AFSCME PUBLIC SAFETY PROTECTION PLAN


HGEA PAYROLL DEDUCTION (ASSIGNMENT) FORM

Effective ___________ Pay Period

I voluntarily authorize and direct my Employer to deduct from my pay each pay period the amount of $2.50 for the AFSCME Public Safety protection plan benefit specified by HGEA. I further authorize HGEA to make any adjustments periodically to correct or cancel the authorized benefit payments and remit such amount to HGEA.

Print Name: ________________________________

Signature: ________________________________

Date: ________________________________