AUTHORIZATION FOR PAYROLL DEDUCTION

DEDUCTION AMOUNT: $ ______________

Deduction Begins ______________
Date (MM/DD/YYYY)

EMPLOYEE

EMPLOYEE/PAYROLL #

SEC./DEPT. #

FREQUENCY OF DEDUCTION

- ☐ Monthly
- ☐ Semi-monthly (24 pay periods per year)
- ☐ Weekly
- ☐ Every two weeks (26 pay periods per year)
- ☐ Four Weeks Per Month (28 Day Group)
- ☐ Other ______________

I hereby authorize my employer to deduct from my salary until further notice the premium presently payable and which may be hereafter payable for insurance issued or administered by COLONIAL LIFE & ACCIDENT INSURANCE COMPANY and to remit same premium to the above named insurance company.

I understand that premium deduction amounts may change and do hereby consent to such changes without the necessity of additional authorization on my part, verbal or written, provided the insurance company above certifies in writing that the change in premium uniformly affects all members of the class to which I belong.

I agree not to hold my Employer responsible in the event a premium payment is not made when due to the Insurance Company.

______________ ______________

Date (MM/DD/YYYY) Phone Number

X ______________________________

Employee Signature

____

Address

12338-7

COVERAGES	APPLICANT	SPOUSE	DEPENDENT CHILDREN	TOTAL
ACCIDENT				
LIFE				
SICKNESS				
CANCER				
HOSPITAL INCOME				
INTENSIVE CARE				
OTHER				
EXISTING				
TOTAL PAYMENT	FIRST DEDUCTION ☐	CHANGE IN DEDUCTION ☐		$

Colonial is Not Responsible For Stopping Payroll Deductions.

- ☐ Return this card to your Payroll Department
- ☐ Return this card to Colonial