

Adjustments to Pay Records
Deductions

To Paymaster
Fax No. 04 499 8913

Surname Christian Names

Full Name of Employee _____

Employee Number _____

District _____

Station _____

I request and authorize Fire and Emergency New Zealand to deduct fortnightly and remit to the New Zealand Professional Firefighters Union Compensation Insurance Account at fortnightly intervals, insurance premium as determined by the insurer and agreed by the National Committee of the NZPFU.

The term of the current premium will normally be 3 years.

Date effective	Frequency	Amount	Deduction paid to
	Fortnightly	23.23	Union Comp Insurance

Employee to Sign _____
Date _____