

SELECT ONE:

- I am a new Retiree
- I am currently paying by Check/Money Order/Credit Card/Bill Pay through my bank
- 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.

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.

Retiree Name: _____

Benefits ID Number: _____ *DO NOT USE YOUR CAMPUS ID
(THIS IS THE 8 DIGIT ALPHA-NUMERIC NUMBER FOUND ON YOUR BLUE CROSS BLUE SHIELD CARD AFTER UTS0 or UTZ0)

Contact Phone Number: _____ (PLEASE PRINT CLEARLY)

Campus Retired From: _____

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 of Retiree	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