



**Partnering Fitness Center Membership
Payroll Deduction Authorization**

HonorHealth has an agreement with certain fitness centers to coordinate club memberships for staff members through payroll deduction.

Name: _____ Employee ID#: _____
(print)

Partnered Facility	Monthly Fee
<input type="checkbox"/> Scottsdale Community College	\$17.50
<input type="checkbox"/> Scottsdale Shea Medical Center’s Cardiac Rehab	\$15.00

I hereby authorize HonorHealth to deduct \$_____ from my paycheck on a monthly basis to cover my membership fees. I understand that HonorHealth will continue to deduct my membership fees, whether or not I actually use the fitness center facility. I also understand that the participating fitness centers may periodically change their monthly fees, and I will be notified if this occurs.

I understand that to stop my payroll deduction and terminate my membership, I must notify the HonorHealth Employee Benefits Department, in writing, not later than the tenth day of any month in order to cancel the membership at the end of that month.

I also understand that if I take an unpaid leave of absence, or do not have adequate earnings in a pay period to cover my payroll deduction, my payroll deduction membership will terminate. To re-enroll, I will need to complete a new payroll deduction authorization form.

X _____
Staff Member’s Signature Date

Return completed form to:
employee.benefits@honorhealth.com (email)
480-882-5802 (fax)