Employee Number	Fund	Member Name	Deduction

CONTROLLER, CITY OF LOS ANGELES

I hereby authorize the deduction of the amount shown above from my salary to cover my premiums for

KAISER PERMANENTE PLAN

of

LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

If at any time the amount of said charges should be changed by the Board of Trustees of the Los Angeles Firemen's Relief Association, Inc., I hereby authorize the deduction from my salary or wages and the payment to the Los Angeles Firemen's Relief Association for this purpose, such sum as may be specified by the Board of Trustees of the Los Angeles Firemen's Relief Association.

This authorization shall be effective until cancelled by me in writing.

Signature of Employee

Date

REV. 9/92

DO NOT WRITE IN THIS SPACE

Current Deduction Amount	Mo.	Day	Year