



**Retiree Authorization Deduction Form**  
**Seattle Housing Authority**

**Retiree Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI

**Social Security Number:** \_\_\_\_\_

I hereby authorize and request the Department of Retirement Systems (DRS) to regularly deduct a sufficient amount from my retirement allowance to pay the premiums for my insurance coverage or premium charges that may occur between the insurance carrier and myself. I hold DRS harmless for any problems on coverage or payment charges that occur between the insurance carrier/organization and myself. Deductions will continue until: (1) I direct, in writing, to Seattle Housing Authority; or (2) the deduction plan is terminated.

**Retiree's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** DRS staff cannot answer any questions regarding your insurance plan. If you have questions regarding your deduction and eligibility, please contact Seattle Housing Authority at (206) 615-3328. Any questions regarding coverage must be directed to your insurance.

Office Use Only

**Broker Name:** Seattle Housing Authority  
**Address:** Human Resources Department  
190 Queen Anne Ave N  
Seattle, WA 98109  
**Telephone:** (206) 615-3328

**Deduction starts:** \_\_\_\_\_ **Vendor ID:** \_\_\_\_\_ **Amount:** \_\_\_\_\_