

School District of Lee County

Benefit Deduction Worksheet

	Option 1	Option 2	Option 3
<u>Benefit Type</u>	<u>Premium</u>	<u>Premium</u>	<u>Premium</u>
a. Medical Insurance	_____	_____	_____
b. Dental Insurance	_____	_____	_____
c. Vision Insurance	_____	_____	_____
d. Cancer Insurance	_____	_____	_____
e. Total Core Health Deductions (a + b + c + d)	_____	_____	_____
f. Less Flex Credit	- \$286.35	- \$286.35	- \$286.35
g. Net Deductions (e - f)	_____	_____	_____
ADD:			
h. Short Term Disability Ins.	_____	_____	_____
i. Long Term Disability Ins.	_____	_____	_____
j. Supplemental Emp Life	_____	_____	_____
k. Spouse Life Insurance	_____	_____	_____
l. Child(ren) Life Insurance	_____	_____	_____
TOTAL DEDUCTIONS - All Benefits (g+h+i+ j+k+l)	_____	_____	_____

*****ATTENTION 20 PAY EMPLOYEES***

Because you receive 20 pays rather than the standard 24 pays, the premium deductions on your paycheck will include an extra 20% pre-pay which will be applied toward your summer coverage.