



This form is being provided in case you experience a COVID-19 related leave of absence. Those working do not need to complete the form.

Payroll Deduction Authorization

I _____ acknowledge I will be on an approved COVID-19 related leave of Absence and will not receive a regular payroll check. Due to not having a payroll check, my portion of the medical premiums will not be paid. I understand I am responsible for all the premiums that are not paid due to not receiving a regular payroll check.

I acknowledge that I will either have to make bi-weekly payments to Morgan Olson (check or money order) for the amounts normally deducted from my payroll check or agree to have the premiums doubled upon my return for the same number of checks that I did not receive.
(EX: If 2 checks were missed, then 2 checks will be doubled up on premiums.)

_____ I authorize Morgan Olson to double up on the premiums normally deducted from my payroll checks (last active payroll check attached) for the same number of checks that I do not receive.

_____ I will be making bi-weekly premium payments for my portion of the insurance. I will send in a check or money order payable to Morgan Olson. If I do not continue to make payments within the normal pay period, I understand my insurance could be terminated.

I also understand that if I my employment with Morgan Olson should terminate (Voluntarily or involuntarily) prior to completing my repayment obligation, the remaining balance, if any, will be deducted from my final paycheck.

Signed: _____ Clock No. _____ Date: _____

Witness _____

(Return the completed form to Human Resources.)