

**SCHOOL DISTRICT OF PRENTICE  
PAYROLL SHEET**

**PLEASE CHECK THE APPROPRIATE DEDUCTIONS / BENEFITS.**

**FILL OUT EACH LINE YES OR NO AND THE AMOUNT WHERE APPLICABLE**

<b>TSA / 403 B</b>	<b>YES</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>NO</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	
<b>COMPANY</b>	<hr style="width: 100%;"/>			<b>AMOUNT PER MONTH</b>	<hr style="width: 100%;"/>

**DO NOT FILL IN A TSA OR 403 B ON THIS PAYROLL SHEET UNTIL YOUR FORMS ARE SET UP WITH THE COMPANY YOU CHOOSE. ALSO YOUR SRA FORM AND YOUR MID AMERICA FORM MUST BE INTO THE OFFICE FOR YOUR EMPLOYEE FILE**

TSA / 403 B PLANS ARE SAVINGS PLANS FOR RETIREMENT. WE HAVE 4 COMPANIES THAT CAN BE USED. 1. AMERICAN FUNDS 2. RELI STAR (ING) 3. THRIVENT FINANCIAL 4. WEA INS TRUST. A SHEET ALSO HAS TO BE FILLED OUT FOR MID AMERICA FOR APPROVAL AND THE THEY GIVE AN OK FOR PAYROLL DEDUCTION.

<b>LONG TERM DISABILITY INS.</b>	<b>YES</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>NO</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>
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LONG TERM DISABILITY INS IS A BENEFIT PAID FOR BY THE SCHOOL DISTRICT. IT IS COVERAGE THAT GOES INTO EFFECT IF YOU ARE INJURED OR DISABLED IN SOME WAY FOR LONGER THAN 60 DAYS.

<b>LIFE INSURANCE</b>	<b>YES</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>NO</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>
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LIFE INSURANCE IS A BENEFIT PAID FOR BY THE SCHOOL DISTRICT. THE COVERAGE IS THE SAME AS YOUR SALARY RAISED TO THE NEXT \$1000.00  
LIFE INSURANCE GOES INTO EFFECT AFTER YOU HAVE BEEN IN WI RETIREMENT FOR 6 MONTHS.

<b>HEALTH INSURANCE</b>	<b>FAMILY</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>SINGLE</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>NONE</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>
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<b>DENTAL INSURANCE</b>	<b>FAMILY</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>SINGLE</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>	<b>NONE</b>	<input style="width: 80%; height: 20px;" type="checkbox"/>
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**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_  
**SIGNATURE**

**NAME** \_\_\_\_\_  
**PRINT YOUR NAME HERE**