

UNIMED  
Medical Benefits Society

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**PAY DEDUCTION AUTHORITY FOR  
ANDERSON & O'LEARY LTD**

To the Payroll Officer: Lavonne Caine 09 416-8129

I hereby request that you deduct the sum below from my Wages or Salary each pay period until further notice and pay it, on behalf each month to the UNIMED Medical Care Society at P O Box 1721, Christchurch.

I further request that should you receive instructions from UNIMED or GHIL to alter the deductions in any way, that you accept this authorisation to do so.

Members Covered: SELF.....SPOUSE.....CHILDREN.....

Plan Options chosen .....

Total Premium (Weekly).....\$.....

Company Contribution.....\$12.63

Net Wage Deduction.....\$.....

Commencing pay period date (to start the policy).....

Actual date paid.....

Employee Name (Please print).....

Employee Number.....

Employed at which site.....Whenuapai.....Kumeu.....Swanson

Employee Signature.....