



**MassMutual Value Plus Program  
Payroll Authorization**

Payroll Withholding Authorization

I, \_\_\_\_\_, hereby authorize you to withhold from my salary the amounts necessary to pay premiums for any insurance policy or policies that may be issued to me. This agreement is subject to the following conditions:

- 1) Where practical, deductions will be in equal amounts from each paycheck.
- 2) In the event that the paycheck for a given payroll period does not have funds to satisfy the deduction, any uncollected amounts will be spread over the remaining payroll deductions. After one month of uncollectible deductions, the premium will be billed directly to the employee.
- 3) In the event that the employee requests termination of the deduction or terminates employment with the company, the entire unpaid premium for any policy covered by this agreement shall be billed directly to the employee.
- 4.) Should a change occur to your policy or policies being deducted the debit or credit amount will be spread among the remaining payroll deductions for that policy term.

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Relation to Employee: \_\_\_\_\_

Employer: \_\_\_\_\_ **MassMutual Value Plus Program** \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # \_\_\_\_\_  
Employee ID # \_\_\_\_\_