PAY DEDUCTION AUTHORITY FOR

BUCKLEY SYSTEMS

To the Payroll Officer:

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 received instructions from UNIMED or GHL 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 per (Week / Month)……………..$………..……

Company Contribution…………………………...$……….……

Net Wage Deduction ………………...………$…….….....

Initial Company Contribution of…$5.00 fee …....$...................

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

Actual date paid……………………………………………………………………..

Employee Name (Please print)………………………………..……………….

Employee Number………………………………………………………………….

Employee Signature……………………………………………………………