



Southern Health-Sante Sud Staff Payroll 50/50

RULES

- 1) This is 50/50 payroll draw—50% of the cash goes to the winner and 50% goes to the hospital foundations to benefit the patients in the SH-SS Region. Lottery License No. LGCA 7057-RF-35105
- 2) Ticket purchases are made by payroll deduction by employees using enrollment form (earnings must be made during each pay period to cover ticket costs).
- 3) The SH-SS Staff 50/50 Draw Enrollment/Change Form must be completed and received at the SHSS Payroll Office 2 weeks prior to the draw date at the SH-SS Payroll Office.
- 4) Ticket purchasers will receive an electronic ticket confirmation via email on the Tuesday before each draw before midnight
- 5) One winner will be drawn on the Wednesday, following paydays, at 2:00pm in the office of the Boundary Trails Health Centre (BTHC) Foundation.
- 6) Draws will be done through the service provider Funding Change, using a random number generator approved by LGCA.
- 7) All winners will be notified by email and/or telephone.
- 8) Prizes will be paid by the BTHC Foundation.
- 9) Should a cheque not be cashed within 6 months from the draw date the unclaimed amount will be retained by the BTHC Foundation.
- 10) Persons under the age of 18 are not eligible to enter.
- 11) Ticket purchasers must be employed in Manitoba.
- 12) The BTHC Foundation must receive LGCA approval for any amendments to the draws.

****Return completed forms to the BTP Regional Payroll Office via inter departmental mail****

Please check the appropriate box:

I would like to: ☐ Enroll in the Payroll 50/50 draw ☐ Change my Payroll 50/50 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

I would like the proceeds of my ticket purchase to go to this hospital foundation (choose one):

☐ Bethesda Hospital Foundation ☐ Boundary Trails Health Centre Foundation ☐ Portage District General Hospital Foundation

The Staff Payroll 50/50 Enrollment/Change Form must be completed and received two weeks prior to the draw date.

PLEASE PRINT CLEARLY

Employee ID # (QSS pay statement): _____

*Email Address personal: _____

First Name: _____

(use your work email if you don't have a personal)

Last Name: _____

*Phone home: _____

Address: _____

*Phone work: _____

City: _____ Prov: MB PCode: _____

Base Site: _____

Department: _____

Minimum one email address & phone number required

Tickets will be sent to the personal email on form. If you do not have one tickets will be sent to your work email.

Please initial:

_____ I have read and fully understand the rules of the SH-SS Staff Payroll 50/50 Draw. I hereby authorize the hospital foundation of my choice to use my name and photo in publications used to advertise this draw and/or other charitable works of the Foundation.

Employee Signature

Date:

For Payroll Use: Payroll Signature: _____ Date: _____