

NOTICE OF HEALTH/ LIFE/ DENTAL INS. DEDUCTIONS

Date _____

TO: Hampshire County Retirement Board
99 Industrial Drive
Northampton, MA 01060-2326

I authorize the Hampshire County Retirement System to deduct my Health/ Life/ Dental Insurance premiums from my monthly retirement allowance check.

Signature _____

Print Name _____

Home Mailing Address _____

Town or Unit Retiring from _____