



Building your financial future

# Health / Dental Insurance Deduction Authorization Form

**DIRECTIONS**

The City of Richmond Department of Human Resources (HR) administers certain post-employment benefits.

This form is for members who are eligible for health and dental insurance benefits.

**STEP 1**

Please fill out your form, typed or printed in ink, and remember to sign.

**STEP 2**

Submit your form...

...during our walk-in hours, Monday thru Friday, 10AM-12PM and 1PM-3PM, with a Photo ID

or

...by mailing your form to:  
Richmond Retirement System  
730 E. Broad Street, Suite 900  
Richmond, VA 23219

**THANK YOU!**

RRS USE ONLY	
1. Retirement Date, From RRS	
2. Health Deduction, From HR	\$ _____
3. Dental Deduction, From HR	\$ _____
4. Reviewer #1	
5. Reviewer #2	
6. Notes:	

Form revised June 2016

**PART A. MEMBER INFORMATION**

Member Name  SSN

Mailing Address

City/State/ZIP

Phone Number  Email Address

**PART B. HEALTH INSURANCE**

- I am aware that health insurance benefits are more expensive for retirees than for employees.
- I am aware that HR will determine the premiums I must pay in retirement (not the RRS).

I would like to select the following:

- PLAN A - Premier  PLAN B - Classic  HSA  DECLINE COVERAGE

- Retiree Only  Retiree + One  Dependent Spouse  Family

**PART C. DENTAL INSURANCE**

I would like to select the following:

- DHMO  PPO  DECLINE COVERAGE

- Retiree Only  Retiree + One  Dependent Spouse  Family

**PART D. DEPENDENT INFORMATION, IF APPLICABLE**

If selecting *Retiree + One* or *Dependent Spouse*, submit information below:

Dependent Name  SSN

Date of Birth  Male or Female?

NOTE: If selecting *Family*, an attachment should include information for eligible family members.

**PART E. CERTIFICATION**

**I hereby authorize the RRS to deduct all required premiums, and I acknowledge that I understand:**

**(1) In accordance with policies provided to the RRS, changes can only be made during open enrollment or within 30 days of a qualifying event.**

- I am the member
- I am a Power of Attorney or guardian, and documentation is attached

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date