

NAME	DATE:
EMPLOYEE #	
STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	LOCATION: <input type="checkbox"/> 8021 - GREENVILLE
MEMBERSHIP: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	MEMEBERSHIP PLAN: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY II <input type="checkbox"/> FAMILY PLUS <input type="checkbox"/> PATH INDIVIDUAL <input type="checkbox"/> PATH FAMILY

BI-WEEKLY DUES

I do hereby authorize the Life Center to deduct \$_____ from my payroll each pay period for my Life Center monthly dues until such time as I notify the Life Center thirty (30) days in advance in writing of my intent to cancel my membership.

As a benefit to Prisma Health employees, I understand that Prisma Health subsidizes a portion of my Life Center monthly dues and that the portion that GHS subsidizes is taxable and the amount will be reflected on my paycheck. This is due to income and tax laws mandated by the United States government.

Employee Signature: _____ Date: ____/____/____

completed by LC staff	BI - WEEKLY AMOUNTS		
DEDUCTION CODE	931	932	933
	LIFE CENTER	PATH CONVERTED	PATH NEW
8005 - DUES			
8010 - DUES PATH			
8015 - DUES PATH NEW			

Payroll Use:

Date Keyed:	
Keyed By:	

Life Center Use:

Intake Staff:	
Staff Keyed:	
Date Keyed:	
Extension:	