AUTHORIZATION FOR PAYROLL DEDUCTION AND PAYMENT

Employer:		Locat	Location/Department:		
Employee Name:					
Employee ID #:		SSN	#:		
Address 1:					
Address 2:					
City:	State:	Zip:	Home Phone: (_)	
I, the above named Employee of indicated below those amounts set forth herein.					
Deductions will be made as f	ollows:		Pa	yroll Deductions to Be	gin:
*EZ <u>Value</u>	Payroll Deduction Plan Service Provider & Product/Service		_	<u>Amount</u>	
				\$	
				\$	
				\$	
				\$	
			Total	\$	
Deduction Frequency:	Weekly Semi-Monthly Other	(24)	Bi-Weekly(26) Monthly		
I understand that it is Employer prohibit me from increasing or o	's obligation to deduct and tra	ansmit funds as	s set forth above. Howeve	er, nothing in this Authori	zation shall
I further understand and acknown Solutions, Inc. ("TVBSI") to have reason, I agree that neither the any Product; (iii) termination of	ndle the billing of the Payrol E Employer nor TVBSI shall b	I Deduction Place liable for: (i)	an. In the event payment any forfeiture in or lapse	ts are not accurately ma of insurance; (ii) failure	ade for any
This Authorization shall remain termination of my employment		i) receipt by Er	nployer of my written teri	mination of this Authoriz	ation; or (ii)
*I authorize increasing my ded increase will take place after ea				or each service marked	above. The
I certify that I received no illustr conforming to the life insurance					ı illustration
Signature of Employee			Date		
I certify that no illustration was	used in the sale of an insura	nce policy.			
Signature of Agent			 Date		

(PLEASE NOTE THAT THE COPY ORDER HAS CHANGED.)

Election Not To Participate

I have been given an opportunity to apply for insurance be careful consideration, I have elected not to take advantage	• • • • • • • • • • • • • • • • • • • •
I understand that, in the event I should decide to app subsequent application shall be subject to the applicabl insurance plan and the insurance company's underwriting	e terms and conditions of the employer's
Name of Employee (please print)	Date
Signature of Employee	