

MSU Employee Meal Plan



Personal Information:

Date: _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Work Phone: _____

Meal Plans are non-transferable and must be used by cardholder only. Meals - card holder only. Flex may be used to purchase for others. You must present your MSU EagleCard ID when eating at any campus dining location. If you do not have your ID with you or you do not have a valid ID, you will be required to pay cash. If your MSU ID is lost or stolen, please report the lost card immediately to the EagleCard Office or go to your **EagleCard ONLINE** account to deactivate your meal plan account. **Replacement fee is \$20** for lost or stolen EagleCard ID's.

Department: _____ Email: _____

Eagle ID: _____ Faculty Staff

2019/20 Academic Year Meal Plan

- 50 Anytime w/\$150 Flex - **\$400**/Valid at **The Rock** and all Dining Venues located on campus.
- 40 Anytime w/\$100 Flex - **\$315**/Valid at **The Rock** and all Dining Venues located on campus.
- 20 Anytime w/\$75 Flex - **\$210**/Valid at **The Rock** and all Dining Venues located on campus.
- 10 Anytime w/\$50 Flex - **\$126**/Valid at **The Rock** and all Dining Venues located on campus.

Fall Spring

General Policies

Flex dollars may be used at ALL on-campus dining locations ONLY and are included with all meal plans. Meals can be used for meal exchanges only. Unused meals and flex dollars will carry over until used. Unused meals and flex are non-refundable. **Value cannot be added to flex dollars. Additional funds may be added to BeakerBucks.** BeakerBucks will carry over and are fully refundable after a \$15 service charge and verification there are no fees owed to the University.

I agree to purchase a Morehead State University Employee Meal Plan as selected above, and elect to pay through payroll deduction. **(*Payroll deduction only available for 40 and 50 Anytime plans and for full-time faculty/staff)**

I understand that the purchase of a Meal Plan is non-refundable, and any unused meals will be forfeited/canceled at the point that I am no longer employed by the University and the plan has not been paid in full. If you are no longer employed by MSU, the remaining balance due will be deducted from your last paycheck. If my final paycheck does not have sufficient funds to pay the remaining balance, I agree to repay the University the remaining balance within two (2) months of the end of my employment.

I hereby authorize the EagleCard Office to deduct from my wages the total amount noted above. Payroll deductions will occur over a maximum of three (3) months in six equal installments until paid in full. Meal Plans are effective upon receipt in the EagleCard Office of this completed and signed authorization form and confirmation from Payroll office of payroll deduction.

Employee Signature

Date

Payroll Office confirmation

Date