

(EXHIBIT A)

PAYROLL DEDUCTION FORM

I _____ (print name) hereby authorize the Indy Star and/or its payroll agent (hereinafter "the Employer") to deduct from my paychecks my portion of the cost for health and welfare premiums for coverage provided by the Union administered health and welfare plan (currently the United Furniture Workers Plan). Also, if elected, I authorize the Employer to deduct from my paycheck the cost of vision coverage. I further authorize the Employer to deduct from my paycheck(s), upon 14-days' notice, the necessary amount(s) to pay for any additional fees or costs associated with my health and welfare benefits/coverage over and above my regular premium amount and the Company's contribution on my behalf as provided for in the Health Care Side Letter.

(Employee name) Signature

Date