



OKLAHOMA MUNICIPAL RETIREMENT FUND

Municipality Authorization to Remit
Insurance Premium Payment

OkMRF
525 Central Park Drive
Suite 320
Oklahoma City, Oklahoma 73105

This letter is our direction and your authorization to remit the monthly insurance premium payments to the _____. The payments should be paid from our OkMRF Health Care Plan which is a sub-account of the _____ Defined Benefit Plan pension fund. The payments are for health insurance coverage for the following person in the amounts designated below, and should be continued as designated until notified otherwise.

Pensioner's Name _____
Amount of Monthly Premium _____
Number of Months to be Paid _____
Date of First Payment _____
Date of Final Payment _____

The _____ understands that if the insurance coverage is stopped for any reason, that it is the _____ responsibility to notify OkMRF to cease all future payments.

Date

Authorized Agent's Signature