

**LOS RIOS COMMUNITY COLLEGE DISTRICT
RETIREE AUTHORIZATION FOR TRANSFER OF FUNDS**

All retiree Health Insurance Deductions/Contributions must be made by Electronic Money Transfer. Please complete this form if you have changed your financial institution and/or account number, or if you are a new retiree.

Name: _____ SSN: _____

Address: _____

Home Phone Number: _____

Please deposit my Retiree Health Insurance Contribution at:

(ATTACH A VOIDED CHECK)

The voided check you attach must have *your* name, address and account number encoded on it. If you have any questions regarding this, please call the Employee Benefits Department at 568-3070.

Authorizations must be received by the District Office Employee Benefits Department by the twenty-fifth of a month for contributions made the first of the following month.

It is the retiree's responsibility to make sure funds are available for deduction. Insufficient funds may result in cancellation of the retiree's insurance. Once a District plan is canceled, the retiree will be unable to re-enroll.

Signature: _____ Date: _____

Submit completed form to:
Los Rios Community College District
Employee Benefits Department
1919 Spanos Court
Sacramento, Ca 95825