



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 October 2021

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 B - Classic HDHP 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