**Payroll Deduction Options**

**Below are the options you may change throughout the year. For benefits-related changes, the options below do NOT require a Qualifying Event. Please see your HR department if you have questions.**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. HSA (HEALTH SAVINGS ACCOUNT) CONTRIBUTION:**

Contribution towards my HSA plan on a per pay period basis is: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. 403(B) RETIREMENT PLAN CONTRIBUTION:**

You *may* elect to contribute both to pre-tax and Roth deferrals.

Contribution towards my CFC 403(b) Retirement Plan (use whole numbers only):

* Pre-tax deferrals: I wish to contribute \_\_\_\_\_\_% or $ \_\_\_\_\_\_\_ per paycheck.
* Roth (after tax) deferrals: I wish to contribute \_\_\_\_\_\_% or $ \_\_\_\_\_\_\_ per paycheck.
* I wish to discontinue my contributions at this time.

**3. DONATION REQUEST:**

To help with the ministry of Christian Family Care, please deduct the following amount on a per

pay period basis: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that this amount elected here will

supersede any amount I may have previously elected to contribute.

I elect to make the above changes and understand that these changes will be reflected in my bi-weekly payroll deductions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature Date**