GRENADA UNION OF TEACHERS GROUP MEDICAL PLAN

AUTHORITY TO PRINCIPALS/ACCOUNTANTS FOR DEDUCTION FROM TEACHER/MEMBER SALARY:

INSTITUTION:……..……..……**PARISH:**……..

FULL NAME OF MEMBER/EMPLOYEE: ……..……

GRADE OF MEMBER/EMPLOYEE……

SIR\MADAM,

PLEASE CAUSE THE SUM OF **$……** TO BE DEDUCTED EACH MONTH FROM MY SALARY FOR PAYMENTS TO THE **G.U.T GROUP MEDICAL PLAN** IN RESPECT OF SUNDRY PAYMENT TO MY CREDIT. THE FIRST DEDUCTION FROM MY SALARY IN REGARDS TO THIS ARRANGEMENT SHOULD BE FROM THE MONTH OF **…….. 20……..**

All NEW MEMBERS MUST have the Institution where THEIR SALARY is assigned to, stamp and sign on the line below authorizing the additional amount to be deducted from SAME.

_____

……..…… **……..……**
SIGNATURE OF EMPLOYEE **DATE**

……..…….. **……..……**
WITNESS **DATE**

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