

The California State University

Payroll Deduction Authorization

075-130: Vol AD&D
075-131: Vol LTD
075-117: Vol Life
075-133 Crit. Ill
075-135 Accident

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

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.