

State of Arkansas Retirement Deduction Authorization

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 400 Robert Street North • B2-4039 • St. Paul, Minnesota 55101-2098

EMPLOYER NAME: State of Arkansas

POLICY NUMBER: 33342

RETIREE INFORMATION

First name	Middle initial	Last name	
Email address			
Street address	City	State	Zip code
Date of birth	Social Security number	Effective date of change	

The retirement system that I participate in is (check **one** of the following):

- Public Employees Retirement System (APERS)
- Teacher Retirement System (ATRS)
- Judicial Retirement System
- Alternative Retirement System (Valic, etc.) _____ (Indicate which system)

Please refer to rate sheet to determine amount(s) to record:

Coverage Type	Check <u>only</u> if you wish to cancel or reduce coverage	Benefit Amount	Monthly Premium
Basic Life	<input type="checkbox"/> Cancel <input type="checkbox"/> Reduce	\$	\$
Supplemental Life	<input type="checkbox"/> Cancel <input type="checkbox"/> Reduce	\$	\$
Dependent Life	<input type="checkbox"/> Cancel <input type="checkbox"/> Reduce	\$	\$
Total Premium			\$

I hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my Life Insurance plan. I further authorize you to pay such amounts to the insurance company providing such insurance or its authorized representative. This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.

Employee signature X	Date signed
--------------------------------	-------------

FOR HOME OFFICE USE ONLY:

Effective date	Representative initials	<input type="checkbox"/> Group bill	<input type="checkbox"/> Direct bill
----------------	-------------------------	-------------------------------------	--------------------------------------