

LIFE INSURANCE PREMIUM PAYROLL DEDUCTION AGREEMENT

EMPLOYER INFORMATION

Company/Employer Name

EMPLOYEE INFORMATION

Employee Full Name

Employee ID / Number

Department / Division

Job Title

INSURANCE POLICY DETAILS

Insurance Provider Name

Policy Number

Coverage Amount

Policy Type (e.g., Term, Whole Life)

PAYROLL DEDUCTION AUTHORIZATION

Premium Amount to Deduct

Deduction Frequency (e.g., Weekly, Bi-weekly, Semi-monthly, Monthly)

Start Date of Deduction

End Date of Deduction (if applicable)

TERMS & AUTHORIZATION

I hereby authorize my employer, named above, to deduct the specified premium amount from my wages or salary each pay period for the purpose of paying my life insurance premium.

I understand and agree that this authorization will remain in effect until I provide written notification of its termination to the payroll department, or until my employment is terminated. I acknowledge that I am responsible for ensuring sufficient earnings to cover this deduction, and that my employer is not liable for any lapse in coverage resulting

from insufficient earnings to satisfy the premium payment.

Employee Signature

Date

Authorized Payroll/HR Representative Signature

Date
