



PHS EMPLOYEE HEALTH PROMOTION PROGRAM
PRESBYTERIAN HEALTHPLEX

**PERMISSION FOR AUTOMATIC PAYROLL DEDUCTION OF MEMBERSHIP FEES FOR EMPLOYEES,
SPOUSES, AND HOUSEHOLD MEMBERS**

As an active PHS Employee, I am eligible to participate in the Employee Health Promotion Program at the Presbyterian Healthplex. The cost for membership per pay period (deducted twice per month) is listed below.

Membership requires a six-month commitment. _____ (Please initial)

Please check the appropriate box(es). This indicates whether you want a membership for yourself alone or for you and your household members. All members must be over 18 years of age.

RATE OF PAY:	MEMBERSHIP FEE PER PERSON:	EMPLOYEE (place √ here)	SPOUSE (PRINT NAME)	HOUSEHOLD MEMBER(S)
Less than \$7.99/hour	\$4.00 per person per pay period (deducted twice per month)			
\$8.00 to 11.99/hour	\$6.00 per person per pay period (deducted twice per month)			
Greater than \$12.00/hour	\$8.00 per person per pay period (deducted twice per month)			

TOTAL DEDUCTION PER PAY PERIOD \$ _____

I hereby give permission to PHS to deduct the above amount for participation in the Employee Health Promotion Program at the Presbyterian Healthplex for a **MINIMUM OF SIX MONTHS**. **I understand that this permission continues until I cancel it by request. To cancel my membership, I must call the Presbyterian Healthplex at 823-8399.**

I also understand that regardless of accidental occurrence or change in my employment status, I am permitting PHS to deduct the full six months fees, regardless of whether or not I use the facilities or participate in the program.

If for any reason, my employment with PHS is terminated, I will notify the Healthplex. As of my termination date, no further deductions will be made and my membership in the Employee Health Promotion Program will cease.

Signature

Date

Printed Name

Social Security Number

Department

Phone Extension