

## Munson Healthcare Employee Payroll Deduction Authorization

I hereby authorize Paul Oliver Memorial Hospital to deduct from my paycheck the full cost of the program listed below. I authorize the deduction of any amount owed to Paul Oliver Hospital from my final paycheck in case of termination. I understand that I am signing up for a 6/12-month, non-refundable membership, which cannot be cancelled or put on hold.

### 12-Month Membership

Employee Number: \_\_\_\_\_

- Individual 12-month Membership (\$7.65/pay - \$199 per year)
- Couple 12-month Membership (\$11.50/pay - \$299 per year)
- Family 12-month Membership (\$15.35/pay - \$399 per year)

### 6-Month Membership

Employee Number: \_\_\_\_\_

- Individual 6-month Membership (\$13.85/pay - \$180)
- Couple 6-month Membership (\$17.30/pay - \$225)
- Family 6-month Membership (\$24.60/pay - \$320)

### POMH Employee Discounted Membership Rates

Membership Type	12-Month	6-Month
Individual	\$199 (\$375 value)	\$180 (\$225 value)
Couple	\$299 (\$520 value)	\$255 (\$315 value)
Family	\$399 (\$665 value)	\$320 (\$400 value)

Employee Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Employee Name (Sign) \_\_\_\_\_