

# SOUTHERN CROSS

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## PAY DEDUCTION AUTHORITY FOR SILC VIP 2 Subsidised Group

**To the Payroll Officer:** 571-1262

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 Southern Cross Healthcare, Private Bag 3056, Hamilton. I further request that should you receive instructions from Southern Cross Healthcare or GHIL to alter the deductions in any way that you accept this authorisation to do so.

Members covered SELF..... SPOUSE..... CHILDREN.....

Plan chosen VIP.....

Total Premium (Fortnightly) \$.....

Company Contribution \$.....

**Fortnightly Wage Deduction** \$.....

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

Actual pay date.....

Employee Name (Please Print Clearly).....

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Employee Number.....

Employee's

Signature.....