JOANNE M. MAHONEY
County Executive

COUNTY OF ONONDAGA

JAMES J. ROWLEY
Chief Fiscal Officer

MARK R. STASKO
Director of Risk Management

ROBERT BRATEK
Director of Loss Prevention

DENISE DOWNING
Employee Benefits Manager

DEPARTMENT OF FINANCE

DIVISION OF RISK MANAGEMENT
John H. Mulroy Civic Center, 15th Floor
421 Montgomery Street
Syracuse, New York 13202-2903
(315) 435-3498 Fax (315) 435-2869
www.ongov.net

Retiree Health Pension Deduction Authorization

Last Name	First	MI	Social Security Number

Spouse Last Name	First	MI	Social Security Number

Payroll Title at Retirement

Date of Retirement Retirement Number

Pursuant to Section 110-a and 410-a of the Retirement and Social Security law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Retirement Systems in the amount necessary to cover Retirement Health Deduction Premiums. Authorization is also given to make any changes to the Retirement System as necessary in the amount of such premiums. I understand that Onondaga County is my agent and all requests to begin, modify or revoke deductions must be submitted through Onondaga County. This authorization shall remain in effect until revoked by me by written notice through the County or until otherwise revoked pursuant to Law.

Date:_____

Retiree Signature:_____