



The Commonwealth of Massachusetts
PLYMOUTH COUNTY RETIREMENT ASSOCIATION

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RETIREMENT BOARD
Thomas J. O'Brien, Chairman - Treasurer
Joseph F. McDonough, Elected Member
John Duggan, Appointed Member
John Sciara, Elected Member
James E. Harrington, Appointed Member

William Farmer, Executive Director

Authorization to Withhold Insurance Premium

I hereby certify that I have filed, or intend to file, an application for retirement from the service of the _____ with the Plymouth County Retirement Association and desire to continue the applicable portion of my present insurance coverage in said status. The intended date of my retirement is _____. I fully understand that:

1. my life insurance coverage upon retirement will be in accordance with the policy of unit from which I have retired.
2. the hospital-medical-surgical benefits will remain at the same level as that provided for all county-town employees.
3. if I cancel the aforementioned coverage and wish to reinstate same at some future date I will not be able to do so until an open enrollment period or other qualifying event.
4. until the appropriate premium has been withheld from my monthly retirement allowance, as authorized below, I shall make direct payment to the Treasurer.
5. upon any change of status or dependents insured under my coverage, such information must be submitted in letter form to the Treasurer immediately.
6. I agree to be liable for any change in the premium based on a change in the contract.

I hereby authorize the Retiring Authority to withhold the premium for coverage noted above from my monthly retirement allowance, such sum to be paid to the carrier as my premium for the month following the month covered by the retirement allowance check from which said deduction is made.

Date _____ Employee's signature _____