

**To: The Board of Education
Bethlehem Central School District**

I hereby authorize you to deduct from my salary and to transmit to the Bethlehem Central School District Teacher's Association the sums necessary to maintain my enrollment in the BCTA Dental Plan. The BCTA will advise you of the exact amount to be deducted and transmitted to it. This authorization shall be for the period of one school year or until revoked by me in writing or by the termination of my employment.

I hereby waive all right to claim said monies deducted from my salary and further release the Board of Education and the Bethlehem Central School District from any liability thereof.

_____	_____	_____
name (print)	coverage (fam/ind)	school
_____	_____	_____
signature		date