Clear Form

Health Insurance Premium Deduction Authorization

Retirees can use this form to authorize DRS to deduct health premiums from their benefits.

Send completed form to:
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380
www.drs.wa.gov • *deductions@drs.wa.gov*
800.547.6657 • 360.664.7000 • TTY: 711

Instructions

Retirees: Please fill in this form with a health insurance representative. After DRS receives this form from your health insurance vendor, DRS will begin deducting your insurance premium monthly and paying it to your health insurance vendor. Forms DRS receives on or before the 15th of the month will be processed in time for end-of-the-month vendor payments.

Health insurance vendor or broker: Once this form is completed, please send it to the address above.

Retiree Information

Retiree Name (Last, First, Middle)	Health Insurance Policy in Name of	Social Security Number

Email Address	Phone Number

Retirement System

- ☐ Public Employees' Retirement System (PERS)
- ☐ Teachers' Retirement System (TRS)
- ☐ Public Safety Employees' Retirement System (PSERS)
- ☐ Judicial Retirement System (JRS)
- ☐ School Employees' Retirement System (SERS)
- ☐ Washington State Patrol Retirement System (WSPRS)
- ☐ Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)
- ☐ Judges' Retirement Fund (JRF)

Health Insurance Vendor or Broker Information

Vendor Name	Phone Number
IAFF Health & Wellness Trust	877-624-6219

Mailing Address	City	State	ZIP
PO Box 3582	Seattle	WA	98124

Vendor ID	Date Deduction Starts (mm/dd/yyyy)	Monthly Deduction Amount
3293		$

Retiree Signature

I authorize DRS to deduct my health insurance premium from my monthly retirement benefit and pay it monthly to my health insurance vendor. I hold DRS harmless for any conflicts that occur between the vendor and myself. I understand that DRS cannot answer questions about my health insurance vendor.

Deductions will continue until DRS receives written notice of cancellation from the health insurance vendor named on this form or I terminate the health insurance plan and provide written notice to DRS.

Retiree Signature	Date

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.