

AUTHORIZATION FORM FOR WITHHOLDING OF HEALTH/LIFE
INSURANCE FROM MONTHLY PENSION CHECK

Date: _____

Essex Regional Retirement Board
491 Maple Street, Suite 202
Danvers, MA 01923

Please indicate your choice by checking the following:

To the Retirement Board:

() Yes, In accordance with the provisions of Section 19 of Chapter 32 of the Massachusetts General Laws, I hereby give the Essex Regional Retirement Board my authorization to withhold premiums for health insurance and/or life insurance from my monthly pension check for submission to the _____.

Signature

Address
