



Group Life, Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability Wage Deduction Authorization

Section I: Personal Information

Employee Name _____ BSU ID# _____
(last, first, middle)
Date of Hire ____/____/____ Date of Birth ____/____/____

Section II: Wage Deduction Authorization

I understand that I am required to participate in Ball State University's Group Life Plan, Accidental Death & Dismemberment Plan, Short-Term Disability Plan, and/or Long-Term Disability Plan ("Group Plans") to the extent that I am an eligible employee as defined in each Group Plan. I hereby authorize the University to deduct from my compensation an amount necessary to pay my portion of the premiums for coverage under such Group Plans. I understand that my portion of the premiums for coverage under the Group Plans may be paid with either pre-tax dollars or after-tax dollars under the Ball State University Flexible Benefits Program.

Section III: Effective Date

I understand that this Agreement shall become effective upon receipt by the Ball State University Office of Payroll & Employee Benefits. I further understand that this authorization for wage deduction is revocable at any time upon written notice to the Office of Payroll & Employee Benefits. However, I acknowledge that any such revocation does not affect the requirement that participation in the Group Plans is mandatory.

Employee Signature _____ Date ____/____/____