

# Elko County School District



## Superintendent's Office

Telephone: (775) 738-5196 • Fax: (775) 738-5857  
P.O. Box 1012 • Elko, Nevada 89803

I hereby authorized the Elko County School District to deduct **\$430.00** from my paycheck each month for coverage of **one (1)** dependent.

---

Employee Signature

---

Date

.....

I hereby authorized the Elko County School District to deduct **\$534.00** from my paycheck each month for coverage of **two (2)** dependents.

---

Employee Signature

---

Date

.....

I hereby authorized the Elko County School District to deduct **\$640.00** from my paycheck each month for coverage of **three (3) or more** dependents.

---

Employee Signature

---

Date