Dudley-Charlton Regional School District

Retiree Benefit Coverage
Option Selection Form

I do want to add my retiree insurance coverage as of _____ that I will pay the monthly premium in effect as follows:

(Please place a check mark next to each insurance plan you would like to continue as a retiree)

	Monthly Ins. Rate*
_____ Medial Plan(s) Aetna MAP (Individual, 2 plans)	$ _____
_____ Medical Plan under age 65 (Individual, Family)	$ _____
_____ Dental Plan (High, Low) (Individual, Family)	$ _____
_____ Vision Plan (Individual, Family)	$ _____
_____ Life (Basic - $5,000)	$ _____
_____ Life (Voluntary - $5,000)	$ _____

Total: $ _____

_____ I would like to have my insurance premiums withdrawn from my Worcester Regional Retirement System (WRRS) or Massachusetts Teachers Retirement System (MTRS) pension check.

_____ I would like to have my insurance premiums withdrawn from my bank's checking account. (please complete the attached DCRSD Authorization Agreement for Automatic Deductions (ACH Debits)

_____ I do not want to continue my district sponsored insurance plans.

Name (Print): _____

Signature: _____

Date: _____

Please return this form to the HR Director — DCRSD District Office.

**Please be advised that rate increases generally occur with the start of the new plan year.*

DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEDUCTIONS (ACH DEBITS) Form 498P

Properly completed agreements should be submitted to the District Business Office. An approved copy will be returned to you. It will state the starting date of your direct deductions.

INSTRUCTIONS FOR SECTIONS 1 THROUGH 6 BELOW (PLEASE PRINT OR TYPE)

1. Fill in your bank's name and address.
2. List your bank's **ABA Number.** This number is located at the lower left hand corner of your check. Please attach a copy of a blank check which you have marked "VOID."
3. Your checking account number.
4. Print your name.
5. Date this form.
6. Sign this form acknowledging acceptance of terms.

I (we) hereby authorize the Dudley-Charlton School District, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the bank named below to debit and/or credit the same to such account.

1. BANK NAME: _____

   STREET:_____

   CITY: _____ STATE: _____ ZIP: _____
2. BANK TRANSIT/ABA Number: ____ ____ ____ ____ ____ ____ ____ ____ ____ (9 digits)
3. CUSTOMER CHECKING ACCOUNT NUMBER:_____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or us) of its termination in such a time and in such a manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

4. NAME: _____
5. DATE:_____
6. SIGNATURE: _____

- -OFFICE USE ONLY- -

Business Office Approval _____ Effective Date: _____