



EAF Contribution Form

The Employee Assistance Fund (EAF) is designed to provide financial assistance to Camelback employees that are experiencing a hardship. The account is funded in many ways including employee contributions. To contribute to the Camelback EAF please complete this form in its entirety.

Associate Name _____ Associate ID _____

Department _____

I would like to contribute to the Camelback EAF. I understand that this fund will be used to help Camelback associates that are experiencing a qualified hardship, and that I do not determine which employee my contributions will be distributed to. I am electing to contribute the amount indicated below and understand it will come out of my paycheck as soon as administratively possible (typically the next occurring pay period). If I wish for my contributions to change or end before the agreed upon date below, I understand I may notify HR of the change by filling out a new EAF Contribution Form.

Please select one of the following contribution methods:

One Time Contribution: _____

\$ amount for a single pay period

Recurring Contribution (with end date): _____ to end after _____ pay periods.

\$ amount per pay period

of bi-weekly pay periods

Recurring Contribution (no end date): _____

\$ amount per bi-weekly pay period

My signature below confirms that the information above is correct, and that I am voluntarily electing to contribute to the Employee Assistance Fund (EAF) through payroll deduction(s).

Associate Signature

Date

Payroll Use Only Deduction Entered Signature/Date: _____