



1913 William Street • PO Box 1930
 Jefferson City, MO 65102-1930
 Phone: 800-270-1271 or 573-751-4640
 Email: mpers@modot.mo.gov
 Fax: 573-522-6111

MoDOT Cancer Insurance Deduction Authorization/Cancellation

Revised 7/26/05

1. Complete all sections (type or print clearly). 2. Mail completed form to MPERS.

MEMBER INFORMATION	
Name: (Last, First MI)	Social Security Number:

PAYROLL INFORMATION	
Application Type:	
Initiate	Change
Cancellation	
Amount:	Retirement Payroll Effective Date: (Example: September premiums are for September coverage.)
<p>I hereby authorize the MoDOT & Patrol Employees' Retirement System to deduct from my monthly benefit check the amount required to pay the premium on such insurance group.</p> <p>This authorization shall remain in effect until such time as I notify the MoDOT & Patrol Employees' Retirement System in writing to change or terminate such deductions.</p> <p>I agree that if the amount due me is not sufficient to cover the insurance premium, then no deduction will be made. When circumstances prevent a deduction from being made, I assume the responsibility to pay the required premium through automatic bank draft.</p> <p>All authorization forms should be sent to the MoDOT & Patrol Employees' Retirement System office by the fifteenth (15th) calendar day of a month in order for the amount to be deducted from that month's benefit check.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>Retiree's Signature</p> </div> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>Date</p> </div> </div>	

If there is any difference between the information provided on this form and the law or policies which govern MPERS, the law and policies will prevail.