

Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Rd
Frankfort KY 40601-6124
Phone: (502) 696-8800
Fax: (502) 696-8822
www.kyret.com

FORM 6131

Member's
Soc. Sec. No.:

□	□	□	-	□	□	-	□	□	□	□
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Revised 05/08

Member's
Name.: _____

BANK DRAFT AUTHORIZATION FOR DIRECT PAY ACCOUNTS

PLEASE PRINT

The recipient is the person who is receiving the monthly benefit from the retirement system. Please identify your status as recipient and complete the requested information on the form.

Member Beneficiary Dependent Child Multiple Beneficiary

Recipient's Name: _____

Recipient's Social Security Number: □□□-□□-□□□□

Mailing Address: _____

Telephone No.: _____ Check this box if this address is new.

FINANCIAL INSTITUTION INFORMATION:

Name of Financial Institution:		
Depositor Account Number:		
□□□□□□□□□□□□□□□□		
Account Type (Check One):	Routing Number:	Check Digit:
<input type="checkbox"/> Checking	□□□□□□□□	□
<input type="checkbox"/> Savings		

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. I have attached a voided personalized check or deposit slip to this form. I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Recipient's Signature: _____ Date: _____

Instructions for Completing Form 6131 Bank Draft Authorization for Direct Pay Accounts

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. You must complete a new Form 6131 to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

This form is to be used ONLY to authorize debits from your account by Kentucky Retirement Systems for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The member is the person who contributed to the retirement system while employed. The recipient is the person who is receiving the monthly benefit from the retirement system. In most cases, the recipient will also be the retired member. However, the recipient may also be a beneficiary, dependent child, or one of multiple beneficiaries. By checking the appropriate box provided, please identify your status as recipient. Also include your name, social security number, current mailing address and telephone number. If this is a new address and telephone number, please indicate by checking the box.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Retirement Systems by the 20th of the month prior to the month you want the change to become effective.

Once the automatic bank draft has been processed by the Kentucky Retirement Systems, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at the retirement system. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at the retirement system. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify the retirement system in writing.
4. The retirement system discontinues the bank draft program with your financial institution. In this case, the retirement system will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at the retirement system.

If you have questions, you may contact the retirement office at (800) 928-4646 or (502) 696-8800. The mailing address of the retirement system is: Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky, 40601. For general information or to obtain additional forms, visit the retirement system website: www.kyret.com.