
Premium Deduction Authorization

Payroll Deduction Start Date _____

Employer _____ Location _____

Employee Name _____

Employee ID # _____ Employee Phone # _____

Street Address _____

City _____ State _____ ZIP _____

Payroll Deduction Frequency: 12 Pay 24 Pay 26 Pay 52 Pay Other _____

I authorize my employer to deduct from my earnings for the insurance plan purchased. The amount of deduction and frequency there of shall be determined by my employer and based on a plan that would comply with the premium rates for this policy. I understand that the premium amount indicated below will be submitted to Family Heritage on a monthly basis:

Total Premium Deduction per Pay Period \$ _____

Signature of Employee _____ Date _____

Agent Name _____ Agent Phone # _____
(please print)