



YCMP2 Meal Plan for Faculty, Staff, and Graduate Students



BENEFITS OF YCMP2:

- ✓ Meals Never Expire
- ✓ Accepted at Retail & Residential Dining Locations
- ✓ Can be used year round – Fall, Winter, Spring, Summer!
- ✓ Swipe in friends, family, and co-workers!
- ✓ Enroll with Payroll Deduction

\$237.50 for 25 meals - Breakfast, Lunch, or Dinner (\$10.00/meal)

Graduate Students:

Sign up at spire.umass.edu

Faculty & Staff:

Call 413.545.2472

Or pay online via credit card at:
UMassDining.com/meal-plans

For more information, visit us online at UMassDining.com/meal-plans or
Contact Meal Plan Administration
413.545.2472



**UMASS
DINING**
UMassAmherst



PAYROLL DEDUCTION FORM (Permanent, Benefited Faculty/Staff Only)

YCMP2 for Faculty and Staff

Graduate Students & Temporary Staff are not eligible for payroll deduction.

Please order YCMP2 at the Dining Commons Administration Office cash & credit cards accepted.

Mail Form to:

3rd Floor Worcester Dining Commons
669 North Pleasant Street
Amherst, MA 01003

OR Fax to:

413.545.9673

Name: _____

Empl ID #: _____

Department: _____

Phone: _____

Email: _____

\$237.50 for 25 Meals, Breakfast, Lunch or Dinner (\$10.00 per meal)

Order in blocks of 25 meals

Quantity: _____

Total payroll deduction over 10 pay periods = \$ _____

YCMP2 can be used at the Dining Commons or at retail dining locations. The retail dining meal value is \$10.00 *Meals do not expire.*

YCMP2 can also be purchased by credit card, check or cash at the Dining Commons Administration Office (3rd Floor Worcester DC), by phone at 413.545.2472, or online at <http://www.umassdining.com/meal-plans>

I hereby request and authorize the University of Massachusetts to reduce my yearly compensation by an amount equal to the YCMP2 fee for the number of meals that I have selected. I understand that this election may not be revoked after the beginning of the period for which the meal plan benefit will be provided and that compensation reduction amounts are NOT REFUNDABLE. Total amount will be collected over 10 pay periods

Signature: _____ Date: _____

Meal Plan Office

Date Entered: _____

ST: 107004

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