

Optional Payroll Deductions - RETURN BY **AUGUST 22, 2024**

**(You must return the form even if you are not taking any payroll deductions.)**

Use this page to authorize payroll deductions for optional program purchases. Please visit our Owosso Public Schools' Website ([www.owosso.k12.mi.us](http://www.owosso.k12.mi.us)) under Staff Resources, Human Resources for additional information on each offering.

**Flexible Spending Account – TASC/Flex**

Many of our employees enjoy tax-saving benefits by enrolling in the TASC/Flex system. You can have tax-sheltered deductions taken from your paycheck for dependent care benefits and medical benefits.

Check one:  I am a **new** enrollee in the TASC/Flex program. Please set up my account as follows:

I am a **current** enrollee in the TASC/Flex program. Please set up my account as follows:

\$ \_\_\_\_\_ in my dependent care account - \$5,000.00 maximum. Select one:  19 pays\* or  25 pays\*\*

\$ \_\_\_\_\_ in my medical reimbursement account - \$3,200.00 maximum. Select one:  19 pays\* or  25 pays\*\*

**I do not wish to participate in the TASC/Flex program.**

**YMCA**

Discounted membership rates are available for employees of Owosso Public Schools.

(Rates subject to change effective 1/1/2025. Communication will be sent out at that time.)

Please select one:

Sign me up for the Fitness/Individual Plan \$19.58 for 19 pays\*

Sign me up for the Family Fitness/1 adult plan \$23.37 for 19 pays\*

Sign me up for the Family Fitness /2 adults plan \$26.53 for 19 pays\*

I am currently a member, keep my enrollment the same.

**I do not wish to purchase a YMCA membership.**

**Legal Shield** Identity Theft or Pre-Paid Legal **Circle the service plan(s) you are purchasing.**

Payroll Deduction Amount	Legal Shield Only	Identity Theft Only	Identity Theft Only (With Minors)	Both Plans	Both Plans (With minors)
26 Pays ***	\$7.36 per pay	\$5.98 per pay	\$6.42 per pay	\$11.95 per pay	\$12.42 per pay
19 Pays*	\$10.07 per pay	\$8.18 per pay	\$8.81 per pay	\$16.36 per pay	\$16.99 per pay

**I do not wish to purchase Legal Shield services.**

**OPS Foundation** \$ \_\_\_\_\_ per pay Select one:  19 pays\* or  26 pays\*\*\*

**I do not wish to donate to the OPS Foundation.**

**Owosso Sports Booster** \$ \_\_\_\_\_ per pay for 19 pays\*

**Owosso Choir Booster** \$ \_\_\_\_\_ per pay for 19 pays\*

**Owosso Band Booster** \$ \_\_\_\_\_ per pay for 19 pays\*

**I do not wish to donate to any of the above Boosters.**

If you have questions, please contact Billie Hurley in the Payroll Department at (989) 729-5673, email: [hurley@owosso.k12.mi.us](mailto:hurley@owosso.k12.mi.us)

I authorize Owosso Public Schools to make the deductions selected above from my payroll account for the 2024-2025 school year.

Print Employee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*19 pay cycle: September 13, 2024 - June 6, 2025 (no deduction January 3, 2025)

\*\*25 pay cycle: September 13, 2024 - August 15, 2025

\*\*\*26 pay cycle: August 29, 2024 - August 15, 2025