

PAYROLL DEDUCTION INFORMATION FOR THE 2018-2019 SCHOOL YEAR

PLEASE RETURN THIS FORM BY EMAIL to jarinaldi@ctreg14.org BY JUNE 8,2018

Name: _____ School: _____
Address: _____ Phone: _____ Listed _____ Unlisted _____
Email _____ Other Phone: _____

I do not need to make any changes for the 2018-2019 School Year

Date: _____

*****For 10 Month Teachers ONLY -Payroll Options (check one)**

1. Your salary paid in 21 checks of equal value.
2. Your salary paid in 20 checks of equal value and 1 check equal to 6 pays.(Balloon Check)

I would like to make a change to my HSA Contribution per paycheck (Employee Amount) \$ _____

If you'd like to make changes to any of the following forms please check off and submit new forms:

- [Direct Deposit](#)
- [Tax Sheltered Annuity \(403B\)](#)
- [Flex Spending/Dependent Care](#) (form must be filled out yearly)
- [Life Insurance \(Beneficiary Change\)](#)
- [Federal Tax Deduction](#)
- [State Tax Deduction](#)
- [CT Teachers' Retirement](#) – Voluntary
- [Health Enrollment Form](#)
- [Dental Enrollment Form](#)