



PAYROLL AUTHORIZATION

WORKING OF WELLNESS TOGETHER WITH THE YMCA



VALLEY OF THE SUN YMCA & MARICOPA COUNTY WELLNESS PROVIDER PARTNERSHIP PAYROLL DEDUCTION FORM

AUTHORIZATION BIWEEKLY DEDUCTION: Please Print

YMCA Home Branch: \_\_\_\_\_

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

Home Address (Street, Zip, City): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

MARICOPA COUNTY EMPLOYEE ID #

8 1 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PAYROLL DEDUCTION EFFECTIVE DATE:

\_\_\_\_\_ (For YMCA Metro-Team Use Only)

Shown at Time of Registration:

- County Badge
Cigna ID
Cigna ID Spouse

MONTHLY MEMBERSHIP TYPES: Select One Membership Type

Table with 5 columns: Select One, Membership Type, Monthly Co-Pay, 24 Bi-Weekly Deductions, Includes. Rows include Adult, Family I, and Family II.

For Family II only, one can use the "Add-on" feature for each extra dependent between 18 and 26 of age, covered by Cigna. The cost is \$20.00 per month and \$10.00 per bi-weekly deduction for each dependent. Please fill out the formula below.

Bi-weekly membership fee \$25.50 + ( [ ] number of add-ons X \$10 ) = total bi-weekly deduction [ ]

I agree to the above calculated biweekly payroll deduction and understand that the Maricopa County Payroll Department will pay membership fees, directly to the VALLEY OF THE SUN YMCA. I understand that it is my responsibility to notify THE VALLEY OF THE SUN YMCA in person, at the above mentioned YMCA Home Branch, to make any changes to my membership and that otherwise, my biweekly payroll deduction will continue. \* I understand that should I choose to terminate my membership, I must provide the YMCA at least a thirty (30) day written notice; my cancellation will go in effect 30 days after signing this document and my payroll deduction will be stopped as of the pay period following the conclusion of the 30-day period. I am aware that by cancelling my membership, the Facility Member, -and Maricopa County preferred rate for child care will stop.

Employee Signature \_\_\_\_\_

Date\* \_\_\_\_\_

\* Rates are effective 7/01/12 and subject to change

For YMCA Use Only:

\_\_\_\_\_ Date \_\_\_\_\_ Branch \_\_\_\_\_ SFID \_\_\_\_\_