

# BENEFIT DEDUCTION TROUBLESHOOTING

*Fax to 585-7375 or mail to 121 Annex Bldg.*

Employee Name \_\_\_\_\_ Employee Social Security # \_\_\_\_\_

Employee ID \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_ Date \_\_\_\_\_

## Deduction in Question

<p><b>Medical/Dental</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BCBS Indemnity</li> <li><input type="checkbox"/> ValueCare</li> <li><input type="checkbox"/> HealthWise</li> <li><input type="checkbox"/> PEHP</li> </ul> <p>Concern: _____</p>	<p><b>Life Insurance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Part I Employee</li> <li><input type="checkbox"/> Part II Employee</li> <li><input type="checkbox"/> Part III Spouse/Dependent</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Universal Life</li> </ul> <p>Concern: _____</p>
<p><b>Accident Death &amp; Dismemberment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Single</li> <li><input type="checkbox"/> Family</li> </ul> <p>Concern: _____</p>	<p><b>Disability</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Long-Term Disability</li> <li><input type="checkbox"/> SOM Long-Term Disability</li> </ul> <p>Concern: _____</p>
<p><b>Tax Deferred Annuity 403(b)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> TIAA/CREF</li> <li><input type="checkbox"/> Fidelity</li> <li><input type="checkbox"/> Valic</li> <li><input type="checkbox"/> Kemper</li> <li><input type="checkbox"/> MetLife</li> </ul> <p>Concern: _____</p>	<p><b>Retirement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> TIAA/CREF</li> <li><input type="checkbox"/> Utah State Retirement</li> <li><input type="checkbox"/> Public Safety Retirement</li> </ul> <p>Concern: _____</p>
<p><b>Flexible Spending Account</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical</li> <li><input type="checkbox"/> Dependent Care</li> </ul> <p>Concern: _____</p>	<p><input type="checkbox"/> MetPay</p> <p>Concern: _____</p> <hr/> <p><input type="checkbox"/> Long-Term Care</p> <p>Concern: _____</p>
<p><input type="checkbox"/> Vacation Leave Accrual</p> <p>Concern: _____</p>	<p><input type="checkbox"/> Sick Leave Accrual</p> <p>Concern: _____</p>
<p><input type="checkbox"/> Personal Preference Days</p> <p>Concern: _____</p>	<p><b>Other Items of Concern:</b></p> <p>_____</p>