



**MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION**

100 N PARK AVE STE 200 ~ PO BOX 200131

HELENA MT 59620-0131

(406) 444-3154 or toll free (877) 275-7372

mpera@mt.gov

**AUTHORIZATION FOR DEDUCTION OF HEALTH INSURANCE PREMIUMS**

Monthly health insurance premiums must be paid in advance. No grace periods or exceptions are allowed. Premium deductions may be started at any time. You are responsible to pay premiums from the time you retire until the premiums are deducted from your retirement benefit. Contact your clerk to verify which months you must self-pay your premiums.

Authorization forms and deduction changes must be initiated through your former employer.

**TO BE COMPLETED BY THE RETIREE OR RECIPIENT** (Please Print)

Retiree or Recipient Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Retirement \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City State Zip Code \_\_\_\_\_

I have elected to continue health insurance through my former employer. I authorize the MPERA to deduct from my retirement benefit the premiums necessary for this coverage, including any future increases or decreases in the premium amount. This authorization remains in effect until I cancel or change insurance coverage.

Signature of Retiree or Recipient \_\_\_\_\_ Date \_\_\_\_\_

\*For tax purposes 26 USC § 6401A and 6109

**TO BE COMPLETED BY THE EMPLOYER** (Please Print)

Employer Name & Number \_\_\_\_\_  
Employer Representative \_\_\_\_\_  
Group Insurance Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Monthly Premium Amount \$ \_\_\_\_\_

Insurance checks made payable to:  Agency  Insurance Company (Check one)

Payee (Employer) Tax Identification Number \_\_\_\_\_

Premiums have been paid to employing agency for coverage through the month of \_\_\_\_\_.

Signature of Employer Representative \_\_\_\_\_

E-mail address \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**MPERA USE ONLY:**  
Retirement Number \_\_\_\_\_  
Agency Number \_\_\_\_\_  
Carrier Code \_\_\_\_\_  
Plan Code \_\_\_\_\_  
Date Processed \_\_\_\_\_