



MEMBERSHIP APPLICATION AND PAYROLL DEDUCTION

A. Transaction Information			
1. Enrollment ♦ New CUSA Member ♦ Other _____ Effective Date (MM/DD/YYYY) _____ For Office Use Only CUSA ID# _____ Date Received _____ Date Entered _____ By: _____	Requested Employee Coverage ♦ \$10/Gold Membership ♦ \$20/Platinum Membership ♦ \$25/Platinum Family Membership For Platinum and Platinum Family Members, please check shirt size. ♦ Small ♦ Medium ♦ Large ♦ XL ♦ 2XL ♦ 3XL	2. Termination (cancel) ♦ Employee *Employee must be enrolled for dependent(s) to have coverage. Effective Date (MM/DD/YYYY) _____	3. Change (*Provide explanation in Section D, Special Remarks) ♦ Change of Beneficiary ♦ Plan Change ♦ Other Effective Date (MM/DD/YYYY) _____
B. Employer Information			
1. Employer Name – Full Name of Business or Organization		2. Employee Number	3. Date of Hire
4. Employer Address		5. Employee Phone Number	6. Local Union (if available)
C. Employee Information – Please Print all Information			
1. Employee Social Security Number - -	2. Employee Name (Last, First, M.I.)	3. Birthdate (MM/DD/YYYY) / /	4. Sex
6. Employee Home Address (Number, Street, Apt. No. City, State, Zip)		7. Telephone Numbers Home () - Work () -	8. E-Mail Address
10. Beneficiary Designation – If more than one beneficiary, use Special Remarks			
Full Beneficiary Name (First, Middle, Last)		Social Security Number of Beneficiary - -	Birthdate of Beneficiary (MM/DD/YYYY)
D. Special Remarks			
Special Remarks			
E. Method of Payment Please check appropriate box below and complete ALL information			
Payroll Deduction	TO:	TO:	TO:
VISA	Credit Card Number	Expiration Date (MM/YY)	V Code (Three digit code on back of card)
I, the undersigned, hereby apply for membership in Corrections USA (CUSA). I further request and authorize you to deduct from my earnings each month, the amount indicated in Section A above, to provide for regular payment of monthly membership fees. The amount deducted shall be transmitted to Corrections USA.			
F. Certification - Signature Required			
My signature below signifies my agreement with the statements and authorization for payment in accordance with the item checked in Section E above, allowing for payment by either payroll deduction or credit card payment.			
1. Employee Signature (Required)		Date	2. CUSA Representative (Required) Please print and sign your name
			Date

