



Employees Club of California

311 S. Spring St. STE 1300, Los Angeles, CA 90013
(800) 464-0452 - www.EmployeesClub.com

Payroll Deduction Authorization Form Los Angeles City & DWP

INSTRUCTION:

Please complete the following Payroll Deduction Authorization Form and return it to the Employees Club of California. Your payroll deduction will become effective as soon as the City Controller processes your request. Please note it can take up to two pay periods for the City Controller's office to process your deduction. The Club will do everything possible to ensure your payroll deduction gets processed sooner.

1 Member Information

Please print in ink or type.

Member Name (First, Middle, Last):

Home Address:

Cell Phone: ()

City:

State:

Zip:

Email Address*:

*The email address you provide will help the Club communicate with you regarding important updates and benefits that may become available to you. Your email address is used solely by the Employees Club of California and will not be distributed to others.

2 Deduction Status Update (select one)

Please select the reason for your change/update to your deduction.

I've changed departments within the City

Other

I've retired/ or will be retiring

Retirement Date: / /

I am a Surviving Spouse

Date of Birth: / /

3 Payroll/ Pension Deduction Authorization

PAYROLL/ PENSION DEDUCTION AUTHORIZATION

In addition to payroll/pension deductions for group benefits, if any, you will receive all Club benefits for a payroll/pension deduction of only \$6.00 per month (active employees) or \$4.00 per month (retired employees). You authorize these monthly deductions by signing the Payroll Deduction Authorization form.

Member's Printed Name

Member's SSN

 - -

City Dept#

City Employee # (5 or 6 digits)

DWP Employee #

Controller - City of Los Angeles, or Fire and Police Pension, or City Employees Retirement System, or Paymaster - Department of Water and Power

I hereby authorize the deduction from my salary or pension of amounts sufficient to cover premiums/ membership fees on any of my group benefits provided by the Employees Club of California. In the event any premiums should change due to age, increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such change upon notification from the Employees Club of California and such deduction to remain in force until canceled by me in writing.

Member's Signature:

Date

 / /

Must Select One

- City Active
- Hiring Hall
- City Retiree
- DWP Active
- DWP Retiree
- Fire/Police Pension (Officers Only)



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FOR OFFICE USE ONLY

Code

Deduction