

## 5. ELIGIBILITY

- Employee memberships can add spouses, partners, dependents upon request.
- Anyone over 19 on the membership will need to get a UNK ID for access.
- Must be 19 or older to use the Wellness Center equipment. Under 18 are allowed at the Climbing Wall and Cushing Gyms.

**\*THIS PORTION ONLY NEEDS TO BE FILLED OUT IF YOU ARE UTILIZING PAYROLL DEDUCTION**

## UNK Wellness Center Membership

### Authorization for Payroll Deduction

UNK Employee Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mi) \_\_\_\_\_

NUID# \_\_\_\_\_ Personnel# \_\_\_\_\_ Email address \_\_\_\_\_

UNK Department Name \_\_\_\_\_ Office Phone# \_\_\_\_\_

Part A ☐ I am a monthly paid employee.

☐ I am a biweekly paid employee.

### Payroll Deduction Membership Fees

- **SINGLE MEMBERSHIP \$144 yearly fee, \$12 monthly**
  - Employees paid monthly will be charged \$12 each pay period
  - Employees paid biweekly will be charged \$6 each pay period
- **FAMILY MEMBERSHIP \$192 yearly, \$16 monthly**
  - Paid monthly, charged \$16 each pay period
  - Paid biweekly, charged \$8 each pay period
- **Membership will be active for exactly 1 year following purchase.**
  - Example: If you purchase a membership on November 1<sup>st</sup>, your membership will expire on October 31<sup>st</sup> the following year.
  - Membership may be cancelled at any time and deduction will be stopped upon request.

### Part B

I authorize the deduction, from my paycheck, of the amount listed in part A to cover the cost of my UNK Wellness Center membership. I understand that the amount of this deduction will not decrease my taxable income. This will cover the cost of my Wellness Center membership and my immediate family (\*spouse and dependent children under the age of 26) if a family membership is selected.

I understand that if I am a monthly employee, I will have the deduction split equally between twelve (12) pay checks and if I am a biweekly paid employee, I will have the deduction split between twenty-four (24) pay checks. I understand that once the deduction is taken, a refund will not be issued in any event.

The time of receipt of this authorization by the Payroll Office will determine the first paycheck on which the deduction will occur.

I understand that I will abide by the rules of the UNK Wellness Center.

**\*If spouse and immediate family are not an employee or student of UNK, a Cushing Use Facility pass will need to be issued. Dependent children under the age of 19 will not be issued a Cushing Use Facility pass.**

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Wellness Center Asst. Director Signature and Date

### Office Use Only:

Payment: In-Person Online Payment Type: Cash Check Card Payroll Ded.

Total Due: \_\_\_\_\_ Card Type: \_\_\_\_\_ Transaction # \_\_\_\_\_

Date Completed: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ In Fusion? ☐