



## OSMH Foundation 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 OSMH Foundation 50/50 biweekly 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- That my ticket number will either be withdrawn from any future draws, or reassigned to the next person on the waiting list, should there be one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 my 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
  - Allow 10 business days for processing
  - If there is a waiting list, my name will be placed at the bottom of the list
  - 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 information form to the OSMH Foundation.

- 1) By fax - 705-325-4693
- 2) By email - [jsieger@osmh.on.ca](mailto:jsieger@osmh.on.ca)
- 3) By interoffice mail - Attn: Foundation
- 4) In-person - Foundation Office (146 Mississauga St. W.)

### Foundation Staff Use Only

NAME \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date sent to payroll: \_\_\_/\_\_\_/\_\_\_