

PMH Staff 50/50 Payroll Draw Enrollment/Change Form

This form is for the **LGCA 4606-RF-44883**.

Rules

1. This is a 50/50 payroll draw ~ 50 percent of total cash goes to the winner, and 50 percent goes to the Brandon Regional Health Centre (BRHC) Foundation for the purchase of equipment (not covered by provincial funding) to benefit patients at the BRHC.
2. Ticket purchases are made by payroll deduction by employees using an enrollment form (earnings must be made during each pay period to cover ticket costs).
3. Ticket purchasers must work for PMH and be on PMH payroll to participate. (eg. Shared Health and affiliate employees are not eligible to participate at this point)
4. Ticket purchasers will receive electronic ticket confirmation on the Tuesday before each draw before midnight.
5. One winner will be drawn on the Wednesday, following paydays at 2:00 pm in the BRHC Foundation Office, beginning September 1, 2024.
6. Draws will be done through the service provider, Funding Change, using random number generator, approved by LGCA.
7. All winners will be notified by email and/or telephone.
8. Prizes will be paid by cheque.
9. Should a cheque not be cashed within 6 months from the draw date, the prize will revert back to the organization.
10. Persons under the age of 18 are not eligible to enter.
11. Ticket purchasers must reside in Manitoba.
12. The BRHC Foundation must receive LGCA approval for any amendments to the draws.
13. Staff of the BRHC Foundation are not allowed to participate.
14. All inquiries about the 50/50 payroll draw should be directed to the Executive Director of the BRHC Foundation at 204-578-4226.

Check the appropriate boxes.

I would like to: ☐ **Enroll** in the 50/50 Payroll draw ☐ **Change** my 50/50 Payroll draw ticket choice ☐ **Cancel** my enrollment

I authorize bi-weekly payroll deductions of:

☐ 1 ticket for \$5 **or** ☐ 3 tickets for \$10 **or** ☐ 10 tickets for \$20

The PMH Staff 50/50 Draw Enrollment/Change Form must be completed and **received** two weeks prior to the draw date at the **HRIS office**.

PMH Employee ID # (back of photo ID): _____

First Name: _____

Last Name: _____

Address: _____

City: _____ Prov.: **MB** PCode: _____

Base Site: _____

Department: _____

*Email address - personal: _____

*Email address - work: _____

*Phone - home: _____

*Phone - cell: _____

**Will update current payroll information*

Minimum one email address and one phone number are required

****PLEASE PRINT CLEARLY****

*****Tickets will be sent to personal email provided on form, or already within QHR.**

If no personal email is available, tickets will be sent to work email.***

By signing below, I have read and fully understand the rules of the PMH Staff 50/50 Payroll Draw. I hereby authorize the BRHC Foundation to use my name and photo in publications used to advertise the PMH Staff 50/50 Payroll Draw and/or other charitable works of the BRHC Foundation.

Employee Signature _____

Date _____

Please return completed form to HRIS office via inter-departmental mail, lab truck, in person, by fax or email.

HRIS Office BRHC—N312

Fax#: 1-204-578-4967

Email: hris@pmh-mb.ca



For HRIS use: HRIS signature: _____

Date: _____