



Branch _____ Printed Employee Name _____ Employee ID _____

Statement of Facts: To obtain any health insurance through AccessPoint, a one month premium will be collected in advance. In the event there is not ample time to collect a one month premium, makeup deductions will be taken over a one month period. This will also apply to weeks where insufficient payroll is available to collect your premium.

If any premium is due at termination, the amount due will be taken from your final paycheck if available. In the event you have over payment, you will receive the amount refunded to you within 60 days of termination. Keeping in mind the current full month premium is due even if you requested termination, are without income, or have terminated for any reason.

AUTHORIZATION FOR PAYROLL DEDUCTION: I agree with the **Statement of Facts** section above and agree to authorize the deduction of the amount(s) as shown below from my pay in order to satisfy the premium due.

Please deduct the **full amount** of the unpaid premium detailed above.

Please deduct from the following table the amount of the unpaid premium detailed above.

- 1 week premium due will be collected in 1 payroll week along with your current deduction.
- 2 weeks premium due will be collected over 2 payroll weeks along with your current deduction.
- 3 weeks premium due will be collected over 3 payroll weeks along with your current deduction.
- 1 month premium due will be collected over 4 payroll weeks along with your current deduction.

Payroll will determine table choice by amount of missing weeks at eligibility. This statement is in effect to your full employment and all future missed premium payments.

Employee Signature _____

Date _____

<ul style="list-style-type: none"> • I understand and acknowledge the deduction may not be made if I have insufficient income during a pay period and I will be required to make up that deduction.
<ul style="list-style-type: none"> • I have received a benefit packet.
<ul style="list-style-type: none"> • I have read the entirety of this letter and understand my options, eligibility rules and premium obligations.
<ul style="list-style-type: none"> • I understand that I am responsible to notify you to cancel or continue my insurance at the end of my assignment.
<ul style="list-style-type: none"> • I understand that I am responsible to log on to http://apteam.com/employee-resources/employee-login/ (Advance website employee login) each week to receive important updates and new enrollment times that may be update for healthcare coverage.

We are happy to assist you with your benefit plan questions and again, welcome to Access Point!

Access Point Employee Benefits Team