



Montana Public Employee Retirement Administration
 PO Box 200131 • Helena MT 59620-0131
 (406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

AUTHORIZATION FOR DEDUCTION OF HEALTH INSURANCE PREMIUMS

Monthly health insurance premiums must be paid in advance. No grace periods or exceptions are allowed. Premium deductions may be started at any time. You are responsible to pay premiums from the time you retire until the premiums are deducted from your retirement benefit. Contact your clerk to verify which months you must self-pay your premiums.

Authorization forms and deduction changes must be initiated through your former employer.

TO BE COMPLETED BY THE RETIREE OR RECIPIENT (Please Print)

Retiree or Recipient Name _____
 Social Security Number* _____
 Date of Birth _____
 Date of Retirement _____
 Mailing Address _____
 City State Zip Code _____

I have elected to continue health insurance through my former employer. I authorize the MPERA to deduct from my retirement benefit the premiums necessary for this coverage, including any future increases or decreases in the premium amount. This authorization remains in effect until I cancel or change insurance coverage.

Signature of Retiree or Recipient _____ **Date** _____

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

TO BE COMPLETED BY THE EMPLOYER (Please Print)

Employer Name & Number _____
 Employer Representative _____
 Group Insurance Name _____
 Policy Number _____
 Monthly Premium Amount \$ _____

Insurance checks made payable to: Agency Insurance Company (Check one)

Payee (Employer) Tax Identification Number _____

Premiums have been paid to employing agency for coverage through the month of _____.

Signature of Employer Representative _____

E-mail address _____

Date _____

Phone Number _____

MPERA USE ONLY:	
Retirement Number	_____
Agency Number	_____
Carrier Code	_____
Plan Code	_____
Date Processed	_____