

AUTHORIZATION TO DEDUCT INSURANCE PREMIUMS



VIRGINIA RETIREMENT SYSTEM • Health Insurance Unit
 P.O. Box 2500 • Richmond, VA 23218-2500
 Toll-free 1-888-827-3847
 Fax 804-786-9718
 www.varetire.org

1. Employer Code
2. Employer Name

Complete this form to identify the health insurance for which VRS will deduct premiums. **Note:** The coverage listed on this form supersedes forms previously submitted to VRS.

PART A. RETIREE INFORMATION (Please print)

3. Name (First, Middle Initial, Last)	4. Social Security Number
5. Address (Street, City, State and ZIP+4)	

PART B. INSURANCE PREMIUM DEDUCTIONS (Please print)

Enter policy information below for any premium being deducted by VRS.

To cancel all premium deductions, leave the premium, carrier, plan and option fields blank. Enter the last date of coverage in the Coverage Effective Date box, and check here: Cancellation of all deductions

Policy Type	Monthly Deduction	Carrier	Plan	Option
Health	\$			
Dental	\$			
Vision	\$			
Other	\$			
Total Deduction	\$	Coverage Effective Date (mm/dd/yyyy)		

PART C. CERTIFICATION

Retiree: I authorize VRS to deduct my health insurance premiums. I understand this authorization shall remain in effect until it is revoked by my employer. I understand that I can report to VRS additional health insurance policies under which I'm covered using the Request for Health Insurance Credit (VRS-45). I also understand I must notify VRS immediately of any changes being made to those policies.

 Retiree Signature _____ Date

Employer: I understand that any willful falsification of facts presented may result in prosecution for a Class 1 misdemeanor as provided by law.

 Authorized Signer (Please print) _____ Date



INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION TO DEDUCT INSURANCE PREMIUMS AND HEALTH INSURANCE CREDIT APPLICATION

This form is used when employers have a contractual agreement with the Virginia Retirement System (VRS) to have pre-established health insurance premiums deducted from retiree benefits.

Employers complete this form to authorize the deduction of insurance premiums from VRS benefit payments.

Note: The coverage outlined on this form supersedes forms previously submitted.

For additional insurance plans for which VRS does not deduct premiums, the retiree will notify VRS of changes to the health insurance coverage information by completing the Request for Health Insurance Credit (VRS-45), which is available at www.varetire.org/forms.

To complete the form, enter the following information:

Box 1-2: Enter the five-digit agency code and agency name.

Boxes 3-5: Enter the retiree's personal information.

Part B: Complete the monthly deductions, the abbreviated carrier, plan, and option code from the pre-established rate sheet furnished by VRS.

Enter the effective date of the coverage for this plan.

When you are cancelling all premium deductions for the retiree, leave the deduction amounts, plans and options blank, and enter the coverage effective date as the last date of the month for which the member is covered.

Part C: Have the retiree sign and date the form to ensure agreement with the health insurance deduction. Then sign the form certifying the retiree's information and plan selection. (Retirees are not required to sign the form if all premium deductions are being cancelled.)