



Drafting Authorization for Retiree Insurance Premiums

Retiree Insurance Elections:

Pre-65 Medical (BCBS TX)		Dental (MetLife)		Davis Vision		Retiree Life Insurance	MetLife Legal								
<input type="checkbox"/>	Blue Choice Plan	<input type="checkbox"/>	Retiree Only	<input type="checkbox"/>	DHMO	<input type="checkbox"/>	Retiree Only	<input type="checkbox"/>	Vision Standard Plan	<input type="checkbox"/>	Retiree Only	<input type="checkbox"/>	Yes, \$15,000 coverage	<input type="checkbox"/>	Yes, MetLife Legal Plan
<input type="checkbox"/>	Blue Quality Plan	<input type="checkbox"/>	Retiree & Spouse	<input type="checkbox"/>	DPPO Standard	<input type="checkbox"/>	Retiree & Spouse	<input type="checkbox"/>	Vision Buy-Up Plan	<input type="checkbox"/>	Retiree & Spouse	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	BlueEdge HSA Plan	<input type="checkbox"/>	Retiree & Child(ren)	<input type="checkbox"/>	DPPO Buy-Up	<input type="checkbox"/>	Retiree & Child(ren)	<input type="checkbox"/>		<input type="checkbox"/>	Retiree & Child(ren)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Waive	<input type="checkbox"/>	Retiree & Family	<input type="checkbox"/>	Waive	<input type="checkbox"/>	Retiree & Family	<input type="checkbox"/>	Waive	<input type="checkbox"/>	Retiree & Family	<input type="checkbox"/>	Waive	<input type="checkbox"/>	Waive

I, _____, authorize the City of Irving to draft my (checking/saving) account at
(Full Name)
 _____ for my insurance premiums for the benefits noted above on the 10th day of each
(Financial Institution Name)
 month, beginning in _____. The purpose of this draft is to pay my monthly insurance
(Month/Year)
 premiums for the following month of coverage. This authorization will remain in effect until I have notified the City of Irving Benefits and Employee Wellness in writing to change or cancel the draft.

Signature: _____

Date: _____

Please Attach a voided check