

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION

These deductions are optional and in addition to all deductions required by law.

Please check ONLY the benefit elections you have chosen to enroll in.

- Guardian Vision
- Gold Circle Credit Union
- Identity Theft – Norton LifeLock
- Guardian Short Term Disability
- Guardian Critical Illness/Cancer
- Guardian Accident
- Guardian Hospital Indemnity
- Guardian Life Insurance
- County Commissioners Association of Ohio (CCAO-Empower)
- Ohio Public Employees Deferred Compensation
- Ameriflex – Flexible Account (FSA)
- Ameriflex – Dependent Care Account (DCA)
- Union Dues (Sheriff's Office ONLY)

I, _____, hereby authorize the above deductions to be withheld from my bi-weekly pay. I authorize deduction rate increases or changes as required by the benefit provider in accordance with the terms and conditions of the benefit policies.

Employee Signature

Date

WAIVER OF VOLUNTARY BENEFIT ELECTIONS

I, _____, hereby waive all of the above optional benefits.

Employee Signature

Date