

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 _____