



Payroll Deduction Enrollment Form

Name: _____ Date: _____

Last 4 digits of SS#: _____ Body Shop Key Tag: _____

Please circle: Employee Spouse Sponsored Dependent

Dept: _____ Address: _____

Speed sort/Zip: _____ Work/Home Phone: _____

Email: _____ Please circle: Bi-weekly/Monthly

Emergency Contact: _____ Emergency Phone: _____

- I want to join Body Shop Fitness only. (\$7/mth)
- I want to join Body Shop Fitness as a combo with the Johnson Center. (\$20/mth, a 35% discount) **Note: You must register for Johnson Center, in addition to the Body Shop.**

I certify that the information above is true and correct to the best of my knowledge and I accept the terms set forth by the University of Kentucky Health & Wellness program regarding payroll deduction for Body Shop Fitness. I understand I must sign up for a minimum of three months and will sign and submit a cancelation form to end the membership and the payroll deduction at such time.

Employee signature: _____ UK Person ID: _____

Print Employee Name: _____

(If spouse or sponsored dependent, employee must sign for payroll deduction.)

Spouse/Sponsored Dependent signature: _____

***Return to 116A Seaton Center, Lexington, KY 40506-0219 or fax to (859) 323-4700. For questions, please call (859) 257-9355 (WELL).**