

PUBLIC SAFETY OFFICER AUTHORIZATION FOR INSURANCE PREMIUM DEDUCTION

INSTRUCTIONS:

- Please do not fax this form, only original forms will be accepted. Please print or type all information.
- Complete the entire form and follow the specific instructions for each section.
- You must submit a separate copy of this form for each insurance policy you are designating for direct payment by FPPA.
- Premium payments will only be made by FPPA if your insurance carrier or its agent has entered into an agreement with FPPA to participate in this program.

SECTION 1: RETIREE INFORMATION

Dear Member: The purpose of this form is to elect to have your third-party insurance premiums paid directly to your insurance carrier or its designated agent and the cost deducted from your monthly FPPA benefit. **Please read Page 2 before completing this form.**

Member's First Name _____ Middle _____ Last _____ Today's Date (mm/dd/yyyy) _____ Social Security Number _____

Mailing Address _____ City _____ State _____ ZIP _____

(_____) _____ - _____ (_____) _____ - _____
Daytime Area Code and Telephone Number Evening Area Code and Telephone Number Email Address _____

Employment at Retirement - Department Name _____

SECTION 2: AGENT / INSURANCE CARRIER INFORMATION

Check all that apply: New Designation Change to Previously Designated Policy Stop Previously Designated Payments

Legal Name of Agent of Insurance Carrier _____ Insurance Company Name _____ Policy Number _____
(Complete only if payment is made to an agent.)

Payment Address _____ City _____ State _____ ZIP _____

(_____) _____ - _____ Insurance Type: Medical Vision \$ _____
Telephone No. to contact regarding payments. Dental Long-Term Care Monthly Premium Amount _____

SECTION 3: RETIREE ACKNOWLEDGMENT

- I have read and I understand the information on Page 2 and agree to all of the conditions for this election including the Waiver of Claims.
- I understand the eligibility requirements under the Pension Protection Act of 2006 (PPA) and anticipate claiming the income tax exclusion for this program.
- I authorize FPPA to pay the insurance premiums directly and deduct the amount from my monthly benefit.
- I understand that the maximum amount of insurance premiums excludable from gross income under the PPA from all retirement plans is \$3,000 per year.
- I understand that it is my responsibility and obligation to inform FPPA of any change related to my health insurance premium deduction including, but not limited to, coverage, insurance carrier or agent, or premium changes.
- I understand that FPPA is performing an administrative function permitted by federal law in withholding insurance premiums from my pension benefits.
- I understand that FPPA is not responsible for lapsed premiums or lapsed insurance policy coverage or any other coverage or benefit issues that may arise.
- I understand that any and all tax implications of my election are my responsibility alone and I agree that I will make no claim against FPPA for consequences of my election.
- I understand that this program is not transferable to my beneficiary upon my death.
- I understand that FPPA does not provide tax advice and I should contact my personal tax advisor or CPA if I have questions on filing for this benefit on my tax return.
- I understand that this is not an FPPA sponsored group insurance plan.

WAIVER OF CLAIMS

By signing this form, I agree that I will not make any legal claim of any kind against FPPA, its staff and advisors 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 FPPA, its staff and advisors from any liability arising from the administration of payments to any insurer or its agent.

Retiree Signature _____ Today's Date (mm/dd/yyyy) _____

ABOUT THIS FORM

INSTRUCTIONS

1. **Do not complete this form if you participate in a group insurance program through FPPA.**
2. Complete "Section 1: Retiree Information" and "Section 2: Agent/Insurance Carrier Information."
3. Attach a copy of the insurance policy bill or coupon from the insurance carrier or its agent.
4. Sign the form and mail it to FPPA.

Note: Resubmit this form if you have presented any changes to your insurance carrier or its agent, there is a change to your premium information as previously designated, or to stop insurance premium payments previously designated on this form.

IMPORTANT NOTICE

By participating in the program, you may be eligible for tax advantage treatment. Such treatment is determined under federal law and is subject to compliance with certain requirements. Requirements may change from time to time. FPPA has no obligation to notify you of the requirements or changes to the requirements.

ELIGIBILITY FOR PAYROLL DISTRIBUTIONS FOR HEALTH AND LONG-TERM INSURANCE

- Public Safety Officer means an individual serving a public agency in an official capacity, with or without compensation including but not limited to, a law enforcement officer, a firefighter, a chaplain for a police or fire department, or a member of a rescue squad or ambulance crew. See §1204(9)(A) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3796b(9)(A)) for more information.
- Eligible Retired Public Safety Officer means an individual who, by reason of disability or attainment of normal retirement age, is separated from service as a public safety officer with the employer who maintains the eligible retirement plan from which distributions are made.
- Normal retirement age for determination of eligibility means a member who has retired with an unreduced benefit.

AGENT / INSURANCE CARRIER PARTICIPATION

- Section 845 of the Pension Protection Act allows public safety officers to elect to exclude up to \$3,000 of distributions from a governmental qualified retirement plan from taxable income as long as the payments are made directly to an insurance carrier or its agent to purchase health or long-term care insurance for the officer or the officer's spouse and/or dependents.
- Retirement plans may elect whether or not to participate. FPPA has elected to participate, but only with insurance carriers or agents that have completed and filed the FPPA form: *Retired Public Safety Officers Agent/Insurance Carrier Agreement* with FPPA. Requests from members for payment of premiums to insurance carriers or agents who have not filed the form will be referred to the insurance carrier or its agent who may contact FPPA to order the form. Members are encouraged to contact their insurance carrier or its agent to complete the FPPA form: *Retired Public Safety Officers Agent/Insurance Carrier Agreement*. Upon request, FPPA will provide a list of insurance carriers and agents that have filed the form.

NOTES ABOUT PAYROLL DISTRIBUTIONS FOR INSURANCE PREMIUMS

- The insurance premiums you designate on this form will be paid directly to the insurance carrier or its agent by FPPA and the premium will be deducted from your monthly benefit.
- You can use income from more than one retirement plan to pay insurance premiums, but the maximum income exclusion the IRS allows for all plans combined is \$3,000 per year. You are responsible for complying with this federal limit.
- Premium payments will only be made by FPPA if your insurance carrier or its agent has entered into an agreement with FPPA to participate in this program. If FPPA does not have a prior approved agreement with the insurance carrier or its agent, implementation may be delayed or may not be possible.
- Premium payments will begin after FPPA receives a completed and signed form. Incomplete and unsigned forms will not be processed and you will be notified that you must resubmit the form.
- You are responsible for contacting your insurance carrier or its agent should an over/underpayment of premiums occur due to FPPA not being notified of premium changes or policy cancellations.
- All notices to FPPA must be received by the 10th of the month in order to be processed that month. Payments will be made by the end of each month. It is the member's responsibility to coordinate payment timing with the insurance carrier or its agent's billing cycle.
- FPPA will not make the payment to the insurance carrier or its agent if the premium exceeds the retirement benefit.

RETAIN A COPY OF THIS ENTIRE FORM FOR YOUR RECORDS