



Sacramento City Unified School District  
Recurring Claim Authorization Form

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Retiree Information

Last Name, First Name	SSN
Employer Name	Email Address
Sacramento City Unified School District	

Recurring Claim Information

Type of Service	For Whom	
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# INSTRUCTIONS FOR COMPLETING THIS FORM

## Accountholder/Participant Information

Retiree Last Name, First Name: Enter the last name and first name of the Retiree\*

Retiree SSN: E k y oON if e- mailing this form.

Employer Name: Please enter the Employer/Plan Sponsor name

Email Address: Please enter your email address to receive important account notifications electronically.

## Premium Information for Recurring Claim Authorization PREMIUMS ONLY

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Type of Service: I M  
o M

For Whom: Indicate the name of the person who the policy is for.

Plan Year: Indicate the plan year dates.

Monthly Premium Amount: Enter the monthly premium.

## Participant Authorization

Read the Agreement and mark the authorization box

Sign and Date

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# Direct Deposit Request Form



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Did you know you can enter direct deposit information [online](#)?  
 No paperwork necessary!

## Employee Information

Last Name, First Name	SSN / Employee ID #
Home Address o # o - # <input type="checkbox"/> h	Phone Number
Employer Name	Email Address -

## Direct Deposit Request

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