# How to Calculate Withholding for Health Care Coverage

If the employee is eligible for health care coverage, complete this worksheet to determine whether the withholding will exceed the maximum allowable amount.

Note 1: To complete the calculation you will need the cost to add ONLY the child(ren) of this order to the medical policy and the employee's gross income. If your payroll is calculated weekly, you will need to calculate the monthly gross income amount before you can complete the calculation. For example, if your payroll is weekly, multiply the weekly gross by 52 and divide this product by 12 to get the monthly gross earnings ($1,000.00 x 52 = $52,000.00 / 12 = $4,333.33)

Note 2: **The cost of coverage for the employee (whether currently enrolled or needing to be enrolled) is not a factor in this calculation.** ONLY the cost to add the child, over and above any cost for the employee to enroll, is used in this calculation.

If you receive more than one income withholding notice for an employee, if there are multiple health care coverage options, or if you have questions, call Employer Assistance at 907-269-6089 or toll free in Alaska at 877-269-6685.

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Return this completed worksheet to CSSD. The CSSD address on the back will fit a window envelope.

1.  Employee's name: _____                 SSN: _____
    Employer name: _____                   Team: _____
    Date of Notice: _____        Employer ID #: _____        Case #: _____

2. Is medical insurance available?                                               Yes or No _____
       If yes, proceed to the next question.
       If no, STOP. Return this form to CSSD.

3. Does this employee currently have medical coverage in place?                  Yes or No _____
       If yes, does the coverage include the child(ren) of this order?           Yes or No _____
       If yes, complete section 6 on the back and return the form to CSSD.
       If no, continue with the next question.

4a. Enter the employees gross monthly income: _____; 5% of the gross equals:        $_____
4b. What is the monthly cost to the employee to add only the child(ren) of this order to the medical
     insurance (see Note 2 above) $ _____ . Now divide this amount by 2 and enter that number:
         $_____
4c. Is line 4b greater than line 4a:                                             Yes or No _____
       If yes, STOP. Do not add the child(ren) to the medical policy. Continue
       to send the dollar amount calculated in the income withholding order currently
       in place and return this form to CSSD.

       If no, forward Part B to your health plan administrator for enrollment of the
       child of this order. Continue to withhold the dollar amount on the income withholding,
       order, complete number 5 and return this form to CSSD.

5. Provide the following information about the insurance coverage if the dependents are now or will be enrolled:

    Insurance Company Name: _____
    Address: _____        Group No. _____
    _____                 Policy No. _____
    Phone: _____          Effective Date: _____
    Names of all dependents on policy: _____

    _____                 _____
    Signature of preparer                              Date

    _____                 _____
    Printed name of preparer                           Preparer's Phone number