

CAMPUS RETIRED FROM _____

Select One:

- _____ I am a new Retiree.
- _____ I am currently paying by Check/Money Order/Bill Pay through my Bank/Credit Card.
- _____ I am currently paying with an ACH Direct Debit to my Bank account and wish to cancel.

Please print clearly in black or blue ink. Be sure to complete the entire form, including signature and date.

RETIREE INFORMATION

BENEFITS ID: _____ (THIS IS THE 8 DIGIT ALPHA-NUMBERIC NUMBER FOUND ON YOUR BLUE CROSS BLUE SHIELD CARD AFTER ZZTU,UTS0, or UTZ0)

FIRST NAME	M.I.	LAST NAME	
MAILING ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	

To UT Benefits Billing:

I, _____, hereby authorize UT Benefits billing to begin deducting my retiree insurance premiums from my TRS Annuity as soon as possible after receiving the signed document.

I will continue to make payments by other payment options available until notified in writing by UT Benefits Billing that my TRS Annuity Deduction will begin.

I understand that this deduction agreement will remain in place until I elect to cancel the deduction in writing. UT System may elect to terminate the agreement in the event the premium amount cannot be fulfilled by my TRS Annuity.

Signature	Date
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Please retain a copy of this form for your records. Mail to: UT Benefits Billing; 210 W 7th Street; Austin, TX 78701

UT Benefits Billing contact information: Fax: 512-499-4338 – email address: utbenefitsbilling@utsystem.edu