



Human Resources
Dept. 3422 • 1000 E. University Avenue • 327 Hill Hall • Laramie, WY 82071-2000
(307) 766-5601 • Fax (307) 766-5636

Electronic Funds Transfer Instructions Medical and Vision Insurance after Retirement

Complete this form in its entirety, attach a voided check and deliver to:

University of Wyoming
Human Resources, Benefits Office
Department 3422
Laramie, WY 82071

If you have questions please contact: the Human Resources at 766-2377.
This form must be received by the Human Resources office before the 10th to begin the draft deduction for the same month. All drafts will be deducted on the 15th of the month. If the 15th is on a weekend, the draft will be deducted on the next business date.

Please indicate what month this draft should begin. Month _____

Monthly Amount for Medical & Dental Insurance \$ _____ Life Insurance & Vision \$ _____

Name _____ Phone # _____

HCM ID # _____

Home Address _____

Please attach a voided check for banking information

Signature _____ Date _____

Must be signed and dated by the authorized signature on the account.