



COUNTY OF ONONDAGA • DEPARTMENT OF PERSONNEL

John H. Mulroy Civic Center
421 Montgomery Street, 15th Floor
Syracuse, New York 13202-2959

EMPLOYEE BENEFITS DIVISION

• (315) 435-3498 • Fax 435-2869 • e-mail – EmployeeBenefits@ongov.net • web address – www.ongov.net

VOLUNTARY DEDUCTION AUTHORIZATION

For dues, contributions and/or insurance deductions of Onondaga County, **421 Montgomery Street, Syracuse, NY 13202.**

Pensioner Information:

Name (Last Name, First, Middle Initial)		Social Security Number	
Street Address	City	State	Zip Code
Payroll Title at Retirement			
Date of Retirement	NYSLRS ID		
Phone	Email		

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d ; 410-a; 410-b or 410-c

I hereby authorize Onondaga County to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover deductions for insurance premiums payable on behalf of Onondaga County.

Authorization is given to make any future adjustment deductions and/or changes Onondaga County certifies to NYSLRS as necessary in the amount of such insurance premiums.

I understand that Onondaga County is my agent and all requests to begin, modify, or revoke deductions must be submitted through Onondaga County. This authorization shall remain in effect until revoked by me by written notice through Onondaga County or until otherwise revoked pursuant to law.

Signature of Retiree

Date Card Signed