

## DPS SUPPLEMENTAL BENEFITS PROGRAM PAYROLL PROTECTION PLAN

### New Member Application

- ◆ This form must be completed in its entirety, including all information requested in Sections I & II below.
- ◆ Applicants paying through authorized monthly salary deductions will need to sign and date Section III where indicated.
- ◆ A copy of your approved application will be returned to you for your records.
- ◆ New members electing to pay through monthly salary deductions will receive a one month discount on the 1<sup>st</sup> year premium.
- ◆ Your initial deduction will include all premiums due and payable on or after August 15<sup>th</sup> of the current year.
- ◆ Cash members must pay the entire first year's premium at the time of application.
- ◆ The membership/claim year begins July 1<sup>st</sup> and ends June 30<sup>th</sup>.
- ◆ Applications may be returned to the Supplemental Benefits Program through DPS or US mail.
- ◆ Incomplete applications will be returned to the applicant. Payroll will not process applications without a DPS ID number.

### SECTION I - Personal Information

Last:	First:	MI:	DPS ID No.:
Address:		City:	Zip:
Home Phone: (    ) -	Work Phone: (    ) -	Birthdate:    /    /	
School/Bldg:	Dept:	Position:	
Signature:		Date:	

### SECTION II - Payment Type

Classification: (check one)	Membership Type: (check one)	1. I have signed the monthly salary deduction authorization below, which entitles me to an \$10.00 discount* on this year's premium. My monthly premium payments will begin in August. (*The month of July is free.)
<input type="checkbox"/> Teacher/Nurse/Psych/SW	<input type="checkbox"/> <b>PAYROLL DEDUCTION</b> (please read No. 1 at right and sign below). No payment is necessary at this time.	2. I have enclosed my check No. _____ in the amount of \$120.00 for the year.
<input type="checkbox"/> Office	<input type="checkbox"/> <b>CASH</b> - (please complete No. 2 at right) A check in the amount of \$120.00 must be included with your application.	
<input type="checkbox"/> Service		
<input type="checkbox"/> Administrator		
<input type="checkbox"/> Other		

### SECTION III - Monthly Salary Deduction Authorization

Secretary-Treasurer  
School District Number One  
Denver, CO 80203  
Deduction Code 095

Dear Sir/Madam:

Until such time as you receive a written revocation, you are hereby requested and authorized to deduct the sum of \$10.00 from my salary check each month I am an employee of the Denver Public Schools, beginning with any check due me on or after August 15<sup>th</sup> of the application year, with said amount to be remitted to the Supplemental Benefits Program. The amount of the deduction may only be changed with my signature or without my signature upon receipt of written minutes from a meeting of the Board of Directors of the Supplemental Benefits Program authorizing a change in the membership fee. Further, I agree that this authorization may only be revoked during the period between May 1<sup>st</sup> and May 31<sup>st</sup>, and said revocation will not take effect until premiums for the revocation year have been paid in full. If I choose to revoke my membership, I will complete a revocation form at the office of the Supplemental Benefits Program during the month of May.

I expressly agree that the School District will not be liable in any way whatsoever for any oversight, omission, or failure in making any remittance, nor be under any obligation to see to the due receipt and application of said payment by the Supplemental Benefits Program. It is further understood and agreed that said service is performed at my request and purely as an accommodation to me, and that it may be discontinued by the School District at any time upon deposit of letter of notification in the United States mail addressed to me as indicated below.

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

NOT VALID WITHOUT SIGNATURE

### SECTION IV - Office use only

Date: \_\_\_\_\_ DTC Employee Signature: \_\_\_\_\_ Initial Deduction: \_\_\_\_\_

No deduction will be taken for July of the current membership year. Subsequent monthly deduction(s) for the month(s) of \_\_\_\_\_ through \_\_\_\_\_ are included in the initial deduction. The standard \$10 monthly deduction will commence with \_\_\_\_\_ payroll.