

## INDEMNITY AND SALARY DEDUCTION AUTHORIZATION FORM

Reference is made to the lease dated \_\_\_\_\_ (“Lease”), by and between \_\_\_\_\_ (“Landlord”) and \_\_\_\_\_ (“Tenant”) for premises at \_\_\_\_\_ (“Premises”) and the guaranty of Beth Israel Deaconess Medical Center, Inc. (“BIDMC”), of certain obligations of the Tenant under the Lease (“Guaranty”).

In consideration of BIDMC guarantying the payment of (i) rent under the Lease and (ii) the cost of repair of any damage to the Premises caused by the Tenant up to the maximum amount equal to the lesser of two months’ rent under the Lease or \$6,000, I, the Tenant, agree to the following terms and conditions:

1. Reimburse BIDMC of any and all amounts paid or incurred by BIDMC on account of the Guaranty;
2. Reimburse BIDMC all amounts paid or incurred (including without limitation reasonable attorneys’ fees) by BIDMC to collect from the Tenant under this Indemnity and Salary Deduction Authorization; and
3. Defend, indemnify, and hold BIDMC harmless from and against any and all liability, loss, damages, claims, actions, proceedings, or expenses (including without limitation reasonable attorneys’ fees) arising from the Guaranty, Lease or this Indemnity and Salary Deduction Authorization.

I understand and agree that BIDMC has the right to pay claims against the Guaranty in the sole and absolute discretion of BIDMC without consulting me and without my consent and over my objection. I understand that I am responsible for interacting directly with the Landlord and will remain liable under the terms of the Lease. I further understand that I am responsible for any damage to the Premises, and as a result, I will use reasonable caution in my use of the Premises. I understand and agree that if I have a legal dispute with the Landlord, I am responsible for engaging counsel and resolving any dispute that may arise.

I agree to reimburse BIDMC for any payment that BIDMC is required to make on my behalf under the Lease Guaranty Program. Reimbursement will promptly begin via authorized automatic deduction from my paycheck. The payments will commence on the first pay period after BIDMC makes a payment of my behalf and end once the amount is reimbursed in its entirety. At the time any payment is due; I shall sign the appropriate paperwork in order to begin the automatic salary deduction. I understand that the amount of the weekly deduction will be determined by the amount due together with the time remaining in my GME program. In the event, I am not an employee; I understand that this will not relieve me of my obligation to repay the amount due and I agree to enter into a reasonable payment plan with BIDMC.

I certify that, to the best of my knowledge and belief, all information contained in these documents is true, complete and correct. I agree to notify BIDMC immediately if 1) my landlord is planning to ask BIDMC to cover a rent payment and/or the cost of repairing damage to the rental unit caused by me or 2) if there are any material changes in this information.

Signature of Trainee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrative Director:

\_\_\_\_\_ Date \_\_\_\_\_

Julie Beckerdite