



# Montana Teachers' Retirement System

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TRS Office Use Only

## Form 141A: Employer Insurance Deduction System Contact Information Form

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

Completion of this form certifies that you are authorized to access and maintain payroll insurance records utilizing the Montana Teachers' Retirement System (TRS) on-line Payroll Insurance Reporting system.

### Employer Insurance Deduction System Contact Information

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
TRS Six-Digit Employer Number

\_\_\_\_\_  
Payroll Insurance Contact Printed Name

(     )  
\_\_\_\_\_

Area Code and Telephone Number

(     )  
\_\_\_\_\_

Area Code and Fax Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Employer's Federal Tax ID

\_\_\_\_\_  
Employer's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

### Process Insurance Deductions To:

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Effective Date

I understand that prior to implementation, the initial payroll insurance deduction must be authorized by the TRS benefit recipient and the employer, utilizing the 'Authorization For Deduction Of Health Insurance' TRS Form 117.

I agree to follow the terms and conditions of using the TRS on-line Payroll Insurance Reporting 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