

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 _____

1st P/R _____

MEMBER INFORMATION

Name _____
First Middle Last

Social Security No. _____ - _____ - _____ Telephone (____) _____

Address _____
Street or P.O. Box

City _____ State _____ Zip Code _____

AUTHORIZATION INFORMATION

I authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from my retirement benefits:

1.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date
			\$	
Insurance Company Address				
2.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date
			\$	
Insurance Company Address				
3.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date
			\$	
Insurance Company Address				
4.	Name of Insurance Company	Policy Number	Monthly Premium	Deduction Start Date
			\$	
Insurance Company Address				

Member Signature _____ Date _____

EMPLOYER CERTIFICATION

I hereby certify that the above insurance premiums are being deducted from salary warrants issue to _____
 _____; last date deducted: _____

Signature of Payroll Clerk _____ Date _____