

Authorization for Salary Deduction



NEW PROVIDENCE
LIFE INSURANCE COMPANY LIMITED

Date _____

Company: _____

Dept: _____ Deduction Code: _____

Re: _____ Employee #: _____

I have applied for insurance coverage from New Providence Life Insurance Company Limited (NPL). In consideration for continuing coverage, premiums are payable on a monthly basis. If payment is not received, the policy may be subject to suspension and/or termination.

Please accept this as authorization to deduct the sum of \$ _____ from my salary to pay NPL, effective immediately, and monthly thereafter, until further advised in writing. Monthly premium is subject to change.

This deduction will cover the policies listed below.

1. Policy #:	Premium:
2. Policy #:	Premium:
3. Policy #:	Premium:

Note: I understand the insurance coverage, for which the employer deducts the monies due me, is individual, voluntary insurance for which none of the premium is paid by my employer. I further understand that if no cash (premium) is collected with the insurance application(s), no coverage will be in effect until my application(s) is/are approved and the full initial premium(s) is/are received by New Providence Life Insurance Company Limited. It is understood that this authorization may be terminated by me or my employer at any time.

Pay To: **Royal Bank Of Canada, J.F.K. Branch**

For Further Credit to: **New Providence Life Insurance Company Limited, Account # 05165-2889673.**

Employee Signature (Applicant) _____ Date: _____

Witness/Agent _____ Date: _____

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To be completed by the Payroll/Accounting Department

We acknowledge receipt of the above instructions and confirm that the said deductions shall commence as of the pay period

_____.

Please print name of authorized officer: _____ Date: _____

Signature _____ Title: _____

Date _____

Date deductions will begin: _____



Please add stamp