

**ITAWAMBA COUNTY SCHOOL DISTRICT
ADMINISTRATIVE OFFICE
PAYROLL CHANGE FORM**

Employee: _____

SSN: XXX-XX-_____

Drop Direct Deposit _____

Please check for any changes. Some premiums are paid in advance which means for example, August payroll pays for September coverage. Please note the asterisk by those paid in advance. Health insurance, dental/vision insurance, and all cancer policies cannot be cancelled during the plan year if your deduction is pre-tax. Most health insurance premiums and all dental and vision and cancer coverage is pre-tax. You will have to wait until the open enrollment period for that coverage to be changed unless you have a qualifying event. Open enrollment for most insurance companies would be the months of August/September with a November 1, ??? effective date. Open enrollment for any health change is October for paperwork with a January 1, ??? effective date. Open enrollment for dental/vision is usually during the month of August or September with a November 1, ??? effective date. If you need to make a change for an annuity, you will need to call me for instructions.

This form must be completed and returned to Robbin Reeder by the 15th of the month in order to process for the end of month payroll.

NAME OF COMPANY	CANCEL
*AFLAC	_____
*American General (AIG)	_____
American Fidelity Disability/Life Only	_____
*Bluebonnet Life Ins.	_____
Create Foundation	_____
Horace Mann	_____
*PrePaid Legal	_____
*United Way	_____
*UNUM Life Ins. (State Plan) attach app	_____

Employee Signature

Date