ERS Form 12 06/13

# Insurance Authorization Form

## Employees' Retirement System of Alabama

*ERS Office Use Only*
Years of Service: _____ Months of Service: _____
Effective Date of Retirement: _____
Type of Retirement: ☐ Service ☐ Disability
DROP Participant: ☐ Yes ☐ No

### Section A: Member Information *(This form **must** be signed before submitting it to the ERS)*

Name _____ Date of Birth _____ / _____ / _____

Soc. Sec. No. _____ Home Phone _____

Home Address _____
Mailing Address City State Zip

### Section B: Health Insurance Election

I wish to continue my insurance under the health care plan I have selected below. I authorize monthly premium deductions from my retirement check until otherwise notified by me, or, in case of death, my beneficiary or other proper authority. If you have any questions, please contact the State Employees' Insurance Board (SEIB) at 866.836.9737.

**Select Only One:**

☐ State Employees' Health Insurance Plan (Blue Cross/Blue Shield)

☐ BCBS Supplemental

☐ Southland Optional Plan

I ☐ do ☐ do not wish to continue my dependent health insurance coverage for the individuals listed below:

| Last Name | First Name | Middle Name | Birthdate | Sex | Relationship to Me |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

☐ I wish to **discontinue** Health Insurance Coverage.

### Section C: Credit Union Deductions

I authorize the Employees' Retirement System to deduct $ _____ from my monthly benefit payment and transmit the amount deducted to the following credit union.

☐ Alabama State Employees' Credit Union
☐ Alabama Mental Health Credit Union
☐ Industrial Relations Credit Union

### Section D: Authorized Miscellaneous Insurance Deductions

| Name of Company | Policy Number | Monthly Premium |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Member's Signature** _____ **Date** _____

### Section E: Employer Certification

I hereby certify that the above miscellaneous insurance premiums are being deducted from salary warrants issued to the above referenced individual.

Signature of Payroll Clerk _____ Date _____