



BENEFITS A/R AGREEMENT

Signature Authorization Form

Please complete and return this form to Human Resources

I, _____, understand that I am responsible for paying benefit premiums/deductions owed by me for the enrollment or change in my benefits. I further understand that retroactive benefit premium/deductions can occur when enrollment documentation is not processed in time for a deduction to be established by the State Controller's Office (SCO) prior to the effective date of coverage. On occasion, benefit premium/deductions can be delayed for more than one month resulting in multi-month accounts receivable (A/R).

My signature below authorizes Human Resources to establish a retroactive payroll deduction in the amount owed to be taken from my upcoming monthly payroll check to pay for retroactive benefits premiums/deductions.

This authorization is effective immediately upon receipt by Benefit Services and will remain in effect until I choose to cancel this authorization via written notification.

Employee Name (Printed)	Employee ID
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Signature	Date
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If you have any questions please contact the Human Resources: (707) 654-1138.

*The State Controller's Office (SCO), as the pay agent for California State University (CSU), establishes, changes, and discontinues benefit premiums/deductions based on information received by Human Resources and authorized by the employee.

cc: Marie Hernandez, Payroll Coordinator

Office Use Only
Accepted by Authorized Campus Representative: _____
Date Received: _____