

**LEHIGH UNIVERSITY PAYROLL OFFICE
PAYROLL DEDUCTION AUTHORIZATION**

GRADUATE STUDENT HEALTH INSURANCE

(Note: This form can be found on the Controller's Office web site)

Name:		Date:	
Social Security Number:			
Extension:		Email:	
I authorize the following insurance deductions to be made from my payroll checks:			
Start Date *:	End Date *:	Deduction per Pay *:	Total Deduction (must deduct entire premium) *:
In addition, I authorize a processing fee of \$20.00 to be deducted from my first paycheck in the deduction period.			

SIGNATURE: _____

*** Fall Semester Deductions:**

Earliest Start Date:	End Date:	Deduction Form Due to Payroll:	No. of Deductions:
September 30	December 15	September 20	6 (if start 9/30)

*** Spring Semester Deductions:**

Earliest Start Date:	End Date:	Deduction Form Due to Payroll:	No. of Deductions:
February 15	May 15	February 3	7 (if start 2/15)

*** Academic Year Deductions (All paperwork for full Academic Year appointment must be received by Payroll Office by Sept 20th)**

Earliest Start Date:	End Date:	Deduction Form Due to Payroll:	No. of Deductions:
September 30	May 15	September 20	16 (if start 9/30)

**Return this form to:
Bursar's Office
Alumni Memorial Building**

Processed by: _____

Date: _____

Copy to Bursar on _____