

# PAYROLL DEDUCTION AUTHORIZATION FORM

## Important Membership Information

As a new policyholder, you will be automatically enrolled in the Employees Club of California, a membership program administered by LACEA Insurance Services, Inc. Membership is required to participate in the group-rated insurance programs you're enrolling in, and it is available exclusively to current employees of the City of Los Angeles, the Department of Water and Power, and the State of California.

Your membership in the Employees Club of California provides access to numerous exclusive benefits and programs, including the ease of having your club membership fees and insurance premiums automatically deducted from your payroll.

**Club Membership fee:** \$3.75 per pay period (\$7.50 monthly) for active employees.

By signing the Payroll Deduction Authorization, I authorize a monthly deduction of \$7.50 from my payroll, plus any other authorized deductions, for full Club benefits access. This remains in effect until I revoke it in writing.

**Select Your Employment Type Below:** Please complete only one section below based on your employment type.

## FOR THE STATE OF CALIFORNIA EMPLOYEES

### PAYROLL DEDUCTION AUTHORIZATION

Last Name	First Name	Middle Initial	Social Security Number		-	-				
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Organization Name **Los Angeles City Employees Association, Inc. (LACEA)**

Ded./ Org. Code: **089-067**

To: **California State Controller**

I hereby authorize the State Controller to deduct from my salary and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the above-named organization. This authorization will remain in effect until canceled by me or by the above-named organization. I certify that I am a member of the above-named organization and understand that termination of membership will cancel all deductions made under this authorization.



**Employees Club of California**  
 311 S. Spring St. STE 1300  
 Los Angeles, CA 90013  
 (800) 464-0452  
 info@employeesclub.com  
 www.EmployeesClub.com

FOR OFFICE USE ONLY

Code	Deduction
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<b>SIGN HERE</b>	<b>X</b>	California State Employee	Date
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## FOR LOS ANGELES CITY AND DWP EMPLOYEES

### PAYROLL DEDUCTION AUTHORIZATION

Last Name	First Name	Middle Initial	Social Security Number		-	-				
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City Dept #

City Employee #  
(5 - 6 Digits)

DWP Employee #

**Please select one:**

- City Active
- City Retired
- DWP Active
- DWP Retired
- Fire/ Police Pension (Officers Only)

To: **Controller—City of Los Angeles, or Fire and Police Pension, or City Employees Retirement System, or Paymaster—Department of Water and Power**

I hereby authorize the deduction from my salary or pension of amounts sufficient to cover premiums/membership fees for any of my group benefits provided by the Employees Club of California. In the event that any premiums should change due to age, an increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such changes upon notification from the Employees Club of California. This deduction will remain in force until canceled by me in writing.



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Code	Deduction
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<b>SIGN HERE</b>	<b>X</b>	Los Angeles City / DWP Employee	Date
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