CITY OF CHATTANOOGA GENERAL PENSION PLAN
Deduction Authorization from Periodic Payment

RETIREE NAME	**SOCIAL SECURITY NUMBER**	**YEARS OF SERVICE**

(Please check one of the following) ☐ ADD ☐ CHANGE ☐ STOP

HEALTH INSURANCE	$	
	Monthly Deduction Amount	Effective Date

DENTAL INSURANCE*	$	
	Monthly Deduction Amount	Effective Date

(**Specify Dental Insurance Company Name):* _____

_____ ____/____/____
Signature of Employee Benefits Office Representative *Date*

(Please check one of the following) ☐ ADD ☐ CHANGE ☐ STOP

CITY EMPLOYEE'S CREDIT UNION

$_____ Monthly Deduction Amount ____/____/____ Effective Date

_____ ____/____/____
Signature of City Employee's Credit Union Representative *Date*

(Please check one of the following) ☐ ADD ☐ CHANGE ☐ STOP

SPORTS BARN

$_____ Monthly Deduction Amount ____/____/____ Effective Date

See attached authorization form from the Sports Barn.

I authorize First Tennessee Bank to make the above adjustment(s) to my periodic payment from the City of Chattanooga General Pension Plan.

_____ _____/_____/_____ _____
Signature of Retiree ***Date*** ***Telephone Number***

Rev. 03/2012