

AUTHORIZATION TO DEDUCT INSURANCE PREMIUMS



VIRGINIA RETIREMENT SYSTEM • Health Insurance Unit
 P.O. Box 2500 • Richmond, VA 23218-2500
 Toll-free 1-888-827-3847
 Fax 804-786-9718
 www.varetire.org

1. Employer Code
55233
2. Employer Name
City of Chesapeake

Complete this form to identify the health insurance for which VRS will deduct premiums. **Note:** The coverage listed on this form supersedes forms previously submitted to VRS.

PART A. RETIREE INFORMATION (Please print)

3. Name (First, Middle Initial, Last)	4. Social Security Number
5. Address (Street, City, State and ZIP+4)	

PART B. INSURANCE PREMIUM DEDUCTIONS (Please print)

Enter policy information below for any premium being deducted by VRS.

To cancel all premium deductions, leave the premium, carrier, plan and option fields blank. Enter the last date of coverage in the Coverage Effective Date box, and check here: Cancellation of all deductions

Policy Type	Monthly Deduction	Carrier	Plan	Option
Health	\$			
Dental	\$			
Vision	\$			
Other	\$			
Total Deduction	\$	Coverage Effective Date (mm/dd/yyyy)		

PART C. CERTIFICATION

Retiree: I authorize VRS to deduct my health insurance premiums. I understand this authorization shall remain in effect until it is revoked by my employer. I understand that I can report to VRS additional health insurance policies under which I'm covered using the Request for Health Insurance Credit (VRS-45). I also understand I must notify VRS immediately of any changes being made to those policies.

Retiree Signature _____ Date _____

Employer: 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) _____ Authorized Signature _____ Date _____



Important Instructions for Completion of the *Authorization to Deduct Insurance Premiums and Application for Health Insurance Credit – VRS 78 Form*

VRS 78 FORM - This form needs to be completed **only** if you are changing or cancelling coverage.

- Please print legibly so we can make sure your changes are made.
- Complete Steps 3, 4, and 5 ONLY.

The remaining Sections will be completed by Finance based on your online enrollment changes.

Form may be returned via one of the following methods:

- Scanned and emailed to **Lilybeth Ebba lebba@cityofchesapeake.net** or **Linda Mathis lmathis@cityofchesapeake.net**. If you choose this option – **DO NOT** write your full Social Security number on the form, use only the last 4 digits of your Social Security number. We will fill it in prior to sending it to VRS.
- Fax to the attention of **Lilybeth Ebba** or **Linda Mathis** at **757-382-8102**, mail or hand deliver to:

**City of Chesapeake
Finance Department, 5th Floor
306 Cedar Road
Chesapeake, VA 23322**

If you choose to return the forms by mail, please allow adequate time for the City to receive your form by the due date of Friday, October 30, 2020 – for Open Enrollment.

If you choose to drop off the form, Finance will be available from October 12 through October 30 during normal business hours. You will need to stop at the information desk on the first floor and ask them to let Payroll know you are there.

REMINDER:

If you voluntarily elect to terminate your health insurance during Open Enrollment, you must provide evidence of continuous health insurance coverage, with no breaks, if you wish to return to the City of Chesapeake's health insurance plan. Coverage is not available to retirees who are Medicare eligible.