



**Manitoba
Public Insurance**

URBAN WELLNESS PAYROLL DEDUCTION AGREEMENT

Employee Name:

Department Name:

Employee Number:

Department Number:

I hereby authorize the Manitoba Public Insurance Corporation to deduct the monthly cost of my membership to the Urban Wellness Centre (2nd floor, Cityplace) from my salary. I understand that the cost of my membership shall be deducted from my pay cheque on a monthly basis, on the second pay cheque of the month.

I agree that Manitoba Public Insurance is authorized to continue making deductions on a monthly basis from my pay cheque until I give notice of my termination of this Payroll Deduction Agreement to both UWC and to Manitoba Public Insurance's Workplace Wellness Specialist. I also agree and understand that Manitoba Public Insurance can choose to cease making monthly deductions from my pay cheque at any time. I understand that should Manitoba Public Insurance choose to stop making monthly deductions on my behalf, Manitoba Public Insurance shall use reasonable efforts to notify me in advance of the next scheduled payroll deduction. I understand that a receipt for my membership will be provided on an annual basis.

As of the date of execution of this Agreement, the monthly cost for my Urban Wellness Centre membership is \$35.00. I understand that this fee may be changed from time to time by the Urban Wellness Centre, subject to the terms and conditions of my membership Agreement with Urban Wellness Centre. I understand and agree that should the Urban Wellness Centre directly advise Manitoba Public Insurance of a change in the monthly membership rate, Manitoba Public Insurance is hereby authorized to change the monthly deduction to reflect the new monthly rate without first requiring my consent to such a change.

I agree that Manitoba Public Insurance shall have no liability whatsoever arising out of any deductions it makes in good faith pursuant to this Payroll Deduction Agreement.

I have read, understood and agree to the terms and conditions listed above.

Employee Signature: _____ Date: _____

Witness Signature: _____ Witness Name (Please Print) _____