:      \$ \_\_\_\_\_       monthly       biweekly

Baptist Annuity Retirement:      \$ \_\_\_\_\_       monthly       biweekly

Baptist Credit Union:      \$ \_\_\_\_\_       monthly       biweekly

Gifts:      \$ \_\_\_\_\_       monthly       biweekly

A/R – Keith Hills Dues:      \$ \_\_\_\_\_       monthly       biweekly

Rent, Sewer, Water:      \$ \_\_\_\_\_       monthly       biweekly

Student Accounts:      \$ \_\_\_\_\_       monthly       biweekly

TOTAL DEDUCTIONS:      \$ \_\_\_\_\_

By my signature below, I authorize the University to deduct the above amount(s) from my wages.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)