



Authorization for Payroll Deduction AFSCME

Employees participating in the health benefits plan must complete this form and submit to Chelsey Schell, Benefits Coordinator. *Please note this form is not enrolling you into a plan. This form merely authorizes the payroll deduction. You must log on to www.mymessa.org and elect health care coverage. **You must call Chelsey at x1809 if the choice you want to make doesn't show up in the MESSA system—this will happen if you are changing between ACA and an ABC Plan.**

I, _____, authorize Anchor Bay School District to make the following payroll deductions for health and benefits beginning with first payroll after benefits are effective.
(please print clearly)

Please check on box in each column for coverage, plan, and bid time category:

- | | | |
|---|---|---|
| <input type="checkbox"/> Single Coverage | <input type="checkbox"/> MESSA Essentials | <input type="checkbox"/> My bid time is 7 hours or more |
| <input type="checkbox"/> 2-Person Coverage | <input type="checkbox"/> MESSA Balance + | <input type="checkbox"/> My bid time is less than 7 hours but more than 5, and I will pay half the premium for coverage |
| <input type="checkbox"/> Family Coverage | <input type="checkbox"/> MESSA ABC Plan 2, 0% coin | <input type="checkbox"/> I qualify for ACA. |
| | <input type="checkbox"/> MESSA ABC Plan 2, 0% coin | |
| | <input type="checkbox"/> MESSA Essentials through ACA | |
| <input type="checkbox"/> Opt-out of medical insurance *Must provide proof of coverage elsewhere | | |

Employee Signature _____ **Date** _____

I work in transportation food service custodial