

Date: \_\_\_\_\_

The Insurance Department  
TECU Credit Union

**TECU Members' Health Plan**

I hereby authorize **TECU CREDIT UNION** to deduct the following monthly premium from my member account as follows:

- MEMBER HEALTH PREMIUM (\$250)**
- MEMBER PLUS ONE HEALTH PREMIUM (\$450)**
- MEMBER PLUS FAMILY HEALTH PREMIUM (\$700)**

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_

MHP01200911

Date: \_\_\_\_\_

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