

**LANSING CENTRAL SCHOOL DISTRICT
PAYROLL DEDUCTION LFA FAMILY**

**LFA
FAMILY**

Deductions: 20

NEW: _____
CHANGE: _____
CANCEL: _____

BDW 150/450 RX 0/10/25

2022-2023

NAME: _____

SOCIAL SECURITY (ID) #: _____

EFFECTIVE PAYROLL DATED: _____

HEALTH INS. DEDUCTION: 301.97 /PAY 6,039.38 /TOTAL

DENTAL INS. DEDUCTION: 11.41 /PAY 228.12 /TOTAL

Calculations:

Health Premium	\$30,196.92
<i>FTE:</i>	<i>1.00</i>
Total Policy Premium	<u>30196.92</u>
Employee Rate:	<u>20%</u>
Annual Premium	<u>6039.38</u>
Mo/Yr:	<u>12</u>
Monthly Premium	<u>503.28</u>
<i>Months Enrolled</i>	<i>12</i>
Premium/Enrollment Period	<u>6,039.38</u>
<i>Paid To Date</i>	<i>0.00</i>
Balance Due	<u>6039.38</u>
<i>Remaining Pays</i>	<i>20</i>
Payroll Deduction:	<u>301.97</u>

Dental Premium	\$1,071.36
<i>FTE:</i>	<i>1.00</i>
Total Policy Premium	<u>1071.36</u>
Annual Premium	<u>228.12</u>
Mo/Yr:	<u>12</u>
Monthly Premium	<u>19.01</u>
<i>Months Enrolled</i>	<i>12</i>
Premium/Enrollment Period	<u>228.12</u>
<i>Paid To Date</i>	<i>0.00</i>
Balance Due	<u>228.12</u>
<i>Remaining Pays</i>	<i>20</i>
Payroll Deduction:	<u>11.41</u>

FLXHLT