

2015 Southlake Hospital Family 50-50 draw Opt Out Form

Please review and complete the following form

I hereby acknowledge that I choose to discontinue my participation in the Southlake Hospital Family 50-50 draw. **I understand and agree to the following (please check each box):**

- That I will no longer be eligible to claim any prizes from the date this form is received
- That my ticket number will either be withdrawn from any future draws, or reassigned to the next person on the waiting list, should there be one
- That the payroll department will stop deductions for the 50-50 draw from your biweekly pay
- That I must allow 20 days processing time to opt out of the draw
- That if I choose to participate in the draw, I must re-enroll and
 - o Allow 10 business days for processing
 - o If there is a waiting list, my name will be placed at the bottom of the list
 - o I will be assigned a new number if a ticket is available

NAME

EMPLOYEE ID

TICKET NUMBER

DATE

SIGNATURE

Return Instructions

Please return your completed form to Southlake Regional Health Centre Foundation:

- 1) By fax – 905-836-5651 attn: Anna Wilson
- 2) By email – scan and email your form to Anna Wilson at a4wilson@southlakeregional.org
- 3) By interoffice mail – attn: Anna Wilson, Southlake Foundation – Box 21
- 4) In person – Suite 102, Medical Arts Building

Foundation Staff Use Only

NAME

SIGNATURE

DATE RECEIVED