

Payroll Deduction Authorization



Employer	Group #
Employee (First, MI, Last)	Social Security #
Work Address	City, State, Zip
Agent	Agent Phone
	Agent Email
Enroller	Enroller Phone
	Enroller Email

Payroll Frequency

Weekly (52/yr)
 Bi-Weekly (26/yr)
 Semi-Monthly (24/yr)
 Monthly (12/yr)
 Monthly (10/yr)
 Other (_____)

New Policies

First Deduction Date (month, day, year)	Issue Date (month, day, year)
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Insured	Deduction	Code	Deduction	Code	Deduction	Code
<input type="checkbox"/> Employee	\$		\$		\$	
<input type="checkbox"/> Employee/Spouse	\$		\$		\$	
<input type="checkbox"/> Employee/Child(ren)	\$		\$		\$	
<input type="checkbox"/> Family	\$		\$		\$	
<input type="checkbox"/> Other	\$		\$		\$	
* Administrative Fee: \$.70 Weekly \$3.00 Monthly (12) \$1.50 Semi-Monthly \$1.39 Bi-Weekly \$3.60 Monthly (10)					\$	Admin
					* Based on Frequency	
TOTAL DEDUCTIONS					\$	

New Deduction \$ _____ per _____	Change Deduction From \$ _____ per _____ To \$ _____ per _____
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Deduction Authorization

I hereby authorize my employer to deduct from my pay each pay period the amount shown above as consideration for contract(s) written by the NMIN Alliance companies during the continuance of my employment by this employer or until this authorization is revoked by written notice to said employer.

Signature of Employee

Date Signed

Agent (Witness)

Date

Waiver of Participation

My signature below certifies that i have been made aware of the features and benefits of the NMIN Alliance companies offered to me as an optional benefit through my employer, and I have decided not to participate at this time. I understand that my next opportunity to participate may not be until the end of one year.

Signature of Employee

Date Signed

Official Use
