

RETIREMENT DEDUCTION AUTHORIZATION FOR MEDICAL INSURANCE

Law Enforcement Officers' and Fire Fighters' Retirement System

Retiree's Name: _____
Last First M.I

Social Security Number: / /

I hereby authorize and request the Department of Retirement Systems (DRS), at my own risk, to regularly deduct from my retirement allowance an amount sufficient to pay the premiums applicable from time to time for the insurance coverage or premium charges that may occur between the insurance carrier and myself. Deductions will continue until: (1) I direct, in writing, to the City of Seattle Benefits Unit and DRS that deductions terminate; or (2) the deduction plan is terminated.

Retiree's Signature: _____ **Date:** _____

NOTE: DRS Staff cannot answer any questions regarding this plan. Any questions regarding coverage under this plan must be directed to the City of Seattle Human Resources Department, Benefits Unit, at (206) 615-1340

OFFICE USE ONLY

Broker Name: City of Seattle

Address: Seattle Department of Human Resources
Benefits Unit
P.O. Box 34028
Seattle, WA 98124-4028

Telephone: (206) 615-1340

Deduction Starts: _____ **Code:** _____ **Amount:** _____