



NUPW
INSURANCE
AGENT INC.
Your Wellness...Our Interest

SALARY DEDUCTION FORM

TO:
(Name of Employer)

I, the undersigned
(Name in Block Letters)

hereby authorize you to deduct monthly from my salary, beginning
with the month of.....20.....

and continuing until further notice, the sum of

.....
(express in words)

I agree that this authorization is irrevocable except with the written permission
of NUPW Insurance Agent Inc.

In the event that this deduction is cancelled or amended without prior consent,
resulting in delinquency of your insurance premiums, the NUPW Insurance
Agent Inc. shall reserve the right to cancel the insurance policy and make such
legal arrangements to collect any outstanding amounts that are due.

Signature

Date

National Registration Number

TREASURY CODE: **NUPWMED1**