

EMPLOYEE LOTTERY

Supporting Cypress Health Region

&
Dr. Noble Irwin Regional Healthcare

FOUNDATION Inc



\$31,500 IN PRIZES
\$500 EARLY BIRD DRAW
\$1000 EACH PAYDAY
\$5000 LAST PAYDAY OF 2017

ENROLLMENT FORM

Payroll Deduction

Questions Call
306-778-3314

I understand I am eligible to participate in the 2017 CHR Employee Lottery. I also understand I am allowed to purchase a maximum of two (2) tickets for each bi-weekly draw commencing January 13, 2017 and concluding December 29, 2017 at 3:00 pm.

I further understand that by completing this Enrollment Form by December 21, 2016, I am agreeing to purchase tickets for twenty seven (27) draws (26 Bi-weekly Draws plus 1 Year-end draw) via Payroll Deduction. If this form is completed after that date I will only be eligible for the remaining draws up to the lottery conclusion, and will only have deductions from my paycheck for those dates that I am eligible.

This Payroll Deduction Authorization will terminate with the final pay of 2017. A new Enrollment Form will be required should the Employee Lottery be continued into 2018.

I further understand that I have the right to withdraw* from this Lottery at any time by giving notice **(in writing)** to RHO Payroll/Benefits Department, who will in turn notify the Dr. Noble Irwin Regional Healthcare Foundation. Once notified, the Foundation will remove my name from all remaining draws for 2017 and the Payroll deduction will be discontinued. The withdrawal process is outlined in the official lottery rules, which are available on the Foundation Website or by contacting the Foundation office at the number indicated above.

Note* withdrawal from the Lottery will be on an exception basis (e.g. Leave of absence, change of employment etc.)

Name: (Please Print): _____

Employee Number: _____

Date: _____

Sign up by December 19, 2016 and be eligible for the \$500 Early Bird Draw!

Department & Facility: _____

When I win – please contact me at: Work: _____ Home: _____

_____ I would like to purchase 1 ticket and authorize a Payroll Deduction of \$5.00 per Pay Date.

_____ I would like to purchase 2 tickets and authorize a Payroll Deduction of \$10.00 per Pay Date.

Total Ticket (Annual) Cost: \$130.00 for 1 ticket or \$260.00 for 2 tickets.

(Lottery License Number: RR16-0331)

Signature: _____

Once completed, please return this form to
Payroll/Benefits Department
Cypress Regional Health Authority
429 4th Ave. NE
Swift Current, SK S9H 2J9
or Fax to 1-866-293-4430