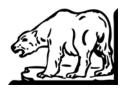
HEALTH SAVINGS ACCOUNT DEDUCTION



I hereby authorize the following amount to be withheld from my pay for placement into my qualified Health Savings Account with American Fidelity. This amount will be sent to my American Fidelity account on the final payroll date of each month.

AMOUNT TO BE W	ITHHELD EACH MONTH	\$
I want the monthly amount withheldon the:		
1 st pay of the month		
2 nd pay of the month		
Split between 1 st and 2 nd		
DEDUCTION START DATE		

Signature

Date