Phone: 853-0000
CarilionWellness.com

Effective: _____

Carilion Clinic Employee Payroll Deduction

NAME: _____

BADGE #: _____

I hereby authorize the Payroll Department of Carilion Clinic to deduct $_____ per paycheck from my pay for the Carilion Wellness membership fee.

- ☐ Roanoke Memorial Hospital (CRMH)
- ☐ Roanoke Community Hospital (CRCH)
- ☐ Franklin Memorial Hospital (CFMH)
- ☐ OTHER:_____

- ☐ New Member
- ☐ Existing Member

AMOUNT PER PAYCHECK (CHECK ONE):

- ☐ Individual Membership: $19.94/paycheck
- ☐ Family/Household Membership: $32.40/paycheck

The Internal Revenue Service (IRS) allows employee discounts of up to 20 percent to be excluded from taxable income. Because the 40 percent discount is more than the IRS allows, a portion of the discounted membership fee will be reported as taxable income on your paycheck. For an individual membership, you would be taxed on approximately $6.37 per paycheck. For a family/household membership, you would be taxed on approximately $10.34 per paycheck.

_____ _____

EMPLOYEE SIGNATURE DATE

Rates may be increased from time to time by Carilion Wellness upon written notice to the member's last known address. It is the member's responsibility to inform Carilion Wellness of any address changes.