



MASA MEMBER INFORMATION					
AME (Last, First, Middle):			DOB:/ _	/	
POUSE (Last, First, Middle):			DOB:/_	/	
hysical Address:		City/State/Zip:			
Nailing Address (if different):		City/State/Zip:			
Phone: ()		Email:			
Dependent Name:			DOB:/	/	
Dependent Name:			DOB:/_	/	
Dependent Name:			DOB:/	/	
Dependent Name:			DOB:/	/	
Dependent Name:			DOB:/_	/	
EMPLOYEE PAYMENT OPTIONS FO	R MASA MTS I	MEMBERSHIP			
Emergent Plus Membership		Platinum Membership			
Family Coverage:\$7.00 Per	mily Coverage: \$7.00 Per pay period		Family: \$19.50 Per Pay Period		
I authorize my employer to do a payroll deduction equiv rther understand that if my employment with my employ duct from my final paycheck any amounts paid upfront b	er is terminated, whe	ther voluntarily or involuntar	ily, my employer ha	•	
Member's Signature Na	me (Printed)	Emplo	oyee Number	Date	
I acknowledge that I have been offered the opportunity of out. Additionally, I understand the potential out of possume the responsibility of such balance bill.					
Employee's Signature No.	ame (Printed)	Dat	·e		