

**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/ID# _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

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. **Two failed attempts to withdraw funds will 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-Attn: Kris Kurk
1919 Spanos Court
Sacramento, Ca 95825