



Authorization for Payroll Deduction

Employees participating in the health benefits plan must complete this form and submit to Chelsey Schell, Benefits Coordinator. *Please note this form is not enrolling you into a plan. This form merely authorizes the payroll deduction. You must log on to www.mymessa.org and elect health care coverage.

I, _____, authorize Anchor Bay School District to make the following payroll
(please print clearly)
deductions for health and benefits beginning with first payroll after benefits are effective.

Please select one:

- Single Coverage
- 2-Person Coverage
- Family Coverage
- Opt-out of medical insurance ***Must provide proof of coverage elsewhere**

Employee Signature _____ Date _____