

WFSE/AFSCME COUNCIL 28

PUBLIC SAFETY PROTECTION PROGRAM

VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM



Deduction Amount:

**Initial one time deduction of \$15.00, thereafter
followed by a monthly deduction of \$6.00**

I hereby authorize my employer to deduct the amounts certified in the box above as voluntary deductions to be paid to the Washington Federation of State Employees, AFSCME, Council 28, 1212 Jefferson St. SE, Olympia, WA 98501 for the purpose of paying for coverage under the AFSCME/PSOAA Public Safety Protection Program. My payment is voluntary and I understand that it is not required as a condition of membership in WFSE/AFSCME Council 28, or as a condition of continued employment, and is free of reprisal. I understand that I may revoke this authorization at any time by giving written notice.

Signature _____

Date _____

By checking this box, I agree that my typed name is the electronic representation of my signature and is legally binding -- just like pen and paper.

Public Safety Protection Program will accept payments only from members of AFSCME. Payments to AFSCME/PSOAA are not deductible as charitable contributions for federal income tax purposes.

Please Print Clearly

First Name: _____ MI: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____ S.S. Number: _____

(Last 4 Digits)

Agency: _____

Job Class: _____ Armed? Y or N

Home Phone: _____

Cell Phone: _____

Home Email: _____