

# UNIMED

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## PAY DEDUCTION AUTHORITY FOR FCB NEW ZEALAND

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

Plan Options chosen SELF.....SPOUSE.....CHILDREN.....

Plan Options Chosen.....

Total Premium ( Monthly ) .....\$.....

Initial Wage Deduction (Includes \$5.00 joining fee )....\$.....

Thereafter deductions of .....\$.....

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

Actual Pay date .....

Employee Name (Please print).....

Employee Number.....

Employee Signature.....