

**Faculty and Staff Wellness Card Fee**  
Payroll Deduction Authorization

I authorize a monthly payroll deduction as payment for a Wellness Card to be issued to me for the period ending at the end of Spring quarter of the 2009-2010 academic year indicated below.

- \$265.00 4 quarters - Summer, Fall, Winter & Spring (6/22/09 - 6/10/10)       \$237.00 3 quarters - Fall, Winter & Spring (9/18/09-6/10/10)

I understand and agree to this deduction and is subject to the following conditions:

1. This deduction authorization is for this current year only;
2. I understand that the deductions are not a monthly fee. The total year's fees are broken up into smaller payments for my convenience;
3. I am hired at a minimum of 50% time for this year or longer;
4. I am not an employee with "Student" status. Employees with "Student" status are not eligible;
5. I am responsible for the total cost of the Wellness Card during the entire time it is in my possession. This may include time during a sabbatical, furlough, medical leave, leave without pay or termination;
6. I authorized any missed payroll deductions will be made up by either payroll deduction adjustments or cash payments directly to OPERS Administration office;
7. I must present my Wellness Card every time I use the facilities;
8. I have completed the Waiver Liability form;
9. I acknowledge the replacement of lost cards is \$15.00 (Cash payment only)
10. I acknowledge there is a cancellation fee \$30.00;
11. I consent to and will pay the additional fees for the individual cards requested for my Domestic Partner/Spouse and or Dependent (Red Card for under 16 years of age).

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional cards authorized: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Employee ID#: \_\_\_\_\_ Mail Stop \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

**FOR OPERS OFFICE USE ONLY:**

Starting Payroll Date:	Monthly Rate of Deduction: \$	Declining Balance:
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6/09	5/09	4/09	3/09	2/09	1/09	12/08	11/08	10/08	9/08		July
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Paid \$ \_\_\_\_\_

Approved on \_\_\_\_\_ by \_\_\_\_\_. Card Issued/Updated?  Date \_\_\_\_\_

Entered into PPS by \_\_\_\_\_ on \_\_\_\_\_

Modified by \_\_\_\_\_ on \_\_\_\_\_