



RETIREMENT HEALTH INSURANCE PREMIUM DEDUCTION AUTHORIZATION

P.O. Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
Toll Free: 800.547.6657 ♦ Olympia Area: 360.664.7000 ♦ TTY: 711

Complete, sign and send to your insurance company.

Retiree Information

Retiree Name	Social Security Number
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Retirement System/Plan Code (check one):

<input type="checkbox"/> P1 = PERS 1	<input type="checkbox"/> T1 = TRS 1	<input type="checkbox"/> E2 = SERS 2	<input type="checkbox"/> L1 = LEOFF 1	<input type="checkbox"/> S1 = WSPRS 1	<input type="checkbox"/> U1 = JUDICIAL
<input type="checkbox"/> P2 = PERS 2	<input type="checkbox"/> T2 = TRS 2	<input type="checkbox"/> E3 = SERS 3	<input type="checkbox"/> L2 = LEOFF 2	<input type="checkbox"/> S2 = WSPRS 2	<input type="checkbox"/> J1 = JUDGES
<input type="checkbox"/> P3 = PERS 3	<input type="checkbox"/> T3 = TRS 3	<input type="checkbox"/> N2 = PSERS 2			

I authorize the Department of Retirement Systems (DRS) to regularly deduct a sufficient amount from my retirement benefit to pay the premiums for my insurance coverage. I will not hold DRS responsible for any problems on coverage or premium charges that occur between the insurance carrier and myself.

The deductions will continue until:

- I write to the insurance company and DRS, asking for my deductions to stop; or
- I terminate the insurance plan.

I understand that DRS cannot answer questions about my insurance.

Authorization and Signature

Policy in the Name of	
Retiree Signature	Date

Insurance Broker/ Vendor Use Only

Broker Name	Phone Number
Address	City State ZIP
Deduction Starts (payroll date)	Vendor ID Amount

