



## WELLNESS Pay and Deduction Adjustment Form

**MUST BE SUBMITTED PRIOR TO 12/16/2022**

Email completed form with supporting documentation to [wellness@coorstek.com](mailto:wellness@coorstek.com)

Employee Name:		Employee ID:	
Date:	Cost Center:	Location:	
<b>ONE-TIME PAY ADJUSTMENTS</b>			
<b>Type of Pay</b>		<b>Amount</b>	
Translation Pay:		\$	
Relocation Expense:		\$	
International Travel Bonus:		\$	
Wellness Reimbursement:		\$	
Other (explain):		\$	
<b>ONE-TIME DEDUCTION ADJUSTMENTS</b>			
<b>Type of Deduction</b>		Employee Amount	Employer Amount (if applicable)
Medical Coverage: <input type="checkbox"/> Kaiser HDHP <input type="checkbox"/> Aetna HDHP		\$	\$
Dental Coverage: <input type="checkbox"/> Delta Basic <input type="checkbox"/> Delta Buy-Up		\$	\$
Vision Coverage:		\$	\$
Misc. Coverage: (life, 401k, etc.): _____		\$	\$
Uniforms:		\$	\$
Other (explain):		\$	\$
<b>How Deduction Should Be Applied (Must Check One):</b>			
<input type="checkbox"/> Increase normal deductions by these amounts		<input type="checkbox"/> Reduce/ Refund the normal deductions by these amounts	
<input type="checkbox"/> Change the normal deductions to these amounts		<input type="checkbox"/> Other:	
<b>APPROVALS</b>			

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*