CITY OF CHATTANOOGA GENERAL PENSION PLAN
(Deduction Authorization from Periodic Payment)

RETIREE NAME **SOCIAL SECURITY NUMBER**

(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 Benefis 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. 05/06