

Date: _____
 Day/Month/Year

The Insurance Department
 TECU Credit Union
 Health Plan

Member's Name: _____

Member's Number: _____

I hereby authorize **TECU CREDIT UNION** to deduct the health plan premium monthly from my member share account (151).

Select the coverage option of your choice by checking the box:

ACTIVES				
DIVISIONS	MAJOR MEDICAL COVERAGE	Members ages 64 and Under		
		Member Only	Member + One Dependent	Member + Family
Division 1	\$250,000			
Division 2	\$400,000			
Division 3	\$750,000			
RETIREES				
DIVISIONS	MAJOR MEDICAL COVERAGE	Members ages 65 and Over		
		Member Only	Member + One Dependent	Member + Family
Division 4	\$250,000			
Division 5	\$400,000			

Member's Signature: _____

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Data Processed by:	Name: _____	Signature: _____	Date: _____ Day/Month/Year
Authorized by:	Name: _____	Signature: _____	Date: _____ Day/Month/Year