H.P.PU. APPLICATION & PAYROLL DEDUCTION AGREEMENT FOR A RETIRING CITY OF HOUSTON EMPLOYEE

The undersigned retiring employee of the City of Houston, whose effective date of retirement is _____/ _____/ _____, hereby applies for post retirement insurance in accordance with the plan, and agrees to the premiums indicated by a check mark. Retiring members confirms that premiums were being deducted prior to retirement.

Deduction Amount

DENTAL
Single cost: $30.50 Retiree plus One: $50.00 Family Cost: $65.00 $ _____

LIFE INSURANCE
Group Life: (All plans include AD&D Benefits up to age 60)

Retiring: $ 20,000 = $7.75 $40,000 = $15.50 $60,000 =$23.00 $ _____

Dependents: Covers spouse for $ 10,000 and each minor child for $ 5,000
At one cost for all dependents: $9.00 $ _____

VISION
Vision: Employee Only: $6.99/ Employee + Spouse: $12.99 $ _____

Employee +Child (ren) $14.66/ Employee + Family: $18.66

Total Deduction $ _____

I hereby agree that the amount of premium applicable to the plan (s) checked and circled above may be deducted from my pension check. I also agree that the City nor the Pension Board assumes any responsibility or liability for any error in or failure to make such deductions, fully recognizing that the making of these deductions is exclusively for my benefit and that of the insurance company and not for benefit of the City of Houston nor the Pension Board.

Signature of Employee _____

Name of Employee_____ Employee No._____

SS No. _____ Date Effective _____

Address_____
P.O. Box or Street City State Zip