



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 Fax – 503-598-0561
Website – <https://oregon.gov/pers>

Police and Fire Retiree Direct Insurance Premium Payment Election

Complete this form if you want PERS to withhold a specified portion of your retirement benefit and use it to make direct payment of insurance premiums on your behalf. The amount you specify will be withheld on an after-tax basis and paid directly to the insurance provider you name.

Internal Revenue Code 402(1) allows eligible retired public safety officers to deduct up to \$3,000 per year if insurance premiums are paid directly by a government retirement plan to the provider of an accident, health plan, or qualified long-term care insurance contract [402(1) Deduction].

Your election under this form and PERS' acceptance of your election do not automatically establish your eligibility for the 402(1) Deduction. Consult your tax advisor to determine your own individual eligibility status.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned.
- Make a copy of all forms for your records.
- It is your responsibility to obtain and submit this completed form to PERS

Section A: Applicant information

- Fill out this section completely.
- If you do not know your PERS number, leave the space provided blank.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS longer to process your form.
- Enter your retirement date. (Retirement dates are always on the first of the month.)

Section B: Insurance provider information

- Provide the full legal name of the insurance carrier you pay premiums to for an accident, health plan, or long-term care insurance contract.
- Provide the complete mailing address of your insurance provider.
- Enter your insurance policy number. PERS cannot begin deductions until a policy has been established.
- PERS is not liable for lapsed coverage due to incorrect insurer or address information you provide.

Section C: Withholding and direct payment information

- Check box C1 to begin your withholding and direct payment.
- Enter the dollar amount you want withheld from your monthly benefit.
- Enter the date you would like withholding to begin.
- Check box C2 to discontinue an existing election. This will cancel all elections unless you complete information for a new election.
- PERS may be unable to begin or end your withholding as of the date you provide. Please submit your election at least 60 days before the first requested withholding to help ensure we can begin processing on the date you request.

Section D: Applicant signature

Sign and date to authorize or change your elections.



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Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number*
City	State	ZIP code	Country
Date of birth (mm-dd-yyyy)			
Phone number	Effective retirement date (mm-yyyy)		Email (optional)

Section B: Insurance provider information

Insurance company name	Policy number		
Mailing address (street or PO box)			
City	State	ZIP code	

PERS is **not** liable for lapsed coverage due to incorrect insurer or address information you provide.

Section C: Withholding and direct payment information

C1 Direct payment: please withhold the monthly amount entered below from my PERS benefit for direct payment to the insurance provider named in Section B.

\$ _____ beginning _____
(specified amount) (mm/dd/yyyy)

C2 Cancel my current direct insurance premium payment election.

Section D: Applicant signature

I request that PERS withhold the insurance premium amount specified in Section C from my monthly retirement benefit and send it directly to the insurance carrier specified in Section B. I acknowledge PERS is not liable for any lapse in coverage due to incorrect or incomplete information provided on this form. I further acknowledge that I am responsible for determining my eligibility for the federal income tax deduction under IRC402(1).

Signature (do not print)

Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling toll free 888-320-7377 or TTY 503-603-7766.