

The California State University

Payroll Deduction Authorization

**075-130: Vol AD&D**  
**075-131: Vol LTD**  
**075-117: Vol Life**

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Ded/Org Code	Last Name	First Name	M.I.	Social Security No.
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**Standard Insurance Company**

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Organization Name

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the above named organization.

This authorization will remain in effect until cancelled by me or by the above named organization.

I certify I am a member of the above named organization and understand that termination of membership will cancel all deductions made under this authorization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Return this form with your application to Standard Insurance Company in the envelope provided.