



Employee Payroll Deduction/Cancellation Form

FirstStarHR, its Affiliates and Client Companies

Client Company Name: _____

Employee Name: _____

Social Security #: _____ - _____ - _____ Helm ID#: _____

Deductions are not authorized unless this form is signed by the employee accepting the payroll deduction(s).

Payroll Deduction Type 1: 85-Advance _____ 31-Loan _____ 51-Tools _____ 24-Uniforms _____

Other _____ (please explain) _____

Start Date _____ / _____ / _____ Beginning Balance Owed: \$ _____
(If applicable)

Amount to Deduct Per Pay Period: \$ _____

Payroll Deduction Type 2:

Major Medical _____ PRE-TAX _____ AFTER-TAX _____

Dental _____ PRE-TAX _____ AFTER-TAX _____

Vision _____ PRE-TAX _____ AFTER-TAX _____

AD&D _____ PRE-TAX _____ AFTER-TAX _____

AFLAC CANCER _____ PRE-TAX _____ AFTER-TAX _____

AFLAC ACCIDENT _____ PRE-TAX _____ AFTER-TAX _____

AFLAC LIFE _____ PRE-TAX _____ AFTER-TAX _____

AFLAC STD _____ PRE-TAX _____ AFTER-TAX _____

AFLAC ICU _____ PRE-TAX _____ AFTER-TAX _____

AFLAC DIS RIDER _____ PRE-TAX _____ AFTER-TAX _____

AFLAC DENTAL _____ PRE-TAX _____ AFTER-TAX _____

Start Date _____ / _____ / _____

Please list amounts to deduct per pay period only.
The requested start date is NOT guaranteed and is subject to the approval of each Insurance Company.

If additional deductions are required, please use a separate form.

I hereby authorize FirstStarHR, its affiliates, and client companies to withhold the deduction(s) indicated above from my paycheck(s) until paid in full; I understand that the benefits I select will remain in effect until cancelled/terminated by myself or my co-employer named above. If required contributions for the elected benefits/deductions are increased or decreased while this agreement remains in effect, my pay will automatically be adjusted to reflect such. In the event of employment termination, all funds due will be deducted from my last paycheck where possible. If additional money is owed, employee agrees to make the allotted payment(s) due immediately.

Employee Signature: _____ Date: _____

Supervisor/HR Signature*: _____ Date: _____

Printed Name Here*: _____

I hereby authorize FirstStarHR, its affiliates, and client companies to cancel the following deduction(s) from my paycheck:

Deduction cancellation date: _____ / _____ / _____ Employee Signature: _____ Date: _____

Supervisor/HR Signature*: _____ Date: _____

Printed Name Here*: _____