

LANSING CENTRAL SCHOOL DISTRICT
PAYROLL DEDUCTION LFA FAMILY

FAMILY

NEW: _____

CHANGE: _____

CANCEL: _____

BDW 150/450 RX 0/10/25 2021-2022

NAME: _____

SOCIAL SECURITY (ID) #: _____

EFFECTIVE PAYROLL DATED: _____

HEALTH INS. DEDUCTION: 287.60 /PAY 5,751.82 /TOTAL

DENTAL INS. DEDUCTION: 11.41 /PAY 228.12 /TOTAL

Calculations:

Health Premium	\$28,759.08
FTE:	1.00
Total Policy Premium	<u>28759.08</u>
Employee Rate:	20%
Annual Premium	<u>5751.82</u>
Mo/Yr:	<u>12</u>
Monthly Premium	<u>479.32</u>
Months Enrolled	<u>12</u>
Premium/Enrollment Period	5,751.82
Paid To Date	0.00
Balance Due	<u>5751.82</u>
Remaining Pays	20
Payroll Deduction:	287.60

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

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