

Payroll Deduction Glossary



What you will see on your 2016 payroll check. IMPORTANT: BE SURE TO REVIEW YOUR PAY CHECK TO ENSURE YOUR DEDUCTIONS ARE CORRECT.
<https://eac.spiohost.net/kle/eac5/Login.aspx> or <http://knet/> - Quick Links ---> Employee Access Center

	TYPE OF COVERAGE	COVERAGE LEVEL	TAX ELECTION
EXAMPLES	1	2	3
DESCRIPTION ON PAY CHECK	HDTRS-1	EF	B
	VISION	EC	A
	FC DEN	EO	B

TYPE OF COVERAGE	COVERAGE
BASICLIFE	Basic Life Insurance \$10,000 (District Paid)
CRIL 10	Critical Illness \$10,000
CRIL 20	Critical Illness \$20,000
DHMO	Dental DHMO Insured by Cigna
PPODEN	Dental Indemnity Insured by Cigna
DISABIL	Disability Insured by Hartford Life
FLEX DEP	Flex Dependent Care Reimbursement Account
FLEX MED	Flex Medical/Dental Reimbursement Account
LEGAL STD	Group Legal Plan Standard
LEGALS IDA	Group Legal Plan Standard with Identity Theft
TMLIFE E	Supplemental Term Life Employee Coverage by Aetna
TMLIFE S	Supplemental Term Life Spouse Coverage by Aetna
TMLIFE C	Supplemental Term Life Child Coverage by Aetna
HDTRS-1	TRS ActiveCare – 1HD Plan
ACSLCT	TRS ActiveCare – Select Aetna ACO
TRSAC-2	TRS ActiveCare – 2 Plan
WHLIFE E	Whole Life Insurance Employee Coverage by Hartford
WHLIFE S	Whole Life Insurance Spouse Coverage by Hartford
WHLIFE C	Whole Life Insurance Child Coverage by Hartford
VISION	VSP Vision Plan
457 RSPLAN	Klein 457 Retirement Savings Plan
403B	Klein 403B Retirement Savings Plan

COVERAGE LEVEL	DESCRIPTION
EO	Employee Only is covered
EC	Employee and Child(ren) are covered
ES	Employee and Spouse are covered
EF	Employee and Family are covered

TAX ELECTION	DESCRIPTION
B	Before Tax or Cafeteria
A	After Tax or Non-Cafeteria