

TSEA Benefit Premiums Payroll Deduction Authorization

First Name		Middle Initial		Last Name	
Social Security Number		Employee ID Number		Department ID Number	
Home Mailing Address					
City		State	Zip Code	Work Phone	

I authorize the State of Tennessee Central Payroll to deduct TSEA benefit premiums and/or computer payments for those items I have designated below from my salary in amounts certified by TSEA or its third party administrator.

I further authorize Central Payroll to make any certified changes in the amount of such benefit premiums over the life of my membership.

I will notify TSEA's third party administrator of any changes to my insurance status.

I understand that Central Payroll will forward such authorized deductions to TSEA's third party administrator.

I acknowledge that the deduction will not be made if my paycheck does not contain a sufficient balance to fund the deduction, and it is my responsibility and not the State's to make sure the payroll deductions are adequately funded. I further acknowledge that it is my responsibility (or my executor, heirs, or legal representative) to notify the State of any change in status that would affect the payroll deduction. The State will not be liable for any loss caused by my failure or my representatives to so notify the State, or for losses during an administratively practicable time period during which the State processes the change in deductions.

I understand that if I cancel my TSEA membership, the benefit premium deduction and/or computer payments will no longer be automatically deducted from my state paycheck.

I understand that in the event of a court order being applied to my pay, the order will be applied after benefit premiums, but before computer payments.

This authorization will remain in effect until TSEA or the third party administrator notifies Central Payroll to cancel it in such time as to afford Central Payroll to act on it.

Signature: _____ **Date:** _____

Please indicate the product(s) for which you are authorizing deduction:

- | | | |
|-------------------------|------------------------|----------------------------------|
| _____ Disability Income | _____ Universal Life | _____ Whole Life |
| _____ Term Life | _____ Cancer Insurance | _____ Heart and Stroke Insurance |
| _____ Long Term Care | _____ Vision Insurance | _____ ID Theft |
| _____ Dental | _____ Pet Insurance | _____ Hosp. Indemnity |