



## Payroll Deduction Authorization

I here by 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.

Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Last four of SS # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

EmployeeSignature \_\_\_\_\_

Date \_\_\_\_\_

Agent Signature (if applicable) \_\_\_\_\_

### Minnesota Benefit Association

6701 Upper Afton Road Woodbury, MN  
55125  
MinnesotaBenefitAssociation.org  
800.360.6117  
Info@MinnesotaBenefitAssociation.org

### **\*\*\* FOR OFFICE USE ONLY\*\*\***

Group # \_\_\_\_\_

Statement Due Date \_\_\_\_\_

New Deduction Amount \$ \_\_\_\_\_



