Tennessee Valley Authority

Employee Benefits  
c/o Benefits Specialist, WT 8D-K

400 West Summit Hill Drive

Knoxville, Tennessee 37902

**Please TAB to gray areas**

TVA Retiree Medical Plan Bank Draft Authorization Form

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| --- |
| I hereby authorize the Tennessee Valley Authority to initiate monthly drafts from the account indicated at the financial institution named below responsible for my TVA medical plan contributions. I understand the debit amount cannot exceed the contributions. I further understand I have the right to revoke this authorization by notifying TVA Employee Benefits in writing at least ten (10) days prior to the time my account is charged. And by doing so, loss of medical coverage will occur unless my net pension amount is sufficient to support payroll deduction of the responsible amount. If funds are insufficient at the time my account is charged, two (2) months' contribution will drafted the next month. Should funds be insufficient a second time, **I realize my insurance coverage will be canceled unless payment is made to bring my account current by the last workday of the month. Payment to bring the account current must be made by cashiers check or money order**. |

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| --- | --- | --- |
|  |  |  |
| ***Name on Bank Account*** |  | ***Social Security Number*** |
|  |  |  |
| ***Signature*** |  | ***Date*** |
|  |  |  |
| ***Retiree Name*** *(If different than above)* |  | ***Retiree Social Security Number*** |

**Financial Institution Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Institution Name: |  | | | | | | | | | | | |
| Street Address: |  | | | | | | | | | | | |
| City/State: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Routing Number |  |  |  |  |  |  | |  |  | Check Digit |  |  |
| Account Number: |  | | | | | | Checking Account  Savings Account | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature of Representative: |  | | | |  |
|  |  | | | | |
| Telephone Number: |  | Date: |  |  | |
|  | | | | | | |

***Privacy Act Statement***

The information requested in this form you complete and return to the human resources department becomes part of the TVA Personnel Files Privacy Act System of Records (TVA-2). Authority for maintenance of this system of records is provided by the Tennessee Valley Authority Act of 1933 (16 U.S.C. 831-831ee).

In order for TVA to enroll you in the benefit plans and administer your benefits, you are asked to provide all of the requested information and any supporting documentation. Compliance is voluntary, but failure to provide the requested information may result in delay in plan enrollment or claims processing and may even result in your being foreclosed from certain benefit programs.

TVA uses the requested information to provide and administer its employee benefit program. Information may be provided to TVA consultants, contractors, and subcontractors who are engaged in providing services or supporting TVA in these areas. Information may also be used in studies and evaluation of TVA's benefit programs, to the extent necessary to the performance of such studies and evaluation, should a dispute arise or congressional inquiry be made concerning TVA's employee benefit programs; for oversight or similar purposes; and for corrective action, litigation, or law enforcement, or in response to process issued by a court of competent jurisdiction. Information provided, including information that you provide for claims reimbursement, may also be used in and verified through a computer match. Additional disclosures may be made as required or permitted by the Freedom of Information Act.

***PLEASE ATTACH A VOIDED CHECK***

***AND RETURN WITH THIS FORM***