

**WAKE FOREST UNIVERSITY**  
**GRADUATE SCHOOL OF ARTS AND SCIENCES**  
**PAYROLL DEDUCTION AUTHORIZATION CERTIFICATE**  
**STUDENT HEALTH INSURANCE PREMIUM RECOVERY**

This form shall serve as my written authorization allowing Wake Forest University to deduct payments from my wages to fulfill my obligation for the health insurance premium for the full year policy of coverage.

Accordingly, I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, Wake Forest Identification Number \_\_\_\_\_, hereby authorize Wake Forest University to deduct \$ \_\_\_\_\_ in eight equal monthly installments of \$ \_\_\_\_\_ from my disposable wages effective with the pay date scheduled in September \_\_\_\_\_ through the pay date in April \_\_\_\_\_. Provided, however, that in no event shall this authorization be construed to permit Wake Forest University to withhold any amount which, after such withholding, results in a reduction of my net income to an amount which is less than the minimum wage. This authorization shall remain in effect for the academic year August \_\_\_\_\_ through May \_\_\_\_\_. I understand that this deduction is for the purpose of repaying the health insurance premium for full year coverage.

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Name (signature)