

2024 PAYROLL DEDUCTION AUTHORIZATION

IF YOUR ELECTION REPRESENTS A CHANGE IN YOUR INSURANCE COVERAGE, PLEASE COMPLETE THE APPROPRIATE ENROLLMENT FORM(S) PROVIDED. EMAIL hr@griffithrubber.com IF YOU HAVE QUESTIONS.

- I AM NEWLY ENROLLING OR CHANGING MY EXISTING COVERAGE
- I AM CANCELING OR WAIVING COVERAGE FOR ALL PLANS LISTED BELOW. (SKIP TO DATE/SIGNATURE SECTION)
- I AM MAKING NO CHANGES

MARK ONE BOX UNDER EACH SECTION, **CIRCLE UHC CHOICE PLUS OR UHC NAVIGATE** TO DESIGNATE WHICH MEDICAL PLAN (IF ELECTING MEDICAL), THEN ADD EACH SECTION FOR THE DEDUCTION AMOUNT EACH WEEK. IF YOU'RE PAID BI-WEEKLY, DOUBLE IT. **CIRCLE ONE**

MEDICAL INSURANCE

UHC CHOICE PLUS

UHC NAVIGATE

- | | | |
|--|-------------------|-------------------|
| <input type="checkbox"/> EMPLOYEE ONLY | \$43.76 PER WEEK | \$33.95 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + SPOUSE | \$243.77 PER WEEK | \$206.60 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + ONE OR MORE CHILDREN | \$154.48 PER WEEK | \$129.04 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + SPOUSE + 1 OR MORE CHILDREN | \$254.42 PER WEEK | \$212.66 PER WEEK |
| <input type="checkbox"/> I AM WAIVING PARTICIPATION IN GRIFFITH RUBBER MILLS' MEDICAL PLAN | | |

VISION INSURANCE - UHC

- | | |
|---|-----------------|
| <input type="checkbox"/> EMPLOYEE ONLY | \$0.48 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + SPOUSE | \$1.61 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + ONE OR MORE CHILDREN | \$1.34 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + SPOUSE + 1 OR MORE CHILDREN | \$2.20 PER WEEK |
| <input type="checkbox"/> I AM WAIVING PARTICIPATION IN GRIFFITH RUBBER MILLS' VISION PLAN | |

DENTAL INSURANCE - PACIFICSOURCE

- | | |
|---|------------------|
| <input type="checkbox"/> EMPLOYEE ONLY | \$4.24 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + SPOUSE | \$13.37 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + ONE OR MORE CHILDREN | \$11.31 PER WEEK |
| <input type="checkbox"/> EMPLOYEE + SPOUSE + 1 OR MORE CHILDREN | \$16.61 PER WEEK |
| <input type="checkbox"/> I AM WAIVING PARTICIPATION IN GRIFFITH RUBBER MILLS' DENTAL PLAN | |

EFFECTIVE 1/1/2024 PLEASE DEDUCT A TOTAL OF \$ _____ EACH PAY PERIOD FOR MY CONTRIBUTIONS ELECTED BELOW.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____