



2026 GROUP INSURANCE SELECTION & PAYROLL DEDUCTION AUTHORIZATION

Employee (print) name: _____

Department/Position: _____

<u>SELECTION by INITIALS</u>	<u>PER PAYCHECK AMOUNT</u>	<u>MONTHLY AMOUNT</u>
<u>GROUP HEALTH INSURANCE (PREMERA PPO WCIF 6000 plan)</u>		
____ EMPLOYEE ONLY	\$0.00	\$0.00
____ EMPLOYEE SPOUSE/DOMESTIC PARTNER	\$551.44	\$1,102.88
____ EMPLOYEE AND CHILDREN	\$413.58	\$827.15
____ EMPLOYEE AND FAMILY	\$965.02	\$1,930.03
<u>GROUP HEALTH INSURANCE (PREMERA PPO WCIF 5000 plan)</u>		
____ EMPLOYEE ONLY	\$46.46	\$92.91
____ EMPLOYEE SPOUSE/DOMESTIC PARTNER	\$644.35	\$1,288.69
____ EMPLOYEE AND CHILDREN	\$494.87	\$989.74
____ EMPLOYEE AND FAMILY	\$1092.76	\$2185.51
<u>GROUP HEALTH INSURANCE (KAISER HMO WCIF 750 plan)</u>		
____ EMPLOYEE ONLY	\$148.14	\$296.27
____ EMPLOYEE SPOUSE/DOMESTIC PARTNER	\$882.69	\$1,765.38
____ EMPLOYEE AND CHILDREN	\$707.80	\$1,415.59
____ EMPLOYEE AND FAMILY	\$1,442.35	\$2,884.70
<u>DENTAL (DELTA DENTAL)</u>		
____ EMPLOYEE ONLY	\$0.00	\$0.00
____ EMPLOYEE SPOUSE/DOMESTIC PARTNER	\$23.59	\$47.18
____ EMPLOYEE CHILDREN	\$30.87	\$61.74
____ EMPLOYEE SPOUSE/CHILDREN	\$54.47	\$108.93
<u>VISION (VISION SERVICE PLAN)</u>		
____ EMPLOYEE ONLY	\$0.00	\$0.00
____ EMPLOYEE SPOUSE/DOMESTIC PARTNER	\$1.45	\$2.90
____ EMPLOYEE AND CHILD	\$1.45	\$2.90
____ EMPLOYEE AND CHILDREN	\$5.14	\$10.28
____ EMPLOYEE AND FAMILY	\$5.14	\$10.28

I hereby select the above group insurance options and authorize Kitsap Community Resources to deduct the following total amount from my regular paychecks. I understand that this amount will continue to be deducted from my regular paycheck to cover the cost of my elected group insurance benefits as noted above. I also recognize that I am personally responsible for making such payments to maintain my group insurance enrollment. If at any time while employed my check is insufficient to cover the costs of my elected group insurance benefits and I cannot make such payments, I may lose insurance benefit coverage.

Total amount to be deducted from gross pay per paycheck: \$_____

Employee Signature

Dated