Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
http://mpera.mt.gov

AUTHORIZATION FOR DEDUCTION OF HEALTH INSURANCE PREMIUMS

Monthly health insurance premiums must be paid in advance. No grace periods or exceptions are allowed. Premium deductions may be started at any time. You are responsible to pay premiums from the time you retire until the premiums are deducted from your retirement benefit. Contact your clerk to verify which months you must self-pay your premiums.

Authorization forms and deduction changes must be initiated through your former employer.

TO BE COMPLETED BY THE RETIREE OR RECIPIENT (Please Print)

Retiree or Recipient Name _____

Social Security Number* _____

Date of Birth _____

Date of Retirement _____

Mailing Address _____

City State Zip Code _____

I have elected to continue health insurance through my former employer. I authorize the MPERA to deduct from my retirement benefit the premiums necessary for this coverage, including any future increases or decreases in the premium amount. This authorization remains in effect until I cancel or change insurance coverage.

Signature of Retiree or Recipient **Date**

* For identification and tax purposes. *§19-2-403(7) MCA, 26 USC § 6041A and 6109*

TO BE COMPLETED BY THE EMPLOYER (Please Print)

Employer Name & Number City of Missoula 6572

Employer Representative L. Kay James

Group Insurance Name City of Missoula

Policy Number 2000203

Monthly Premium Amount $ _____

Insurance checks made payable to: ☑ Agency ☐ Insurance Company (Check one)

Payee (Employer) Tax Identification Number 81-6001293

Premiums have been paid to employing agency for coverage through the month of _____.

Signature of Employer Representative

E-mail address

Date

Phone Number

MPERA USE ONLY:

Retirement Number_____

Agency Number _____

Carrier Code_____

Plan Code_____

Date Processed _____