

The Texas A&M University System Deduction from TRS Annuity for Retiree Insurance Premiums



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

1. Name: _____ 2.

--	--	--	--

 -

--	--

 -

--	--	--	--
- Last (please print) First MI* *Universal Identification Number (UIN)*
3. Home/Mailing Address: _____
4. City: _____ 5. State: _____ 6. Zip Code: _____
7. Phone Number: _____ 8. Non-TAMUS email address: _____
(XXX-XXX-XXXX)
9. Do you agree to receive information electronically? Yes _____ No _____ 10. Retirement Date: _____

I, _____, hereby authorize the A&M System Benefits Administration (SBA) Insurance Billing Office to begin deducting my retiree insurance premiums from my TRS Annuity payment.

I will make payments to the SBA Insurance Billing Office until notified in writing by them 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. The A&M System may elect to terminate the agreement in the event the premium amount cannot be fulfilled by my TRS Annuity. I understand that failure to pay my premium(s) will result in cancellation of coverage.

Signature: _____	Date: _____
------------------	-------------

Please retain a copy of this form for your records.

Mail to:
Texas A&M System Benefits Administration
Insurance Billing Office
1117 TAMU
College Station, TX 77843-1117

Scan Attachment/E-mail to:
SBAInsurance-Billing@tamus.edu
(979) 845-0015

For Office Use Only: Entered by: _____ Date: _____