

Joyce Manufacturing Co./Joyce Factory Direct

2025 Payroll Deduction Authorization Form

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

Group Medical Insurance:

I wish to waive all medical coverage

I elect to accept the MEDICAL MUTUAL coverage as follows:

	<u>EE</u> <u>Cost/Pay</u>
<input type="checkbox"/> Single Plan	\$ 66.52
<input type="checkbox"/> EE & Spouse	\$ 146.70
<input type="checkbox"/> EE & Child(ren)	\$ 119.96
<input type="checkbox"/> Family	\$ 200.17

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: _____