

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
AUTHORIZATION FOR MISCELLANEOUS DEDUCTIONS

250-035-05
 HUMAN RESOURCES
 04/25

Agency Transfer (Complete Section 2 to start a recurring deduction)

From: _____ DOT Hire Date: _____

Last Name, First Name, MI

Social Security No.
(Last 4 digits only)

People First ID No.

Effective Pay Period Ending
(Otherwise effective immediately)

| | | | |
|--|--|--|--|
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|--|--|--|--|

I AUTHORIZE THE CANCELLATION OF THE FOLLOWING
 (CHECK ALL APPLICABLE BOXES)

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|------|---|-------|--|
| 216* | MetLife <input type="checkbox"/> | 285* | Capital Insurance Life <input type="checkbox"/> |
| 217* | Reliance Standard Life Ins. Co. <input type="checkbox"/> | 300* | Capital Insurance/LINA Disability <input type="checkbox"/> |
| 219* | American Family Life Assurance Co. (Aflac) <input type="checkbox"/> | 340* | Colonial – Life Insurance <input type="checkbox"/> |
| 220* | Monumental Life Ins. Co. <input type="checkbox"/> | 341* | Colonial Life – Cancer/Critical Illness Ins. <input type="checkbox"/> |
| 228* | Professional Ins. Corp. <input type="checkbox"/> | 342* | Colonial Life – Hospital Indemnity Ins. <input type="checkbox"/> |
| 232* | Mercer/Seabury & Smith – Auto <input type="checkbox"/> | 343* | Colonial Life – Disability Ins. <input type="checkbox"/> |
| 233* | Prudential Financial – Central Office Only <input type="checkbox"/> | 420* | Florida Fringe Benefits, Inc. – Cancer/Intensive Care <input type="checkbox"/> |
| 237* | The Hartford – AD&D <input type="checkbox"/> | 434* | The Hartford – Disability <input type="checkbox"/> |
| 257* | Met Life Legal Plan of Florida <input type="checkbox"/> | | |
| 262* | LINA (Alta) Group Term Life <input type="checkbox"/> | _____ | Other _____ <input type="checkbox"/> |
| 266* | Florida College – Prepaid Plan <input type="checkbox"/> | _____ | Credit Union _____ <input type="checkbox"/> |
| 267* | Florida College – Investment Plan <input type="checkbox"/> | _____ | Credit Union _____ <input type="checkbox"/> |

* Restricted to cancellation only. To start or change a deduction contact Central Human Resources at (850) 694-0771 as several programs require an applicable enrollment form or company application.

I AUTHORIZE THE START OR CHANGE OF THE FOLLOWING
 (INSERT APPLICABLE CODE & AMOUNT)

| CODE | DESCRIPTION | CODE | DESCRIPTION | AMT. | AMT. |
|-------|--------------------|-------|--------------|-------|-------|
| _____ | Credit Union _____ | _____ | Other: _____ | _____ | _____ |
| _____ | Credit Union _____ | _____ | Other: _____ | _____ | _____ |
| _____ | Credit Union _____ | _____ | Other: _____ | _____ | _____ |

I hereby request and authorize the above miscellaneous deductions. I understand that all subsequent across-the-board prescheduled rate adjustments for the above authorized deduction(s) will be made unless I authorize cancellation of such deduction(s).

 EMPLOYEE'S SIGNATURE

 DATE