



Corrections USA

Individual Membership Payroll Deduction Authorization for Members of H-1 Bargaining Unit

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: () _____

Facility: _____ Employee Number: _____

Social Security #: _____ Date of Birth: _____

Today's Date: _____ Check One: Male ___ Female ___

TO: Commonwealth of Pennsylvania: Department of Corrections
Commonwealth of Pennsylvania: Department of Public Welfare

I, the undersigned, hereby apply for membership in Corrections USA (CUSA). I further request and authorize you to deduct from my earnings each pay period the amount indicated below, to provide for regular payment of monthly membership fees. The amount deducted shall be transmitted to Corrections USA.

Signature: _____

Membership Levels

Membership in Corrections USA is open to all H-1 Employees

___ \$4.62 per pay (\$10.00 per month) Member
Members receives a hat and t-shirt with membership.
Please circle t-shirt size: S M L XL 2XL 3XL

___ \$9.23 per pay (\$20.00 per month) Premier Plan Member
In addition to hat and t-shirt, member receives \$100,000 AD&D Insurance,
\$10,000.00 life Insurance, Dental, Vision and Prescription discounts.

___ \$11.54 per pay (\$25.00 per month) Premium Plus Plan Member
In addition to the hat and t-shirt, member receives \$100,000.00 AD&D Insurance,
\$20,000.00 Life Insurance, All of Premier Plan plus Roadside assistance, Legal
Premium, Tax hotline and more.

For Premium Plan and Premium Plus Plan Members:

Name of Beneficiary: _____

Relationship to Beneficiary: _____

Corrections USA is a non-profit Organization. Donations to Corrections USA are tax deductible. A Member may deduct the entire annual membership. Premier Plan members may deduct \$168.00 per year and Premier Plus Plan

members may deduct \$192.00 per year. This form is to be sent to PSCOA 2421 N. Front St Harrisburg, PA 17110. Copies will be forwarded to the Local Institutions for input and CUSA.