

Employee Attendance Form - Please Print

Employee's name: _____
Last, First and MI

Date of Birth: _____ State of Birth: _____

Sex: M _____ F _____

Social Security #: _____

Spouse's name: _____ DOB: _____

Dependent children: yes/no (please circle) if yes, please list information below:

Name: _____ Sex: _____ DOB: _____

Name: _____ Sex: _____ DOB: _____

Name: _____ Sex: _____ DOB: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Work phone: _____

Job title: _____

Duties: _____

Gross Annual Income: _____

Beneficiary, relationship, DOB, phone number and address:

Okaloosa County Head Start

2019 FLORIDA PAYROLL RATES – 23 Deductions per year

ACCIDENT ADVANTAGE 24 HOUR COVERAGE

Option 3 18-70	Employee	Employee & Children	Employee & Spouse	Family
B Rate	\$16.06	\$19.60	\$17.36	\$26.79

CANCER PROTECTION ASSURANCE

w/\$500 B.B., Dep. Child and Specified Disease Riders

Ages 18-75	Employee	Employee & Children	Employee & Spouse	Family
Option 1	\$13.02	\$13.50	\$22.95	\$23.43
Option 2	\$23.45	\$23.92	\$42.17	\$42.65
Option 3	\$31.79	\$32.27	\$56.31	\$56.79

CRITICAL CARE PROTECTION w/ \$500 BB & \$500 – Recovery Riders

Level 1 Age Bands	Employee	Employee & Children	Employee & Spouse	Family
18-35	\$6.38	\$7.05	\$10.11	\$11.26
36-45	\$10.72	\$11.12	\$17.70	\$19.26
46-55	\$14.85	\$15.26	\$25.64	\$27.47
56-70	\$19.60	\$20.08	\$36.02	\$38.19

HOSPITAL CHOICE – BASE PLAN (\$1,000)

Ages	Employee	Employee & Children	Employee & Spouse	Family
18-49	\$14.11	\$17.91	\$20.01	\$21.23
50-59	\$14.38	\$18.18	\$21.16	\$21.43
60-75	\$14.79	\$18.52	\$22.65	\$22.93

OPTIONAL RIDERS ARE AVAILABLE

LIFE INSURANCE AVAILABLE – 10, 20, & 30 YEAR TERM OR WHOLE LIFE