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# WFSE/AFSCME COUNCIL 28

# PUBLIC SAFETY PROTECTION PROGRAM

# VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM



# WFSE/AFSCME COUNCIL 28

# PUBLIC SAFETY PROTECTION PROGRAM

# VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM

**Deduction Amount:**

**Initial one time deduction of $18,00 thereafter followed by a monthly deduction of $6.00**

Please Print Clearly

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

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.

Opeiu8/aflcio

## First Name: \_\_\_\_\_\_\_\_ Ml:\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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