



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

UT Benefits Billing

Office of Employee Benefits
210 West 6th Street, Room B.140E
Austin, TX 78701

Phone: 855-6UT-BILL
(855-688-2455)

Date: _____

UT Benefits Billing
Office of Employee Benefits
210 W. 7th Street
Austin, TX 78701

RE: DEDUCTION FROM TRS ANNUITY FOR RETIREE INSURANCE PREMIUM

To UT Benefits Billing:

I, _____ hereby authorize UT Benefits billing to begin deducting my retiree insurance premiums from my TRS Annuity beginning _____ or the next month after this date.

Retiree Name: _____

Benefits ID Number: _____

Contact Phone Number: _____

I understand that this deduction agreement will remain in place until I elect to cancel the draft in writing. UT System may elect to terminate the agreement also in the event the drafted amounts cannot be fulfilled.

Signature

Please print clearly and retain a copy for your records.