



HUMAN RESOURCES

*Supporting The Academy of the  
New Church and The General  
Church of the New Jerusalem*

## Employee Pre-Tax Authorization Form for Medical & Dental

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**Employee Name (please print)**

I agree to have my gross salary reduced to pay employee contribution amounts for the employer sponsored benefit plans; in accordance with Section 125 of the Internal Revenue Code.

I am authorizing my employer to make these contributions on my behalf for the following:

- United Healthcare Choice Plus HSA 1500/90%
- United Healthcare Choice Plus HSA 1500/90% – full cost, buy in option for Regular, Part Time employees
- MetLife Dental

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please forward to: Melanie Chiara  
Payroll & Benefits, Po Box 45, Bryn Athyn, PA 19009  
Phone | (267) 502-2624  
Fax | (267) 502-2627