

West Virginia Consolidated Public Retirement Board (CPRB)

4101 MacCorkle Avenue, SE Charleston, WV 25304 304-558-3570 or 800-654-4406 www.wvretirement.com

Retired Public Safety Officer Authorization (PSOA) for **Insurance Premium Deduction** PSOA-2022

Retire	e Information com	nplete a	Il information in thi	s section.			
Retiree Name			Last 4 Digits of SSN	CPRB ID	Те	lephone Number	
Mailing Address		City			State	Zip Code	
Employer at the Time of Retirement - Agency Name Job or Position Title		ne Time o	of Retirement	Are you retire	l ed from mo	 re than one retirement syster	m
			administered by CPRB? Yes No				
Eligibility for Tax-Fro	ee Distributions f	or He	alth and Long-1	erm Care	Insuran	ce	
 Under the guidelines of the federal Penexclude up to \$3,000 of gross retirement incompayment of qualified insurance premiums. A qualified PSO is defined by the federal as an individual serving a public agency firefighter, chaplain for a police or fire probation officer, parole officer, judicial of reduction or enforcement of the laws. Applicable insurance premiums include qual care contracts and cannot exceed \$3,000 pereceived by a qualified PSO must be separated from endors taxable. Normal retirement age for deal that the transfer of the Pension Protection Act of a governmental qualified retirement plan find health or long-term care insurance for the ofmore internal Revenue Code Section 402(I) and Wall carriers that have completed and filed the members for payment of premiums to insurance. 	eral Omnibus Crime in any official capa department, or me officer and any other lifted accident or hear tax year. In apployment due to a determination of eliging spouse/beneficiar ance Carrier Requipment and the company of the officer's service of the officer's service of the officer's service Public Safety	e Con- acity, we made individual that insert individual that in the individual that	trol and Safe St vith or without of of a rescue squ viduals involved i urance premiums, ent of normal reti neans a member ole to receive conti ents and Inform fficers to elect to e g as the payment; and/or dependent te CPRB to offer the r Insurance Carrie	reets Act of compensation and or ambounding via the compensation exclude up to sare made of the compensation e	enefit pla of 1986 on, as a l ulance c l juvenile sion, den or disabil tired wit ts upon t \$3,000 o directly to election, to (ICA) wit	n and applied toward to (42 U.S.C. 3706b(9)(A) aw enforcement office rew, corrections office delinquency control tal and certain long-terity, and the benefit much an unreduced benefite death of a PSO. If gross distributions from an insurer to purchase but only with insurance the CPRB. Requests from	he A))) er, er, or rm ust fit.
may provide members a list of insurance carriers that have filed the ICA form upon request to determine whether or not they will participate.							
Select the insurance carrier for your qualified	insurance premium	s:					_
PEIA and/or FBMC For PEIA and/or FBMC qualified health in excludable limit is met. After the \$3,000 exclu	•)0
	Medical Visio	n	Dental Long-T	erm Care			
Insurance Type (check all that apply)							
Complete the following information for an ins					- Is .:		_
			EIA and/or FBMC:		Daytime	Telephone Number	
Complete the following information for an ins					Daytime State	Telephone Number	
Complete the following information for an ins	Grou	up/Policy	Number	IA and/or FE	State		

Retiree Name	Last 4 Digits of SSN	CPRB ID				
Local Notice						

Legal Notice

By participating in the program, you acknowledge that changes may be required and that changes could affect your eligibility or the eligibility of your insurance carrier or policy. It may also result in reversal of some transactions. You agree that any benefit or privilege granted under this program is subject to change or revocation, that you will cooperate with any adjustments, and that CPRB is not responsible for any consequence of any change to the program, including unexpected tax liability, interest and penalties.

Important Information

- Premium payments will be effective the no later than the first day of the month following CPRB's receipt of this completed form, provided an approved ICA is on file. Incomplete and unsigned forms will not be processed and you will be notified that you must resubmit the form.
- You must be eligible to have the designated insurance premiums excluded from taxable income, pursuant to Internal Revenue Code Section 402(I) and WV Code § 5-10D-6a.
- You must submit a separate copy of this form for each insurance policy you are designating for direct payment by CPRB. To obtain additional copies of this form, you may visit our website at www.wvretirement.com/Retirees or contact CPRB at 800-654-4406 or 304-558-3570.
- The insurance premiums you designate on this form will be paid directly to the named insurance company by CPRB and the premium payment will be deducted from your monthly benefit.
- The cost of insurance premiums, up to \$3,000, is excluded from your taxable income for federal withholding purposes.
- The maximum income exclusion the I.R.S. allows for all retirement plans combined (this retirement plan and all other qualified government retirement plans, 403(b) plans and 457(b) plans) is \$3,000 per year. You are responsible for complying with this federal limit and for consequences if your designated insurance premiums exceed the limit.
- It is your responsibility and obligation to inform CPRB of any change related to your qualified health insurance premium deduction including, but not limited to, coverage, insurance company or premium changes.
- It is your responsibility to contacting your insurance carrier should an over/underpayment of premiums occur due to CPRB not being notified of premium changes or policy cancellations.
- CPRB is performing an administrative function permitted by federal law in withholding insurance premiums from your pension benefits.
- Any and all tax implications of your election are solely your responsibility. By signing this form, you agree you will make no claim against CPRB for consequences of your election.
- CPRB is not responsible for late fees, lapsed premiums, or lapsed insurance policy coverage or any other coverage of benefit issues that may arise between you and your insurance carrier.
- By signing this form, you authorize CPRB to pay the insurance premiums directly to the insurance carrier and deduct the cost from your monthly retirement benefit.

Waiver of Claims

By signing this form, I agree that I will not make any legal claim of any kind against CPRB or its staff should my participation in this program result in unexpected tax liability to me, including interest and penalties. I understand that my ability to participate in this program is a valuable benefit for which I am willing to agree to this waiver of all claims. I further release CPRB and its staff from any liability arising from the administration of payments to any insurer.

Authorization and Signature

I certify I have read and I understand the information in this 2-page Retired Public Safety Officer Authorization (PSOS) for Insurance Premium Deduction PSOA-2022 form and agree to all of the conditions for this election including the Waiver of Claims.

Retiree Signature Date Signed

IMPORTANT: This authorization expires December 31, 2022. A PSOA Authorization form must be completed and submitted to CPRB each calendar year in order to continue eligibility for this tax exclusion program. Once accepted by CPRB, this form supersedes all previously executed PSOA forms under your retirement system.

RETAIN A COPY FOR YOUR RECORDS