

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
AUTHORIZATION FOR MISCELLANEOUS DEDUCTIONS

250-035-05
 HUMAN RESOURCES
 04/12

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)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

CODE DESCRIPTION	CODE DESCRIPTION
216* MetLife <input type="checkbox"/>	285* Capital Insurance Life – Long Term Care <input type="checkbox"/>
217* Reliance Standard Life Ins. Co. <input type="checkbox"/>	341* Colonial Life – Cancer/Intensive Care Ins. <input type="checkbox"/>
220* Monumental Life Ins. Co. <input type="checkbox"/>	342* Colonial Life – Supplemental Hospital Income Ins. <input type="checkbox"/>
228* Professional Ins. Corp. <input type="checkbox"/>	343* Colonial Life – Disability Ins. <input type="checkbox"/>
232* Marsh/Seabury & Smith – Auto/Homeowners <input type="checkbox"/>	420* Florida Fringe Benefits, Inc. – Cancer/Intensive Care <input type="checkbox"/>
233* Prudential Financial – Central Office Only <input type="checkbox"/>	434* The Hartford – Disability <input type="checkbox"/>
237* The Hartford – AD&D <input type="checkbox"/>	_____ United Way/FSECC <input type="checkbox"/>
257* Hyatt Legal Plans of Florida <input type="checkbox"/>	_____ Union Dues _____ <input type="checkbox"/>
262* ALTA Life Ins. Co. <input type="checkbox"/>	_____ Credit Union _____ <input type="checkbox"/>
266* Florida College – Prepaid Plan <input type="checkbox"/>	_____ Credit Union _____ <input type="checkbox"/>
267* Florida College – Investment Plan <input type="checkbox"/>	_____ Other: _____ <input type="checkbox"/>

* Restricted to cancellation only. To start or change a deduction contact Central Human Resources at (850) 414-4916 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
_____ 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