



Uncharted Shores Academy

INSURANCE DEDUCTION AGREEMENT

Date Agreement Begins: _____ Date Agreement Ends: _____

Name of Employee: _____ Full time ___ Part time ___

Information concerning person to be insured through a deduction from employee's paycheck:

Name: _____ D.O.B _____

Relationship to employee: ___ Self ___ Dependent ___ Spouse

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Relationship to employee: ___ Self ___ Dependent ___ Spouse

As stated in the USA Employee Manual:

Group plans for medical, dental, vision, and life insurance will be offered for employees who work at least 30 hours a week or as a .75 employee. A combination of positions which equals full time will be counted as a full-time employment for purposes of coverage. Employees will be notified during the annual open enrollment period as to the amount of the cost of this coverage which will be covered by Uncharted Shores Academy. All or part of the insurance coverage will be paid by the employer, and employees may elect to pay for additional insurance coverage for themselves or their immediate family. Part-time employees may also join the insurance plan if they pay their own costs.

All employee costs for health insurance will be deducted from their paycheck each month, with the premiums divided into equal payments for the year to coincide with their pay periods. To clarify, insurance coverage for ten month employees will be deducted in ten equal amounts, but will continue throughout the summer, unless otherwise requested by the employee. All insurance coverage ends the 1st day of the month following an employee termination or resignation. Upon termination of employment, an employee may be able to continue his/her insurance coverage at his/her own expense through COBRA. Contact the insurance carrier for a full explanation and current costs.

The above named employee agrees to deductions to his/her paycheck for the purpose of paying for an insurance policy for the above named insured person. This agreement will continue to be in effect until the end of this agreement period, the employee requests a change in writing, the insured person no longer qualifies for insurance with the USA group plan, or the termination of the employee with USA.

Total annual amount of health insurance benefit(s): _____

Amount to be deducted from paycheck: _____ for _____ months.

Signature of Employee: _____

Date: _____

Signature of Administrator: _____

Date: _____