

# Personnel Department

**Jennifer Mascarenas**  
**Personnel Officer**  
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## AUTHORIZATION FOR PAYROLL DEDUCTION FOR VOLUNTARY DENTAL EFFECTIVE YEAR 2024

Effective Date: \_\_\_\_\_

I hereby authorize payroll deductions for the following Dental Insurance Plan with Essex County:

**NOTE: Deductions are taken the first two (2) pay periods of each month.**

### GUARDIAN

The payroll deduction for this plan will be as follows:

- Individual Plan \$62.02 per month
- Family Plan \$158.58 per month
  
- Pre-Tax Deduction
- After-Tax Deduction

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature