



Authorization for Payroll Deduction AFSCME

Employees participating in the health benefits plan must complete this form and submit to Chelsey Schell, Benefits Coordinator. *Please note this form is not enrolling you into a plan. This form merely authorizes the payroll deduction. You must log on to www.mymessa.org and elect health care coverage. **You must call Chelsey at x1809 if the choice you want to make doesn't show up in the MESSA system—this will happen if you are changing between ACA and an ABC Plan.**

I, _____, authorize Anchor Bay School District to make the following payroll deductions for health and benefits beginning with first payroll after benefits are effective.
(please print clearly)

Please select coverage and plan:

Single Coverage

ACA –MESSA Essentials

2-Person Coverage

MESSA ABC Plan 1

My bid time is 7 hours or more

Family Coverage

MESSA ABC Plan 2

My bid time is less than 7 hours but more than 5, and I will pay half the premium for coverage

MESSA ABC Plan 1—20% coin

MESSA ABC Plan 2—20% coin

Opt-out of medical insurance
***Must provide proof of coverage elsewhere**

Employee Signature _____ Date _____