

Business Name: CITY OF ROSEBURG		Effective Date:
MASA MEMBER INFORMATION	N	
NAME (Last, First, Middle):		DOB: / /
SPOUSE (Last, First, Middle):		DOB: / /
Physical Address:	City/State/Zip	o:
Mailing Address (if different):	City/State/Zip):
Phone: () Alt.	Phone: () E	mail:
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
EMPLOYEE PAYMENT OPTIONS	FOR MASA MTS MEMBERSHIP	
Platinum Membership	Emergent Plus Membership	Emergent Ground Membership
\$39 Monthly (\$60 Initiation Fee Waived)	\$14 Monthly (\$25 Initiation Fee Waived)	\$9 Monthly (\$25 Initiation Fee Waived)
□ I authorize my employer to do a payroll deductifurther understand that in the event that my employer to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right to deduct from my final paycheck any amount of the right from my final paycheck and t	oyment with my employer is terminated, whethe	er voluntarily or involuntarily, my employer has
☐ I acknowledge that I have been offered the opp decided to opt out. Additionally, I understand the and willingly assume the responsibility of such bala	potential out of pocket exposure resulting from	
Employee's Signature	Name (Print)	Date

MASA MTS Rep	Other
Tony Urioste	WHA Insurance