



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 117: AUTHORIZATION FOR DEDUCTION OF HEALTH INSURANCE

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION 1: BENEFIT RECIPIENT INFORMATION

Full Name: First		Middle	Last	Suffix (<i>Jr., Sr., etc.</i>)	<u>XXX - XX -</u> Last 4 Digits of SSN
_____/_____/_____ Birth Date (mm/dd/yyyy)					(_____) _____ Telephone Number
Mailing Address: Street or P.O. Box		City	State	ZIP Code (<i>use Zip+4 if known</i>)	

AUTHORIZATION: I hereby authorize deduction of the monthly premium for the insurance coverage I have selected through the employing agency from my monthly Montana Teachers' Retirement System (TRS) retirement allowance. Such deduction is to remain in effect until the employing agency cancels or changes my insurance coverage amount. I also authorize future increases or decreases in the cost of the plan I selected to be automatically deducted without further authorization from me.

_____ Benefit Recipient's Signature	_____ Date
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SECTION 2: EMPLOYER INFORMATION

NOTICE TO EMPLOYER: The benefit recipient and you are required to complete and submit this original form to TRS. A staff member will then update the TRS payroll system allowing you, the employer, to commence withholding an insurance premium on behalf of the benefit recipient.

As the employer, you are responsible for processing all premium amount changes using the TRS Employer Insurance Deduction System. You must provide a written notification of all changes to the benefit recipient prior to the effective date.

Upon notification of the benefit recipient's death, you must directly reimburse TRS the gross monthly premium amount withheld.

_____ Insurance Coordinator's Name	(_____) _____ Telephone Number
_____ Name of Insurance Carrier	\$ _____ Monthly Premium Amount
_____ TRS six-digit Employer Number	

TRS monthly retirement allowances are paid on the last business day of each month. The first deduction from the monthly retirement allowance is to begin in the month of _____, to cover the insurance premium for the month of _____.

_____ Certifying Officer's Name	_____ Title
_____ Certifying Officer's Signature	_____ Date