

TOWN OF MILFORD



PAYROLL DEDUCTION AUTHORIZATION

for Hampshire Hills Membership on Town of Milford Corporate Plan

PLAN TYPE	Mthly Rate	Bi-Weekly Rate	Value of Plan
Individual	\$70.50	\$35.25	\$ 846.00
Individual with children 5-12	\$90.75	\$45.37	\$1,089.00
Individual with children 13-22	\$111.00	\$55.50	\$1,332.00
Dual	\$111.00	\$55.50	\$1,332.00
Family	\$130.25	\$65.12	\$1,563.00

I, _____, hereby authorize the TOWN OF MILFORD, NEW HAMPSHIRE, to deduct the following amount(s) in regular bi-weekly installments (or equivalent, if pay frequency is changed) from my pay per RSA 275:48 and in accordance with the State of New Hampshire labor laws – said amount representing repayment of membership in the Town of Milford Hampshire Hills Corporate Plan. I will repay the Town in the full amount of this membership in equal and consecutive installments as outlined below:

Effective Date of Membership Change : _____

Effective Date for Payroll Withholding : _____

Monthly Membership Fee : _____

Bi-Weekly Payroll Deduction : _____ (Equals monthly membership fee times 12 divided by 24)

*I acknowledge that this is the monthly membership fee as of the date noted above and the bi-weekly payroll deduction is based on this monthly membership fee. I understand and agree that, should Hampshire Hills increase its monthly membership fee during the term of this Agreement, my weekly payroll deduction will increase accordingly.

I understand that regular payroll deductions will begin the first payday following the effective date of membership enrollment.

I further understand that, if my employment with the Town terminates, I will be fully responsible for any balance due on my membership for the month of termination and that this balance due will be deducted from my final paycheck. If, at time of termination, my final paycheck is not sufficient to pay the full balance due, I agree to pay the remaining balance due within two (2) weeks of my last full workday with the Town. I further understand that, if at termination I have not fulfilled my one year obligation with Hampshire Hills, my membership under the Town's plan will terminate but I will be responsible for continuing this membership at Hampshire Hills' regular rates until such time as my one-year membership obligation has been fulfilled.

WARNING: Read before signing. This document contains an authorization to make voluntary deductions from your wages as specified in RSA 274:48 I.

Witness

Employee

Date

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REV: 02.01.2023

2023 PAYROLL DEDUCTION AUTHORIZATION.DOCX