MASA
MEDICAL AIR SERVICES ASSOCIATION

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

COMPANY NAME:_____

You are hereby authorized to deduct $_____ from my paycheck each pay period for dues beginning on the next pay period and remit the funds to Medical Air Services Association International, Inc. (MASA). I understand and agree that it is my obligation to make certain that payment to MASA is tendered on a timely basis and that failure to do so may result in the cancellation of my membership. I understand and agree that any and all changes to my MASA membership regarding my coverage including but not limited to adding and deleting dependents is solely my responsibility and I hereby release my employer from any liability related to such.

Such deductions are to continue until:

1. Termination of my employment; or
2. Written notice by me to you of this authorization; or
3. Termination of the Payroll Deduction Plan by either you or Medical Air Services Association International, Inc.

Employee Name:_____

Social Security No:_____

Department:_____

_____
Employee Signature Date

_____
Agent: Agent No.

ADD-NEW

Change from $_____ to $_____ Delete:_____

Medical Air Services Association International, Inc. / 4000 Rhymer Hwy / St. Thomas / USVI 00802
Tel: 340-777-8580 / Fax: 340-777/8480