



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 _____

Social Security # _____

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 \$ _____

