



# Office of Human Resources

## Payroll Deduction Agreement

I have enrolled in the Employees Retirement System of Texas (ERS) Group Benefits Program (GBP) through Austin Community College (ACC) for Adjunct Faculty Benefits. I elect to pay my monthly premiums by either:

(Mark 'payroll deduction' or 'personal payment')

\_\_\_\_\_ **I. Payroll deduction**

I understand that if my personal ACC payroll deduction is insufficient to cover the entire monthly premium owed. I am responsible for paying the remainder of that premium balance to the Cashier's Office by the 11<sup>th</sup> of the following month. Payment must be made by cash, check, cashier's check or money order.

**I elect to have my monthly premiums deducted over**

\_\_\_\_\_ **9 months (September – May)**

**OR**

\_\_\_\_\_ **12 months (September – August)**

\_\_\_\_\_ **II. Personal monthly payment**

Personal payment by cash or cashier's check or money order must be paid by the 11<sup>th</sup> of each month at any ACC Cashier office or benefits are automatically cancelled.

**Authorization: (Carefully read the statement below and sign and date)**

I understand that if my personal payment is returned for insufficient funds, then my entire GBP coverage will be cancelled and COBRA will not be offered. I will still owe ACC the insufficient funds amount even if services were not accessed. Any collection fees will be my responsibility. I approve a payroll deduction from any future paycheck to cover any amount owed for benefits. I understand that I must submit the required payments by the 11<sup>th</sup> of each month. I understand that if the premium amount is not paid for any given month, the insurance will be automatically cancelled at the end of the prior month. ACC is not responsible for employee coverage selections or payment of premiums.

\_\_\_\_\_  
Employee's printed name

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date