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.

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