# 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 _____