Rev. 3/06

INS DOC

FLORIDA RETIREMENT SYSTEM

Insurance Payroll Deduction Authorization Form

MIAMI-DADE COUNTY

Name Of Insurance Provider

_____ (305) 375-5633

Insurance Provider Contact Person — Insurance Provider Telephone No.

The payee must authorize new insurance deductions OR the restart of a previously closed deduction. The payee is the person receiving the FRS pension payment.

PAYEE SSN: _____ **DEDUCTION CODE NO:** _____ 013

PAYEE NAME: _____ **DEDUCTION CODE NO:** _____ 041

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 insurance companies I will notify the existing company of the cancellation or changes.

Payee's Signature: _____

Address: _____

Date: _____ Telephone No: (_____)_____

Date of Birth: _____ Date Member Retired:_____

Insurance Provider use only. Retirement will not use this information.