

FRANKLIN REGIONAL RETIREMENT SYSTEM
101 MUNSON STREET, SUITE 108
GREENFIELD, MASSACHUSETTS 01301-3230

**AUTHORIZATION FOR PAYMENT OF
INSURANCE PREMIUMS**

I, _____, am retiring from

_____ (employer name)

and arrangements have been made for the continued health, life, or dental 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, or dental 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

*MGL 32§19a limits what can be withheld by the retirement system and thus does not include other insurances such as cancer, or disability.

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