

# Payroll Deduction Membership

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 Digits SS#: \_\_\_\_\_

Department & Mail Stop: \_\_\_\_\_ Extension: \_\_\_\_\_

Sponsored Member's Name: \_\_\_\_\_

The Payroll Deduction program is a continuous enrollment (**circle one**):

	Primary Member:	Primary Plus Sponsored:
Health System	\$15.84/pay period	\$40.61/pay period
State of Kansas	\$15.84/pay period	\$40.61/pay period

\*\* Membership cost taken from paycheck after tax deduction.

\*\*\* 60-day cancellation notice required for PRD memberships.

Member Signature: \_\_\_\_\_