



MINNESOTA BENEFIT ASSOCIATION

6701 Upper Afton Road, Woodbury, MN 55125-2192
651-735-9874 (toll free) 1-800-360-6117 (fax) 651-739-3260

Payroll Deduction Authorization

I hereby authorize the State of Minnesota or the named Political Subdivision or School District to deduct from my wages or salary the amount indicated to pay the contribution, including a processing fee, for my Minnesota Benefit Association Program. I further authorize payment of such amount to the Minnesota Benefit Association. I understand that changes in the amount of deduction may be made without further authorization from me. I hereby release and agree to hold the State of Minnesota or the named Political Subdivision or School District harmless from any claim as a result of any error in paying such amounts. This authorization is to remain in effect until I provide written notice that it is to be cancelled.

Employer _____

Name of Employee _____

Employee I.D. # _____

Social Security # _____

Home Phone # _____ **Work Phone #** _____

Employee Signature _____

Date _____

***** FOR OFFICE USE ONLY*****

Group # _____

Statement Due Date _____

New Deduction Amount \$ _____