



WASHINGTON COUNTIES INSURANCE FUND  
WASHINGTON COUNTIES INSURANCE POOL

Washington Counties Insurance Fund  
Administered By Benefit Solutions, Inc.  
PO Box 6  
Mukilteo WA 98275-0006  
(206) 859-2600



### 2012 DRS Retirement Deduction Authorization Form

Name (Last)		(First)	(Middle Initial)	Social Security #
Address (Street)				Date of Birth
City		State	Zip	Phone Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Employer			Date Active Coverage Ended

**Select plan(s) to be deducted from your monthly DRS check:**

Medical	Dental	Vision
<input type="checkbox"/> Myself <input type="checkbox"/> Myself & Eligible Dependents <input type="checkbox"/> Decline	<input type="checkbox"/> Myself <input type="checkbox"/> Myself & Eligible Dependents <input type="checkbox"/> Decline	<input type="checkbox"/> Myself <input type="checkbox"/> Myself & Eligible Dependents <input type="checkbox"/> Decline
<input type="checkbox"/> Transamerica Affinity Services (3181) <input type="checkbox"/> Premera WCIF 750 Plan (3231) <input type="checkbox"/> Group Health Select 750 (3031)	<input type="checkbox"/> Washington Dental Service (3074)	<input type="checkbox"/> Vision Service Plan (VSP 3081)

**Please note:**

You are responsible for notifying WCIF when you or your spouse reach age 65, or in the event of either's death, change of address, and other changes in status. Please allow us 45 days to process.

**Please complete information below for your DRS Retirement Check Deduction. Return form to Benefit Solutions, Inc.**

This form is an authorization for payroll deductions for health insurance only. I do hereby declare that to the best of my knowledge, I am eligible for the coverage requested. I authorize the Department of Retirement Systems to deduct from my pension any premium I am requested to pay. This form supercedes all previous forms I have submitted for coverage.

Name:	
Applicant Signature:	
Date Signed:	

<b>FOR BSI USE ONLY</b>	Plan Code Medical:		Premium:	
Effective Date:	Plan Code Dental:		Premium:	
Signature:	Plan Code Vision:		Premium:	