

**Joyce Companies
(Joyce Manufacturing/Joyce Factory Direct)**

Payroll Deduction Authorization Form

DENTAL

I, _____ hereby authorize Joyce Manufacturing/Joyce Factory Direct to make the following Deductions, pre taxed from my paycheck beginning with my eligibility date/and or renewal date.

Group Medical Insurance:

I wish to waive dental coverage

I elect to accept the METLIFE coverage as follows:

	<u>EE</u> <u>Cost/Pay</u>
<input type="checkbox"/> Single Plan	\$ 15.87
<input type="checkbox"/> EE & Spouse	\$ 32.53
<input type="checkbox"/> EE & Child(ren)	\$ 38.90
<input type="checkbox"/> Family	\$ 59.82

This authorization shall remain in effect until employee terminates employment, requests a specific change, a qualifying event occurs, or revisions are made to the above rates.

Employee Name: _____

Employee Signature: _____ Date: _____