

**MUST BE COMPLETED REGARDLESS IF ENROLLING IN ANY PLAN OR NOT
SPECIALIZED YOUTH SERVICES OF VIRIGNIA, INC.
PAYROLL ALLOTMENT FORM**

Dental and the Non-Qualified LTD Benefit run March 1, 2014 – Feb 28, 2015. The Health Insurance Runs Dec 1, 2014 – Nov. 30, 2015 as well as all the other coverages listed below.

Employee Name: _____	SSN#: _____ - _____ - _____
Address: _____	City _____
State: _____	Zip Code: _____ Date of Birth: _____
Home Phone Number: _____	Date of Hire: _____
Salary: _____	

Qualified Benefit election for Salary Reduction – I elect to allocate the following amounts on a Per Pay Period Basis to the purchase of the benefits below. These include the policy premiums and all additional fees incurred.

	Value Plan	SJ 1000	SJ 2000
Group Medical	\$ _____	\$ _____	\$ _____
Dental Insurance	\$ _____	Life Insurance	\$ _____
Accident Coverage	\$ _____	Heart/Stroke Insurance	\$ _____
Cancer Insurance	\$ _____	Shop Plan	\$ _____
		Total	\$ _____

NON QUALIFIED BENEFIT	LTD	\$ _____
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I authorize my employer to reduce my paycheck by the total benefit amounts shown above. I have read and understand that all rates shown above include all administrative, billing and policy fees. Furthermore I acknowledge that if I do not submit all needed paperwork by the 15th of the month – it may delay processing of my enrollment for the first of the month following.

Date _____ **Signature** _____

Waiver of Participation

IF YOU DECLINE PARTICIPATION: The benefits of the plan have been thoroughly explained to me and after careful consideration, I have elected NOT to take advantage of this offer and understand that I am now ineligible to participate until December 2015, which coincides with open enrollment for Specialized Youth Services of VA, Inc.

Date _____ Signature _____