



FELIN INSURANCE

B R O K E R S

alert today - alive tomorrow

EMPLOYEE DEDUCTION FORM

Dear Sir/Madam,

CLIENT INFORMATION

Full Name: Tel:

Name of Institution: Location:

Client Staff ID:

Effective Date:

Premium:

Insurance Company:

Frequency of Deduction: **Monthly**

Declaration by Client

I hereby authorize the deduction of the stated amount from my salary, remitted to the above insurance company effective the date stated above until further notice in writing.

Client Signature: Date:

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

..... DATE:

.....

.....

.....