



City of North Little Rock Employee Wellness Program

Payroll Deduction Form

New
 Renewal

Date: _____

I certify that I, _____, would like to have the following payroll deduction(s) for the Fitness Center and/or Senior Center for the City of North Little Rock's Employee Wellness Program.

By placing my initials in the appropriate block(s), I am authorizing the deduction(s) for one (1) year.

North Little Rock Community Center Fitness Center (FCEW)

_____ Employee _____ Spouse
 (Initial) (Initial)

Total for Fitness Center (FCEW) \$ _____ per pay period

*North Little Rock Hays Senior Center (SCEW)**

_____ Employee _____ Spouse
 (Initial) (Initial)

Total for Senior Center (SCEW) \$ _____ per pay period

City Employee's Signature _____

City Employee's Printed Name _____

City Employee's Address _____

City Employee's City, State Zip _____

City Employee's Telephone _____ Last 4 Digit of SSN _____

City Employee's Department _____ Department Number _____

*Must be 50 years old or older to join the North Little Rock Hays Senior Center.

Any questions can be referred to North Little Rock Community Center. 501-791-8541.

Employee Wellness Price List for Payroll Deductions	Annual	Per pay period	Annual	Per pay period
<i>Type</i>	<i>NLRCC Fit Ctr (FCEW)</i>		<i>NLR Hays Sr Ctr (SCEW)</i>	
Employee (FREE CC Membership)	\$65.00	\$2.50	n/a	n/a
Spouse (must join at the same time as the employee)	\$63.00**	\$2.43**	n/a	n/a
Senior Employee (50 years or older) (FREE CC Membership)	\$32.50	\$1.25	\$65.00	\$2.50
Senior Spouse (50 years or older) (must join at the same time as the employee)	\$63.00**	\$2.43**	\$130.00	\$5.00