



MONTANA
TEACHERS' RETIREMENT SYSTEM

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TRS Office Use Only

AUTHORIZATION FOR DEDUCTION OF
HEALTH INSURANCE

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

BENEFIT RECIPIENT INFORMATION

First Middle Last Suffix
Printed Name

Mailing Address-Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

Area Code and Telephone Number Benefit Recipient's Date of Birth Social Security Number

I hereby authorize deduction of the monthly premium for the insurance coverage I have selected through the employing agency from my monthly Montana Teachers' Retirement System (TRS) retirement allowance. Such deduction is to remain in effect until the employing agency cancels or changes my insurance coverage amount. I also authorize future increases or decreases in the cost of the plan I selected to be automatically deducted without further authorization from me.

Benefit Recipient's Signature Date

EMPLOYER INFORMATION

NOTICE TO EMPLOYER: The benefit recipient and you are required to complete and submit this original form to TRS. A staff member will then update the TRS payroll system allowing you, the employer, to commence withholding an insurance premium on behalf of the benefit recipient.

As the employer, you are responsible for processing all premium amount changes using the TRS Employer Insurance Deduction System. You must provide a written notification of all changes to the benefit recipient prior to the effective date.

Upon notification of the benefit recipient's death, you must directly reimburse TRS the gross monthly premium amount withheld.

Insurance Coordinator's Name Area Code and Telephone Number

Insurance Carrier's Name

TRS Six-Digit Employer Number Monthly Premium Amount

TRS monthly retirement allowances are paid on the last business day of each month. The first deduction from the monthly retirement allowance is to begin in the month of , to cover the insurance premium for the month of .

Certifying Representative's Printed Name

Certifying Representative's Signature Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.