

UNIMED

PAY DEDUCTION AUTHORITY FOR

COMVITA

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 my behalf each month to the UNIMED MEDICAL CARE SOCIETY at PO Box 1721, Christchurch. I further request that should you receive instructions from UNIMED MEDICAL CARE SOCIETY or GHL to alter the deductions in any way that you accept this as authorisation to do so.

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

Plan Options chosen

Total Premium (Weekly or Monthly).....

Initial Deduction (Including \$5 Membership Fee)

Thereafter net Wage Deduction

Date of Commencing pay period (to start the policy).....

Actual date paid.....

Employee Name (Please print).....

Employee Number.....

Employee Signature.....