

FLORIDA RETIREMENT SYSTEM
Insurance Payroll Deduction Authorization Form

UNITED AMERICAN INSURANCE COMPANY

Name of Insurance Provider

David Lover – Special Markets
Insurance Provider Contact Person

214-544-5393
Insurance Provider Telephone Number

The payee must authorize new insurance deductions OR the restart of a previously closed deduction. The payee is the person receiving the FRS pension payment.

PAYEE SSN: _____

DEDUCTION CODE NO: _____

PAYEE NAME: _____

DEDUCTION CODE NO: _____

I hereby authorize the Division of Retirement to deduct my insurance premiums form my monthly Florida Retirement System (FRS) benefits check and make any subsequent premiums changes as directed by my insurance provider. I understand that my insurance provider is responsible for notifying me of premiums changes as they occur and for any refunds (if applicable). If I am changing insurance companies I will notify the existing company of the cancellation or changes.

Payee's Signature: _____

Address: _____

Date: _____

Telephone Number: _____

Date of Birth: _____

Date Member Retired: _____

Insurance Provider use only. Retirement will not use this information.

Policy No.: _____

Amount: \$ _____

Effective: _____

Return form to: United American Ins. Co. – PO Box 3650 – McKinney, TX 75070