

# INS DOC

## FLORIDA RETIREMENT SYSTEM PENSION PLAN Insurance Payroll Deduction Authorization Form

### PASCO COUNTY SCHOOL BOARD

Approved Deduction Name

PATRICIA D HOWARD

Retiree Contact Person

(813) 794-2253

Retiree Contact Person's Telephone No

**The payee must authorize new insurance deductions OR the restart of a previously closed deduction. The payee is the person receiving the FRS pension payment.**

PAYEE SSN: \_\_\_\_\_

DEDUCTION CODE : 076 (Health)

PAYEE NAME: \_\_\_\_\_

DEDUCTION CODE : 077 (Life)

I hereby authorize the Division of Retirement to deduct my insurance premiums from my monthly Florida Retirement System (FRS) benefit check and make any subsequent premium changes as directed by my insurance provider. I understand that my insurance provider is responsible for notifying me of premium changes as they occur and for any refunds (if applicable). If I am changing insurance companies I will notify the existing company of the cancellation or changes.

**Payee's Signature:** \_\_\_\_\_

Signature required if no premium deduction (for above deduction code) from previous month's pension payment.

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Member Retired: \_\_\_\_\_

**Insurance office use only. The Division of Retirement will not use this information.**

Insurance provider staff must fax or mail a completed authorization form for all new deductions (or restarted deductions) to the Division of Retirement. MAIL: Division of Retirement, Retired Payroll Section, PO Box 3090, Tallahassee, FL 32315-3090; FAX: 850-410-2193