

Payroll Deduction Authorization Form For Health Insurance

This **payroll deduction authorization form** sample enables employees to authorize automatic health insurance premium payments directly from their salary. It simplifies the enrollment process and ensures timely deductions for coverage. Using this form helps maintain accurate records and streamline payroll management.

Employee Information	
Full Name:	_____
Employee ID:	_____
Department:	_____
Contact Number:	_____

Authorization Details	
Coverage Type:	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family
Health Insurance Provider:	_____
Monthly Deduction Amount:	\$ _____
Effective Date:	____ / ____ / ____

Employee Authorization

I hereby authorize **[Company Name]** to deduct the indicated health insurance premium from my payroll on a recurring basis, effective from the date specified above. This authorization remains valid until revoked by me in writing.

Employee Signature: _____

Date: ____ / ____ / ____