

**Health Insurance Premium  
Payroll Deduction Authorization Form**

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

Employee ID (or last four digits of social security number): \_\_\_\_\_

Employee E-Mail Address: \_\_\_\_\_ Tel. Phone #: \_\_\_\_\_

1. I hereby authorize the University of Massachusetts to withhold all employee contributions consistent with my health insurance enrollment on a pre-tax basis through payroll deduction.
2. Employee contributions will not be withheld if I have insufficient income in a pay period to cover the required contribution in addition to other required deductions (e.g. OBRA retirement). If the contributions are not withheld, I remain responsible for making timely payment(s) to the University in order to maintain my coverage intact.
3. I acknowledge that health insurance premiums and employee contributions are subject to change based on the health insurance contract and the University's bargaining agreement with the union representing my University position.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_