

# 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 XXX-XX-
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	\$			
<b>Total Deduction</b>	\$	<b>Coverage Effective Date (mm/dd/yyyy)</b>		

**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***

## **IMPORTANT INSTRUCTIONS REGARDING Retiree Vision:**

If you are electing vision coverage, please note that this premium must be paid in full with a check made payable to the City of Chesapeake and mailed to Finance(see address below). This payment must be received by **Monday, November 9, 2020**.

**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 Sections 3, 4, 5, **ONLY**. Only include the last 4 digits of your Social Security number.

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 [ncredle@cityofchesapeake.net](mailto:ncredle@cityofchesapeake.net) or **Linda Mathis** [lmathis@cityofchesapeake.net](mailto: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 **Nichole Credle** or **Linda Mathis** at **757-382-8102** or mailed to:

**City of Chesapeake  
Finance Department, 5<sup>th</sup> 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.**

## **REMINDER:**

If you voluntarily elect to terminate your health insurance during Open Enrollment this decision is irrevocable and you will be unable to return to the City of Chesapeake's health insurance unless evidence of continuous coverage is provided.