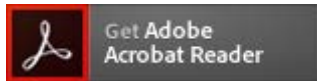


PAYROLL DEDUCTION FORM INSTRUCTIONS (form on p.2)

Use:



Do NOT use your browser's preview

- 1) Download this form onto your computer (right click or use download/save button). Do not try to fill it out using your browser's (e.g., Chrome, Firefox, Explorer) preview tab/screen/window.
- 2) Make sure you have current version of free Adobe Reader DC installed on your computer: (<https://get.adobe.com/reader/>)
- 3) Open form in Adobe Reader DC.
- 4) Fill out.
- 5) Digitally sign.
- 6) Save to computer
- 7) Email back to [Glenn](#)

If you want summer coverage, you must indicate your anticipated employment status. Options here appear only after you select "Summer Term"

Total owed should automatically calculate in Adobe Reader. If not, make sure you look over the rates and confirm they are correct.

2015-2016 GTFF HEALTH INSURANCE PREMIUM DEDUCTION REQUEST

UO ID: 951-00-000

NAME: Blake Lakely

I AM PAYING FOR :

- Myself Only
- Myself + Child(ren)
- Myself + Spouse/Partner
- Myself + Family

FOR THESE TERMS:

- Fall Term
- Winter Term
- Spring Term
- Summer Term

Summer employment status determines summer premium rate*

- I will **HAVE** a Summer. GTF
- I will **NOT** have Summer. GTF

TOTAL PREMIUM OWED:
\$ 401.49
 † Amount divided equally over paychecks remaining between October to June.

*The only way to get the "Have Summer GTF" rate, is to have a summer GTF! "Summer Sandwich" applies only to tuition remission for summer coursework, NOT insurance premiums. To be eligible for summer coverage you need: 1.) a Summer GTF appointment, OR, 2) have a Spring GTF appointment and be continuing in your graduate program beyond spring.
 i.e., If you graduate spring term, you are **NOT** eligible for summer coverage.

FALL, WINTER, & SPRING Rates (per term)	Summer Rates	Have Summer GTF	Do Not Have Summer GTF
Employee Only \$ 57.36 per term	Employee Only	\$ 56.97 per term	\$ 229.41 per term
Employee + Child(ren) \$ 101.52 per term	Employee + Child(ren)	\$ 101.52 per term	\$ 406.08 per term
Employee + Spouse/Partner \$ 120.45 per term	Employee + Spouse/Partner	\$ 120.45 per term	\$ 481.74 per term
Employee + Family \$ 164.61 per term	Employee + Family	\$ 164.61 per term	\$ 658.41 per term

I agree to notify the Business Affairs Office Accounts Receivable Dept., PO Box 3237, Eugene OR 97403, phone (541) 344-2222, of any change in billing information. In the event that the payee of this note shall consider it necessary to institute suit or action to collect this note or any portion thereof, I agree that such suit or action be instituted in any court of competent jurisdiction and I promise and agree to pay in such suit or action the costs and disbursements provided by STATUTE for any suit or action instituted in such court and such additional sum as the court may adjudge reasonable for attorney's fees in said suit or action. The maker hereby waives presentment for payment and notice of non-payment of this note. I agree to pay all attorney's fees and other costs, and charges for fee collection of any amount not paid when due in accordance to the terms of this note. The proceeds of this note will not be disbursed to the borrower if there are other delinquent University charges. The funds will be applied to those delinquent charges.

I authorize the University of Oregon, as my employer, to withhold from my salary the amount indicated above. I understand that if my GTF appointment is terminated before it is paid in full I am responsible for any outstanding balance due. The University of Oregon reserves the right to pursue collection of this amount through all appropriate means, up to and including litigation.

SIGNATURE: Blake Lakely

Digitally signed by Blake Lakely
 DN: cn=Blake Lakely, o, ou, email=blakela@uoregon.edu, c=US
 Date: 2015.08.17 14:21:18 -0700

DATE: 08/17/2015

Should be able to easily set up signature profile in few steps— follow instructions after clicking in this field. If not, please verify your choices in the email back to Glenn. e.g., "myself, for fall, winter, spring, and summer (without a summer GTF)."

2015-2016 GTFF HEALTH INSURANCE PREMIUM DEDUCTION REQUEST

UO ID: _____ NAME: _____

I AM PAYING FOR :

- Myself Only
- Myself + Child(ren)
- Myself + Spouse/Partner
- Myself + Family

FOR THESE TERMS:

- Fall Term
- Winter Term
- Spring Term
- Summer Term

Summer employment status determines summer premium rate *

I will **HAVE** a Summer. GTF

I will **NOT** have Summer. GTF

TOTAL PREMIUM OWED: †

\$ _____

† Amount divided equally over paychecks remaining between October to June.

*The only way to get the "Have Summer GTF" rate, is to have a summer GTF! "Summer Sandwich" applies only to tuition remission for summer coursework, NOT insurance premiums. To be eligible for summer coverage you need: 1.) a Summer GTF appointment, OR, 2) have a Spring GTF appointment and be continuing in your graduate program beyond spring.

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Employee + Family	\$ 164.61 per term	Employee + Family	\$ 164.61 per term	\$ 658.41 per term

I agree to notify the Business Affairs Office Accounts Receivable Dept., PO Box 3237, Eugene OR 97403, phone (541)346-3172, of any change in billing information. In the event that the payee of this note shall consider it necessary to institute suit or action to collect this note or any portion thereof, I agree that such suit or action be instituted in any court of competent jurisdiction and I promise and agree to pay in such suit or action the costs and disbursements provided by STATUTE for any suit or action instituted in such court and such additional sum as the court may adjudge reasonable for attorney's fees in said suit or action. The maker hereby waives presentment for payment and notice of non-payment of this note. I agree to pay all attorney's fees and other costs, and charges for fee collection of any amount not paid when due in accordance to the terms of this note. The proceeds of this note will not be disbursed to the borrower if there are other delinquent University charges. The funds will be applied to those delinquent charges.

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SIGNATURE: _____ **DATE:** _____