TRS 12-T 11/10

## **INSURANCE AUTHORIZATION**

Teachers' Retirement System of Alabama
P. O. Box 302150 

Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Office Use Only					
TRN					
Ret Date					
1 <sup>st</sup> P/R					

Insurance Company Address  Insurance Company Add	MEN	MBER INFORMATION				
Street or P.O. Box  City State Zip Code  AUTHORIZATION INFORMATION  authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from metirement benefits:  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date \$ Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date \$ Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date \$ Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Amended Insurance Company Policy Number Monthly Premium Deduction Start Date  S  Insurance Company Address  Amended Insurance Company Policy Number Monthly Premium Deduction Start Date  S  Insurance Company Address  Amended Insurance Company Policy Number Monthly Premium Deduction Start Date  S  Insurance Company Address  Amended Insurance Company Policy Number Monthly Premium Deduction Start Date  S  Insurance Company Address  Insurance Company Address  Amended Insurance Company Monthly Premium Deduction Start Date  S  Insurance Company Address	Nam	ne				
City State Zip Code  AUTHORIZATION INFORMATION  authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from metirement benefits:  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Member Signature Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to  ; last date deducted:		First	Middle	Last		
City State Zip Code  AUTHORIZATION INFORMATION  authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from metirement benefits:  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Member Signature Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to  ; last date deducted:	Social Security No		Tele	Telephone ()		
AUTHORIZATION INFORMATION  authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from metirement benefits:  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Deduction Start Date Insurance Company Address  Name of Insurance Company Address  Insurance Company Address  Name of Insurance Company Address  Insurance Company Address  Insurance Company Address  Address  Insurance Company Address  Insurance Comp	Addı	ress				
Authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from metirement benefits:  Name of Insurance Company Policy Number Monthly Premium Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Insurance Company Address Insurance Company Address Insurance Company Address Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Insurance Company Address Insurance Company			Street or P.O. Box			
authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from metirement benefits:  Name of Insurance Company Policy Number Monthly Premium S Insurance Company Address Insurance Company Address Insurance Company Address Insurance Company Address Insurance Company Policy Number Monthly Premium S Insurance Company Address Insurance Company Address Insurance Company Address  Insurance Company Address  Deduction Start Date S Insurance Company Address  Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to	City		State		Zip Code	
etirement benefits:  Name of Insurance Company Policy Number Policy Numb	Aut	HORIZATION INFORMATION				
Insurance Company Address    Insurance Company Address   Policy Number   Monthly Premium   Deduction Start Date		•	em of Alabama to deduct the fo	ollowing miscellaneous insural	nce premiums from m	
Insurance Company Address    Name of Insurance Company   Policy Number   Monthly Premium   Deduction Start Date	1.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date	
Name of Insurance Company Address   Insurance Company Address   Monthly Premium   Deduction Start Date				\$		
Insurance Company Address    Name of Insurance Company   Policy Number   Monthly Premium   Deduction Start Date		Insurance Company Address		<u>'</u>	•	
Insurance Company Address    Name of Insurance Company	2.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date	
Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Peduction Start Date  Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Peduction Start Date  Insurance Company Address  Member Signature Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to  [ ]				\$		
Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Insurance Company Address  Member Signature Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to  ; last date deducted:  []		Insurance Company Address	1	1.		
Insurance Company Address  Name of Insurance Company Policy Number Monthly Premium Insurance Company Address  Member Signature Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to ; last date deducted:	3.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date	
Name of Insurance Company  Policy Number  Monthly Premium  Insurance Company Address  Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to  ; last date deducted:				\$		
Insurance Company Address  Member Signature		Insurance Company Address				
Insurance Company Address  Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to; last date deducted:	4.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date	
Member Signature Date  EMPLOYER CERTIFICATION  hereby certify that the above insurance premiums are being deducted from salary warrants issue to; last date deducted:				\$		
hereby certify that the above insurance premiums are being deducted from salary warrants issue to; last date deducted:		Insurance Company Address		-	1	
hereby certify that the above insurance premiums are being deducted from salary warrants issue to; last date deducted:		phor Signature		Data		
hereby certify that the above insurance premiums are being deducted from salary warrants issue to; last date deducted:	леп	ibei Signature		Date		
; last date deducted:	Емр	PLOYER CERTIFICATION				
; last date deducted:	hor	caby partify that the above incurance r	remiume are being deducted f	rom color (warrente igaye to		
			-	•		
		; last date	deducted:			
Signature of Payroll Clerk Date	Sian	ature of Payroll Clerk		Nate		