

PLEASE BE ADVISED THAT OUR STATE HEALTH INSURANCE PLAN REQUIRES PAYMENT IN ADVANCE. THIS MEANS WE MAY HAVE TO DEDUCT MORE THAN ONE MONTH'S PREMIUM FROM YOUR FIRST PAYCHECK.

FIRST MONTH PREMIUM \_\_\_\_\_

SUBSEQUENT PREMIUMS \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_