Health Insurance Continuation Through Employer - Premium Deduction Authorization

IMRF Form 7.10 (Rev. 05/11)

INSTRUCTIONS

- Please submit this form **no later than** the 10th of the month prior to the month additions or changes are to take effect, e.g., submit the form no later than March 10th for deductions to begin with the April payment.
- If you are **adding a member's deduction**, the member's signature **is** required.
- If you are **changing the amount of an existing deduction authorization**, the member's signature is **not** required.

PLEASE PRINT OR TYPE

FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER
				__ __ __ __ __ __ __ __ __
HOME STREET (MAILING) ADDRESS				
CITY STATE AND ZIP + 4				HOME TELEPHONE NO. ( )

MEMBER AUTHORIZATION *(required to add a member's deduction)*

I authorize and request the Illinois Municipal Retirement Fund (IMRF) to deduct insurance premiums from my IMRF benefit payment and to remit the amount deducted to the employer offering insurance. I authorize IMRF to release information to the employer offering insurance or its insurance carrier in order to ensure proper handling of premiums. I understand IMRF will adjust deductions in response to changes in the premiums. **I further understand IMRF will not deduct more than one premium from a benefit payment** (IMRF will not make-up back premiums), and that **IMRF will cease making any deduction if the premiums exceed my IMRF benefit amount.**

This authorization is not an assignment of my right to receive payment. This authorization will remain in effect with IMRF until cancelled by written notice from me.

SIGNATURE (*Check appropriate box below.*) DATE

☐ MEMBER ☐ SURVIVING SPOUSE

CERTIFICATION BY AUTHORIZED AGENT *(required to add or change a member's deduction)*

THE REMITTANCE WILL BE SENT TO THE EMPLOYER IN ALL CASES

EMPLOYER NAME		EMPLOYER IMRF I.D. NUMBER
STREET (MAILING) ADDRESS		CITY, STATE, ZIP + 4
POLICY NUMBER	MONTHLY PREMIUM $	MONTH & YEAR DEDUCTION TO BEGIN
SIGNATURE OF AUTHORIZED AGENT		DATE SIGNED
EMPLOYER CONTACT (IF OTHER THAN AUTHORIZED AGENT)		TELEPHONE NUMBER ( )

FOR IMRF USE ONLY	DATE ENTERED	DATE EFFECTIVE

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