

UNIMED
Medical Benefits Society

PAY DEDUCTION AUTHORITY FOR
QUANTIUM SOLUTIONS

To the Payroll Officer: 09 925 9692 Greg Dodd

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 Unimed. I further request that should you receive instructions from UniMed or Group Health 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 (Fortnightly) \$.....

Company Contribution \$.....

Net Wage Deduction \$.....

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

Actual date paid

Employee Name (Please print)

Employee Number

Employed at which Branch

Employee Signature.....