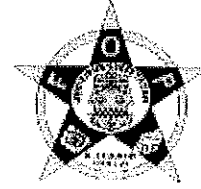




Hill Country Lodge #23



Payroll Deduction Request Form

This form is the employee's authorization to start, stop or change the amount of a payroll deduction that is being deducted by Hays County for FOP dues. This form should be completed, signed and returned to the FOP Treasurer. Any questions should be directed to the Fraternal Order of Police, Hill Country Lodge #23.

Employee name: _____
(Print or Type)

Please check one (1) of the following FOP payroll deduction dues options:

FOP Death and Dismemberment Insurance only: \$10 per month _____
(Initials)

FOP D&D Insurance PLUS Legal Defense and Labor Council: \$20 per month _____
(Initials)

Employee Authorization:

1. I request that Hays County deduct the amount checked above from my pay and forward the funds deducted to the Fraternal Order of Police, Hill Country Lodge #23. _____
(Initials)
2. I understand that the deduction will begin on the first full pay cycle following Hays County receiving this payroll deduction request and will continue to be deducted monthly. _____
(Initials)
3. I understand that I will be required to submit a new Payroll Deduction Request Form if I desire to change my deduction amount AND that any such change requests can ONLY be made during the Hays County Open Enrollment Period. _____
(Initials)

Employee Signature Employee # Date signed

Waiver of Participation

I certify that the benefits of FOP membership and programs have been completely explained to me. I fully understand that this payroll deduction program is being offered through Hays County at no cost to me. I am not interested in having my dues deducted from my pay at this time.

Employee Signature Employee # Date signed

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