

# AUTHORIZATION FOR AUTOMATIC PAYROLL DEDUCTION

**TO:** OAS Staff Association (GSB 622)

**FROM:** \_\_\_\_\_ Extension \_\_\_\_\_

**RE:** Authorization to deduct monthly contribution from my salary

**I AUTHORIZE DFS:**

To make monthly automatic payroll deductions of \$ \_\_\_\_\_ from my OAS salary, payable to the OAS Staff Association, beginning on (MM/YY) \_\_\_\_\_.

The monthly deduction will be at the rate of 0.04% of my salary, according to my grade and step (see table on the other side of this sheet). This deduction will automatically be adjusted at the same rate whenever my salary is increased in the future and will allow me to benefit from the different programs offered by the Staff Association, including the Loyalty Benefit Fund.

Employee number \_\_\_\_\_ Current step and grade \_\_\_\_\_

Date \_\_\_\_\_ Member since \_\_\_\_\_

Signature \_\_\_\_\_

## DESIGNATION OF BENEFICIARY

Name of Employee \_\_\_\_\_  
(Last name) (First Name) (Middle Name)

I, the employee identified above, hereby designate the person or persons below as my beneficiary or beneficiaries of the amount to which I am entitled to by virtue of my contribution to the Loyalty Benefit Fund of the Staff Association of the Organization of American States.

### Information Concerning Beneficiary or Beneficiaries

Full name	Relationship	Age	Address and telephone number

Date: \_\_\_\_\_ Employee signature \_\_\_\_\_

WITNESSES	
Name and signature:	Address and telephone number:
Name and signature:	Address and telephone number:

\*Please return this form to the Staff Association, GSB 622.  
Updated 03/01/2017

## MONTHLY CONTRIBUTION TO THE STAFF ASSOCIATION

GRADE	OASSA Contribution - Professionals													PP1*	PP2*
	1	2	3	4	5	6	7	8	9	10	11	12	13		
P01	\$ 17	\$ 18	\$ 19	\$ 19	\$ 20	\$ 20	\$ 21	\$ 21	\$ 22	\$ 22	\$ 23	\$ 23	\$ 24	\$ 24	
P02	\$ 22	\$ 23	\$ 24	\$ 24	\$ 25	\$ 25	\$ 26	\$ 27	\$ 27	\$ 28	\$ 29	\$ 29	\$ 30	\$ 30	
P03	\$ 28	\$ 29	\$ 30	\$ 31	\$ 31	\$ 32	\$ 33	\$ 33	\$ 34	\$ 35	\$ 35	\$ 36	\$ 37	\$ 37	\$ 38
P04	\$ 34	\$ 35	\$ 36	\$ 37	\$ 37	\$ 38	\$ 39	\$ 40	\$ 40	\$ 41	\$ 42	\$ 43	\$ 43	\$ 44	\$ 45
P05	\$ 41	\$ 42	\$ 43	\$ 43	\$ 44	\$ 45	\$ 46	\$ 47	\$ 47	\$ 48	\$ 49	\$ 50	\$ 50		
D01	\$ 47	\$ 48	\$ 49	\$ 50	\$ 51	\$ 52	\$ 53	\$ 53	\$ 54	\$ 55	\$ 56	\$ 57	\$ 58		
D02	\$ 52	\$ 53	\$ 54	\$ 55	\$ 56	\$ 57	\$ 58	\$ 59	\$ 60	\$ 61					

GRADE	OASSA Contribution - General Services													STEP	STEP	STEP
	1	2	3	4	5	6	7	8	9	10	11	12	13			
G1	\$ 9	\$ 9	\$ 10	\$ 10	\$ 11	\$ 11	\$ 12	\$ 12	\$ 13	\$ 13	\$ 14	\$ 14	\$ 15			
G2	\$ 10	\$ 11	\$ 11	\$ 12	\$ 12	\$ 13	\$ 13	\$ 14	\$ 14	\$ 15	\$ 16	\$ 16	\$ 17			
G3	\$ 11	\$ 12	\$ 13	\$ 13	\$ 14	\$ 15	\$ 15	\$ 16	\$ 16	\$ 17	\$ 18	\$ 18	\$ 19			
G4	\$ 13	\$ 14	\$ 14	\$ 15	\$ 16	\$ 16	\$ 17	\$ 18	\$ 18	\$ 19	\$ 20	\$ 21	\$ 21			
G5	\$ 15	\$ 16	\$ 16	\$ 17	\$ 18	\$ 19	\$ 20	\$ 20	\$ 21	\$ 22	\$ 23	\$ 23	\$ 24			
G6	\$ 17	\$ 18	\$ 19	\$ 20	\$ 20	\$ 21	\$ 22	\$ 23	\$ 24	\$ 25	\$ 26	\$ 27	\$ 28			
G7	\$ 20	\$ 21	\$ 22	\$ 23	\$ 24	\$ 25	\$ 26	\$ 27	\$ 28	\$ 29	\$ 30	\$ 31	\$ 32			

\*Please return this form to Staff Association. #622 A

Updated: 03/01/2017

## **Loyalty Benefit / Fondo de Beneficios de Lealtad**

The **Loyalty Benefit** is a financial grant established by the Staff Association with the objective of relieving the families of contributing staff members\* of expenses incurred due to the death of a contributing staff member. The Staff Association will grant \$5,000 to the beneficiary indicated by the contributing staff member.

We invite you to fill out the attached form and send it to our offices at Suite 622 A, General Services Building, 1889 F St NW Washington, D.C. If you have comments or questions, please call us at (202) 370-4645 or send an e-mail to [staffadmin@oas.org](mailto:staffadmin@oas.org)

*\*In order to register for this benefit, staff members must be contributing to the Staff Association according to their present grade and step. Please take note that this is NOT an additional deduction to your contribution as a member.*

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El **Fondo de Beneficio de Lealtad** es un fondo establecido por la Asociación del Personal con el objetivo de ayudar a las familias de los funcionarios contribuyentes\* con los gastos incurridos por la muerte de un miembro contribuyente. La Asociación del Personal entregará la suma de \$ 5,000 al beneficiario indicado por el miembro contribuyente.

Lo invitamos a llenar el formulario adjunto y enviarlo al GSB #622A, 1889 F St., NW, Washington, D.C. Si tiene algún comentario o consulta, por favor llámenos al (202) 370-4645 o envíenos un correo electrónico a [staffadmin@oas.org](mailto:staffadmin@oas.org)

*\*Para poder aplicar a este beneficio, los funcionarios deben ser miembros contribuyentes a la Asociación del Personal de acuerdo a su grado y paso actual. Favor tomar nota que esta no es una deducción adicional a su cuota de contribuyente.*