



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 141A: ESTABLISHING CONTACT INFORMATION for the TRS EMPLOYER INSURANCE DEDUCTION SYSTEM

Alternative accessible formats of this document will be provided upon request.

Completion of this form certifies that you are authorized to access and maintain payroll insurance records utilizing the TRS Employer Insurance Deduction System.

- This form **does not** establish access to the system. Please ensure that Form 141 *Employer Designation of Online Administrator for TRS Employer Reporting Systems* has been completed and submitted to TRS.

TYPE OR PRINT LEGIBLY IN DARK INK

Employer Insurance Deduction System Contact Information

_____	_____	_____
Printed name of school district or other TRS Employer	6-digit TRS Employer ID	Employer's Federal Tax ID
_____	(____)_____	(____)_____
Printed name of Insurance Deduction contact person	Phone	Fax

Contact person's work email address		

Employer mailing address – Street or P.O. Box	City	State ZIP (use ZIP+4 if known)

Process Insurance Deductions To:

_____	_____
Employer's printed name	Effective Date

I understand that the deduction of health insurance premiums from a TRS benefit recipient's monthly benefit may commence only after both the employer and retired member have signed and submitted Form 117 *Authorization for Deduction of Health Insurance* to TRS.

I agree to follow the terms and conditions of using the TRS Employer Insurance Deduction System. I further agree that I am responsible for maintaining current and correct deductions, including notification to each benefit recipient of changes or corrections to their insurance premium amounts.

_____	_____
Certifying Representative's printed name	Title
_____	_____
Certifying Representative's Signature	Date