

2022 PAYROLL AUTHORIZATION

TWU LOCALS VOLUNTARY BENEFITS

EMPLOYEE NAME: _____ SS NUMBER (FULL SS#): _____

EE ID (EMPLOYEE ID #): _____ ENROLLER NAME: _____

EMAIL ADDRESS (REQUIRED): _____ CELL (REQUIRED): _____

NEW ENROLLMENT () CHANGE () BIWEEKLY PREMIUM: \$ _____

To my employer (herein called THE COMPANY): I hereby voluntarily authorize my employer to deduct from any paycheck which may be due to me each week the amount shown above and to pay the premium on any of the following benefits if elected:

PRODUCT	BIWEEKLY DEDUCTION
Hartford STD	
Hartford LTD	
Lincoln Term Life (Member, Sp, Child)	
Boston Mutual Whole Life	
Norton 360 LifeLock	
TOTAL PREMIUM DEDUCTION	

I understand that, if there are any problems with my deductions, that the Employer will make the deductions authorized only when I have sufficient pay to cover the deduction in full, and in accordance with all other details as may be agreed upon with my Employer acting for itself and me. Such deductions shall continue until termination of my employment or written notice by me requesting cancellation of this order. Any missed deductions will be made up on a direct payment basis. I understand that my Employer is making these deductions as an accommodation for me and that my Employer / Local shall have no liability with respect to these deductions or the insurance offered or any matter related to such insurance. I hereby release my Employer / Local from all other liability to me, my assigned heirs or beneficiaries with respect to the deductions.

Date: _____ Employee Signature: _____