TRS Insurance Authorization

Teachers' Retirement System of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN ☐☐☐ ☐☐ ☐☐☐☐

Your Information

No initials please

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Daytime Telephone (_____) _____ Email Address _____

Date of Birth _____

Authorization Information

I authorize the Teachers' Retirement System of Alabama to deduct the following miscellaneous insurance premiums from my retirement benefits. I understand that I must request any changes or cancellation of these premiums in writing.

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			

Sign Here → **Your Signature** _____ **Date** _____

Employer Certification

To be completed by the employing agency

I hereby certify that the above insurance premiums are being deducted from salary warrants issued to:

Member Name _____ Last Date Deducted _____

Sign Here → **Employer Signature** _____ **Date Submitted** _____
Employer

Title _____

To return form by fax: 334.517.7001

THIS BOX IS FOR TEACHERS' RETIREMENT SYSTEM USE ONLY
TRN _____ Retirement Date _____ 1st P/R _____