



BSD HQ Employees Only

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## T. COOPER TOTAL FITNESS PAYROLL DEDUCTION AUTHORIZATION FORM

### PROGRAM

Bi-State Development (BSD) has partnered with T. Cooper Total Fitness to offer gym memberships to Headquarters based employees at a cost of \$19.00 per month. BSD will subsidize 50% of the monthly membership cost. The employee portion of the monthly membership cost (\$9.50) will be deducted via payroll deduction on the second payday of each month. The payroll deduction will be for the current month's membership dues.

### ENROLLMENT PROCEDURE

To enroll, you must obtain an application form directly from T. Cooper Total Fitness, located on the 9th floor. The completed application should be submitted to T. Cooper Total Fitness.

To authorize payroll deduction, complete this authorization form and return it to the Benefits Department at mail stop 125 or via email at [benefits@bistatedev.org](mailto:benefits@bistatedev.org) (Please keep a copy for your records)

New Hires/HQ Transfer employees would follow the same procedures as above, except the first month would be paid in full by the employee. The BSD subsidy program would begin the first of the month following the hire/HQ transfer date. The first deduction would be deducted from the second paycheck of the month.

### CANCELLATION

To cancel membership, you must notify the Benefits Department in writing at [benefits@bistatedev.org](mailto:benefits@bistatedev.org) no later than the Friday prior to the second payday of the month. (Example, to avoid the deduction on Oct. 28, 2016, you must give written termination notice by Oct. 21, 2016)

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Badge Number: \_\_\_\_\_ HQ Mail Stop: \_\_\_\_\_

### PAYMENT

I acknowledge that 50% of the membership cost will be subsidized by BSD and 50% of the membership cost will be deducted via payroll deduction from my BSD pay check. **The payroll deduction will occur on the second paycheck of each month, and this authorization will remain in effect and apply to all future pay checks until I give written notice to terminate.**

I acknowledge that I will not be eligible for a refund of the monthly membership dues for the current month if I terminate membership without giving sufficient written notice.

By signing below, I agree that I have read and understand the terms of this agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_