

Health / Dental Insurance Deduction Authorization Form

DIRECTIONS

The City of Richmond Department of Human Resources (HR) administers certain postemployment benefits.

This form is for members who are eligible for health and dental insurance benefits.

STEP 1

Please fill out your form, typed or printed in ink, and remember to sign.

STEP 2

Submit your form...

...during our walk-in hours, Monday thru Friday, 10AM-12PM and 1PM-3PM, with a Photo ID

or

...by mailing your form to: Richmond Retirement System 730 E. Broad Street, Suite 900 Richmond, VA 23219

THANK YOU!

RRS USE ONLY		
1.Retirement Date, From RRS		
2.Health Deduction, From HR	\$	
3.Dental Deduction, From HR	\$	
4.Reviewer #1		
5.Reviewer #2		
6.Notes:		
Form rev	ised June 2021	

PART A. MEMBER I	NFORMATION		
Member Name		SSN	
Mailing Address			
City/State/ZIP			
Phone Number	Email Address		
PART B. HEALTH II	NSURANCE		
I am aware that he	ealth insurance benefits are more expensive for re	etirees than for employees.	
☐ I am aware that H	R will determine the premiums I must pay in reti	rement (not the RRS).	
I would like to select PLAN A - Premie		NE COVERAGE	
Retiree Only Retiree + One Dependent Spouse Family			
PART C. DENTAL IN	NSURANCE		
I would like to select			
Retiree Only	Retiree + One Dependent Spouse Family	y	
PART D. DEPENDEN	NT INFORMATION, IF APPLICABLE		
If selecting Retiree +	One or Dependent Spouse, submit information b	elow:	
Dependent Name		SSN	
Date of Birth	Male or Female	e?	
NOTE: If selecting <i>Family</i> , an attachment should include information for eligible family members.			
PART E. CERTIFICA	ATION		
I hereby authorize the understand:	RRS to deduct all required premiums, and I	acknowledge that I	
* *	h policies provided to the RRS, changes can or in 30 days of a qualifying event.	nly be made during open	
I am the member			
☐ I am a Power of Attorney or guardian, and documentation is attached			
Signature	Date		