

Sandra Hanks
Board Chair

Paula J. Light
Council Member

Gabriele H. Voelker
Elected Member

FRANKLIN REGIONAL RETIREMENT SYSTEM

278 MAIN STREET, SUITE 311
GREENFIELD, MASSACHUSETTS 01301-3230

Paul Mokrzecki
Vice Chair

Mary Stokarski
Elected Member

Dale Kowacki
Executive Director

**AUTHORIZATION FOR PAYMENT OF
HEALTH INSURANCE PREMIUMS**

I, _____, am retiring from

Arrangements have been made for the continued health and/or life insurance benefits from the above named town, district, or authority.

I authorize the Franklin Regional Retirement System to withhold an amount equal to the retiree's share of such health/life insurance premiums as I am enrolled in, said amount to be provided by the treasurer or financial authority of the unit from which I am retiring, and changed from time to time as the premium changes. All premiums withheld from my retirement benefit shall be paid to the town, district, or authority from which I am receiving my benefit and all administration of such benefits shall remain with the town, district, or authority from which I retired.

Withdrawal of this authorization shall be in writing to the Retirement Board.

Retiree Signature

Date