

Insurance Authorization Form

Employees' Retirement System of Alabama

ERS Office Use Only

Years of Service: _____ Months of Service: _____

Effective Date of Retirement: _____

Type of Retirement: ☐ Service ☐ DisabilityDROP Participant: ☐ Yes ☐ No DROP Ended _____

Section A: Member Information *(This form must be signed before submitting it to the ERS)*

Name _____ Date of Birth _____ / _____ / _____

Soc. Sec. No. _____ Home Phone _____

Home Address _____
Mailing Address _____ City _____ State _____ Zip _____

Section B: Health Insurance Election

I wish to continue my insurance under the health care plan I have selected below. I authorize monthly premium deductions from my retirement check until otherwise notified by me, or, in case of death, my beneficiary or other proper authority. If you have any questions, please contact the State Employees' Insurance Board (SEIB) at 866.836.9737.

Select Only One Health Plan:

- ☐ State Employees' Health Insurance Plan (Blue Cross/Blue Shield)
- ☐ BCBS Supplemental
- ☐ Southland Optional Plan

I wish to discontinue my: ☐ health coverage ☐ dental coverage

I wish to discontinue my dependent health insurance coverage for the individuals listed below:

Last Name	First Name	Middle Name	Birthdate	Sex	Relationship to Me

Section C: Credit Union Deductions

I authorize the Employees' Retirement System to deduct \$ _____ from my monthly benefit payment and transmit the amount deducted to the following credit union.

- ☐ Alabama State Employees' Credit Union
- ☐ Alabama Mental Health Credit Union
- ☐ Industrial Relations Credit Union

Section D: Authorized Miscellaneous Insurance Deductions

Name of Company	Policy Number	Monthly Premium

Member's Signature _____ Date _____

Section E: Employer Certification

I hereby certify that the above miscellaneous insurance premiums are being deducted from salary warrants issued to the above referenced individual.

Signature of Payroll Clerk _____ Date _____