



LOS ANGELES POLICE RELIEF ASSOCIATION, INC.

**MEMBER DEDUCTION AUTHORIZATION**

Member Name	Serial #
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By signing below, I hereby authorize the Controller, City of Los Angeles or the City of Los Angeles Dept. of Fire and Police Pensions to deduct from my paycheck\* the remittance to the Los Angeles Police Relief Association, Inc. (LAPRA) for the applicable bi-weekly or monthly premiums and any advancements due and payable to LAPRA. I also authorize LAPRA to instruct the Controller, City of Los Angeles, or the City of Los Angeles Dept. of Fire and Police Pensions on my behalf to increase or decrease such payroll deductions in an amount equal to any increase or decrease in the applicable bi-weekly or monthly dues, insurance premiums and any advancements due to LAPRA. This authorization shall be effective until canceled by me or LAPRA.

**Adding New Dependents? – Verification Documentation is Required!**

I understand that I have 60 days from my dependent(s) effective date(s) of coverage to submit proof of eligible dependent status, such as a copy of a certified marriage certificate, copy of a certified birth certificate, or commemorative hospital birth certificate that lists the names of both parents. If I fail to submit the required proof within the 60-day period, my dependent(s) coverage will automatically be canceled retroactively to the effective date of coverage. Any medical or dental expenses my dependent incurs will be my responsibility. I will then be required to wait until the next Annual Enrollment period, which is during the month of May and effective July 1, to re-enroll my dependent(s) and submit proof of dependent status.

I understand that if I don't notify LAPRA within 31 days from the date that my covered dependent(s) is/are no longer eligible, the ineligible dependent's coverage will be terminated retroactively to the first of the month following the date the dependent becomes ineligible, and I will be liable for full repayment of any benefits and/or subsidies paid on behalf of the ineligible dependent.

*\*Your paycheck will be deducted for only those plans with which you completed the enrollment process.*

Active – Controller, City of Los Angeles		Retired - LA Retired Fire & Police Pensions			
Deduction Code	Plan	Deduction Code	Plan	Deduction Code	Plan
25	Anthem Medical PPO	2425	Anthem Dental HMO	4725	Owed to LAPRA
27	Anthem Dental HMO	2525	Anthem Medical PPO	4925	Anthem Dental PPO
28	Anthem CA Care HMO	2625	Anthem MC Adv HMO	5025	LAPRA Dues
29	Kaiser Medical HMO	2725	LAPRAF Donation	5125	RBI Dues
30	Anthem Dental PPO	2825	Anthem Medical HMO	5225	UHC Optional Life
43	Off Duty LTD, UHC Optional Life	2925	Kaiser Medical HMO	5425	Long-Term Care
47	LAPRA, RBI, LAPRAAC, LTC, XD				
72	Police Charity Plan				

Member Signature	Date