



**Direct Bank Deposit (check one)**

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- I want my payments to be deposited directly into my bank account.  
*(Attach a completed direct deposit authorization.)*
- I do not want my payments to be deposited directly into my bank account. Please mail the checks to me at the address shown on this form.

**Retiree Health Insurance (if applicable)**

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If you are eligible and want to enroll in the Howard County Retiree Health Insurance Program, check the box below and attach a completed health insurance deduction authorization form.

- I want to enroll in the Howard County Retiree Health Insurance Program.
- I am opting out of the Howard County Retiree Health Insurance Program at this time. I understand that I may enroll at a later date.

**Signature and Date:**

**I understand and accept the terms and conditions of the Howard County Retirement Plan as they affect the elections I have made on this form. I understand that I may not change the payment option, or my designated beneficiary, once I receive my first benefit payment. For retirees enrolling in retiree health insurance, I also understand and accept the terms and conditions of the Howard County Retiree Health Insurance Program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office of Human Resources Only</b>			
Total monthly benefit:	\$ _____	<input type="checkbox"/>	W-4P Attached
Benefit Start Date:	____/____/____	<input type="checkbox"/>	Maryland Withholding Exemption attached
Date of Plan Participation:	____/____/____	<input type="checkbox"/>	Direct Deposit Authorization attached
Health Insurance Premium	\$ _____	<input type="checkbox"/>	Health Insurance Authorization attached Start Date: ____/____/____
Net Benefit (before tax)	\$ _____		
By:	_____	Date:	____/____/____