

# Payroll Authorization Form for Employees of the City of Durham

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**Employer: City of Durham**

**Please add to existing billing arrangement. List Bill #: 222552**

**This is for Long Term Care Insurance underwritten by New York Life Insurance Company**

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone#: \_\_\_\_\_

## **Employee total amount to be deducted each pay period**

Employee:

Payroll 1 Bi Weekly \$: \_\_\_\_\_

Monthly\$: \_\_\_\_\_

Payroll 2 Bi Weekly \$: \_\_\_\_\_

Spouse/Family Member:

Payroll 1 Bi Weekly \$: \_\_\_\_\_

Monthly\$: \_\_\_\_\_

Payroll 1 Bi Weekly \$: \_\_\_\_\_

Total\$: Bi Weekly\$: \_\_\_\_\_

Monthly\$: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_