



# Pet Insurance Salary Reduction Form

## EMPLOYEE INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex:  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Hire \_\_\_\_\_ Benefits Eligibility Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

ENROLLMENT/CHANGES:  New Enrollment  Open Enrollment Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** Pet insurance must first be approved by the pet insurance company before coverage for the pet takes effect and before deductions for coverage begin. Once the pet is approved for coverage, the insurance company will notify Human Resources and the employee of the coverage effective date and the monthly premium amount.

Monthly Cost  \$ \_\_\_\_\_

Once the pet is approved for coverage, the pet insurance company will notify Human Resources and the employee of the bi-weekly premium amount.

CANCELLATION OF COVERAGE:  Open Enrollment  Other Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** The employee must first notify the pet insurance company of the intention to cancel. Then, the pet insurance company will notify Human Resources of the cancellation and effective date. Upon HR's receipt of the cancellation, the deductions for the benefit will stop.

I have read the above statements and represent they are true and complete to the best of my knowledge. I authorize the company to deduct from my pay on a post-tax basis and remit any required contribution for the cost of coverage. This authorization is to remain in effect until I notify the company in writing of any changes. I also understand that I can cancel my coverage at any time, but if I elect coverage in the future, insurance must first be approved by the vendor before coverage is reinstated.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Human Resources Approval Date