Rev. 12/10

INS DOC

650-001

AARP Membership No: _____

FLORIDA RETIREMENT SYSTEM

Insurance Payroll Deduction Authorization Form

AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company

Authorized Deduction Name

Customer Service	**(800) 392-7537**
Insurance Provider Contact	Insurance Provider Telephone No

Pension Participant: Please complete all fields indicated in *Italics* below. Please note that you must authorize new insurance deductions OR the restart of a previously closed deduction.

YOUR SSN: _____ **FRS DEDUCTION CODE: 308**

YOUR NAME: _____

I hereby authorize the Division of Retirement to deduct my insurance premiums from my monthly Florida Retirement System (FRS) benefit check and make any subsequent premium changes as directed by my insurance provider. I understand that my insurance provider is responsible for notifying me of premium changes as they occur and for any refunds (if applicable). If I am changing my insurance provider/company I will notify the existing provider/company of the cancellation or changes.

Your Signature: _____

Signature required if no premium deduction (for above deduction code) from previous month's pension payment.

Address: _____

Today's Date: _____ *Telephone No:* _____

Your Date of Birth: _____ *Date Retired:*_____

Please choose only one of the following:

Deduct my premium from my pension as specified below. Do **not** deduct any premium due for my spouse (if any).

- ☐ Deduct my entire monthly premium
- ☐ Deduct $ _____of my monthly premium
- ☐ Deduct _____% of my monthly premium

Deduct my premium from my pension, including any premium due for my spouse (if any) as specified below.

- ☐ Deduct my entire monthly premium and my spouse's entire monthly premium.
- ☐ Deduct $ _____of my monthly premium and $ _____of my spouse's monthly premium
- ☐ Deduct _____% of my monthly premium and _____% of my spouses monthly premium

Note: *If an authorization form was previously received, this form, if completed in its entirety, will cancel the previous deduction amount and pension deductions will be based on the new authorization received.*

Insurance provider staff will fax or mail a completed authorization form for all new deductions (or restarted deductions) to the Division of Retirement. MAIL: Division of Retirement, Retired Payroll Section, PO Box 3090, Tallahassee, FL 32315-3090; **FAX: 850-410-2193**

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