



LOS ANGELES POLICE RELIEF ASSOCIATION, INC.

600 N. Grand Avenue, Los Angeles, CA 90012 | Tel (213) 674-3701 or (888) 252-7721 | Fax (213) 674-3715 | www.lapra.org

ACTIVE MEMBER DEDUCTION AUTHORIZATION

Fund Code 4301

Member Information

Name:

Employee ID Number:

Serial Number:

I hereby authorize the Controller, City of Los Angeles to deduct from my salary or wages the remittance to the Los Angeles Police Relief Association, Inc. (LAPRA) for the applicable bi-weekly dues, insurance premiums and any advancements due and payable to LAPRA as indicated below by my initials next to the applicable deductions.

I also authorize LAPRA to instruct you on my behalf to increase or decrease such payroll deductions in an amount equal to any increase or decrease in the applicable bi-weekly dues, insurance premiums and any advancements due to LAPRA.

This authorization shall be effective as indicated below and until cancelled by me or LAPRA. A photocopy, facsimile or electronic copy of this authorization shall be deemed to be as valid as the original signed document.

Mark your initials in the table below in those rows marked with an "X" in the Authorization Required column, then sign and date the bottom of the form.

Authorization Required	Initials	Deduction Code	Deduction Description	Paycheck Stub Description	Bi-Weekly Amount	Effective Date
X		25	POLICE BLUE CROSS / PRUDENT BUYER	LAPRA Blue Cross PPO		
X		27	POLICE RELIEF HMO DENTAL	LAPRA Dental Ins		
X		28	POLICE BLUE CROSS / CALIF CARE	LAPRA CA Care		
X		29	POLICE KAISER	LAPRA Kaiser		
X		30	POLICE RELIEF PPO DENTAL	LAPRA Dental Ins		
X		43	POLICE RELIEF LIFE & DIS INS	LAPRA Life & Disability		
X		47	POLICE RELIEF DUES INSURANCE	LAPRA Dues		
X		72	POLICE CHARITY PLAN	LAPRA Charity Plan		

OFFICE
USE
ONLY

Member Signature

Signature:

Date:

*Your paycheck will only be deducted for those plans with which you completed an enrollment application. You are required to put your initials next to each deduction code in case in the future you enroll in any of the other plans.



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