

# AUTHORIZATION TO DEDUCT INSURANCE PREMIUMS AND APPLICATION FOR HEALTH INSURANCE CREDIT



**VIRGINIA RETIREMENT SYSTEM ♦ Health Insurance Unit**  
 P.O. Box 2500 ♦ Richmond, Virginia 23218-2500  
 Toll Free 1-888-VARETIR (827-3847)  
 Fax 1-804-786-9718  
 www.varetire.org

1. Employer Code
2. Employer Name

3. Name (First, Middle Initial, Last)	4. Social Security Number
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5. Address (Street, City, State and Zip+4)
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6. Is the retiree covered by Part B of Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: a) Enter the effective date of Medicare: _____ (mm/dd/yyyy) b) Enter the premium amount: \$ _____/month
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7. Other Individual Health Plans (in addition to Medicare and employer-sponsored plans)  Name of Provider _____ Policy Number _____ Monthly Premium \$ _____ (If the retiree is covered by a family plan, enter the portion of the premium that covers the retiree only.)  Effective Date _____ (mm/dd/yyyy)
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8. Monthly Deductions	9. Carrier	10. Plan	11. Option	12. Effective Date
Health \$ _____		_____	_____	____ / ____ / ____ (mm) (dd) (yyyy)
Dental \$ _____	_____	_____	_____	
Vision \$ _____		_____	_____	
Total \$ _____				

13. Certification  <b>Retiree:</b> I hereby authorize VRS to deduct my health insurance premiums and I certify that the information I have given is true to my knowledge. I understand this authorization shall continue in effect until it is revoked by the employer. I understand that I am to immediately report any changes in my alternative health insurance coverage to VRS.  _____ Retiree Signature <span style="float: right;">_____</span> Date	
<b>Employer:</b> I understand that any willful falsification of facts presented may result in prosecution for a Class 1 misdemeanor as provided by law.  _____ Authorized Signer (Please print) <span style="float: right;">_____</span> Authorized Signature <span style="float: right;">_____</span> Date	



## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION TO DEDUCT INSURANCE PREMIUMS AND HEALTH INSURANCE CREDIT APPLICATION

This form is used when employers have a contractual agreement with the Virginia Retirement System (VRS) to have pre-established health insurance premiums deducted from retiree benefits.

Employers complete this form to authorize the deduction of insurance premiums from VRS benefit payments and to provide retiree health insurance information.

For additional insurance plans for which VRS does not deduct premiums, the retiree will notify VRS of changes to the health insurance coverage information by completing the Request for Health Insurance Credit (VRS-45), which is available on the VRS Website ([www.varetire.org](http://www.varetire.org)).

To complete the form, enter the following information:

Box 1-2: Enter the five-digit agency code and agency name.

Boxes 3-5: Enter the retiree's personal information.

Box 6: If the retiree is covered by Medicare, choose Yes and include the effective date of his or her Medicare Part B coverage and the premium amount paid each month.

Box 7: Complete this box if the retiree has health, dental, vision, or prescription drug insurance coverage other than the health insurance plan for which VRS will take deductions. If the policy covers other family members, enter the portion of the premium that covers the retiree only.

If the retiree's portion of the premium cannot be determined, VRS will determine the reimbursable health insurance credit amount.

**Note:** Policies *not eligible* for reimbursement include long-term disability, long-term care, home health care, dread disease (such as cancer), hospital indemnity or policies that restrict payment of benefits that treat specific illness. Visit the VRS website ([www.varetire.org](http://www.varetire.org)) for more information about the policies that are acceptable for reimbursement.

Box 8-11: Complete the monthly deductions, the abbreviated carrier, plan, and option code from the pre-established rate sheet furnished by VRS.

Box 12: Enter the effective date the retiree selects for the premium deduction to take effect.

Box 13: Have the retiree sign and date the form to ensure agreement with the health insurance deduction. Then sign the form certifying the retiree's information and plan selection.