

SOUTHERN CROSS

PAY DEDUCTION AUTHORITY FOR

TENON LIMITED

To the Payroll Officer: 07 350-0749

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 received instructions from either Southern Cross Healthcare or Group Health NZ to alter the deductions in any way that you accept this authorization to do so.

Circle the VIP plan you have chosen 1 2 3 4

Number of Lives covered Adults..... Dependants.....

Deductions of

Circle your pay period.....Weekly, Fortnightly, Monthly

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

Actual Pay date

Employee Name (Please print).....

Employee Signature.....

Tenon site

If you have any questions regarding the completion of this form, please phone Group Health and Life on 0800-222-511