



University of Louisiana Monroe

Department of Human Resources
700 University Ave | Coenen Hall
Monroe, LA 71209

Enrollment Form

9-MONTH EMPLOYEES

- ☐ Faculty/Staff Member \$33.33 bi-weekly
☐ Faculty/Staff and Spouse \$66.37 bi-weekly

TOTAL DEDUCTION: _____

12-MONTH EMPLOYEES

- ☐ Faculty/Staff Member \$25.00 bi-weekly
☐ Faculty/Staff and Spouse \$50.00 bi-weekly

TOTAL DEDUCTION: _____

I hereby authorize the University of Louisiana Monroe's Payroll Department to deduct the sum of \$_____ from my salary bi-weekly for membership to the Cor Medical Clinic. The bi-weekly deduction will cover 9-month employees over a 12-month period.

THE FOLLOWING INFORMATION MUST BE PRINTED OR TYPED

Employee name: _____ Date of birth: _____

Department: _____ ULM e-mail: _____

Phone: _____ Campus-wide ID: _____

Spouse name: _____ Spouse date of birth: _____

Employee signature: _____

HUMAN RESOURCE USE ONLY:

Date to payroll: _____

Date to Cor Medical: _____