PAYROLL DEDUCTION AUTHORIZATION

For Signature LegalCare

Name: _____
Last **First** **Initial**

Social Security #: _____

Employee Payroll Account #: _____

In connection with my application for benefits through Signature Legal Care, I hereby authorize my Employer as my agent to deduct the cost to me for such contract as shown below, and as may be hereafter modified or adjusted, from my wages or salary.

***BIWEEKLY PREMIUM TO BE DEDUCTED*:**

☐ **Individual ($2.68)** ☐ **Family ($3.58)**

☐ **New Hire** ☐ **Open Enrollment** ☐ **Cancel**

_____
Employee Signature **Date**

Note: Employees may only add or drop group legal coverage within 31 days of their initial hire date or during the annual open enrollment period.