



**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-2023**

**Retiree Information Complete all information in this section.**

Retiree Name		Last 4 Digits of SSN	CPRB ID	Telephone Number	
Mailing Address		City	State	Zip Code	
Employer at the Time of Retirement - Agency Name		Job or Position Title at the Time of Retirement		Are you retired from more than one retirement system administered by CPRB?	
				Yes No	

**Eligibility for Tax-Free Distributions for Health and Long-Term Care Insurance**

- Under the guidelines of the federal Pension Protection Act (PPA) of 2006, eligible Public Safety Officers (PSO) may annually exclude up to \$3,000 of gross retirement income when it is distributed from a governmental defined benefit plan and applied toward the payment of qualified insurance premiums.
- A qualified PSO is defined by the federal Omnibus Crime Control and Safe Streets Act of 1986 (42 U.S.C. 3706b(9)(A)) as an individual serving a public agency in any official capacity, with or without compensation, as a law enforcement officer, firefighter, chaplain for a police or fire department, or member of a rescue squad or ambulance crew, corrections officer, probation officer, parole officer, judicial officer and any other individuals involved in crime and juvenile delinquency control or reduction or enforcement of the laws.
- Applicable insurance premiums include qualified accident or health insurance premiums, including vision, dental and certain long-term care contracts and cannot exceed \$3,000 per tax year.
- A qualified PSO must be separated from employment due to attainment of normal retirement age or disability, and the benefit must be taxable. Normal retirement age for determination of eligibility means a member who has retired with an unreduced benefit. This tax exclusion does not apply to a surviving spouse/beneficiary eligible to receive continuing benefits upon the death of a PSO.

**Insurance Carrier Requirements and Information**

- Section 845 of the Pension Protection Act of 2006 allows public safety officers to elect to exclude up to \$3,000 of gross distributions from a governmental qualified retirement plan from taxable income as long as the payments are made directly to an insurer to purchase health or long-term care insurance for the officer or the officer's spouse and/or dependents.
- Internal Revenue Code Section 402(l) and WV Code § 5-10D-6a authorize CPRB to offer this voluntary election, but only with insurance carriers that have completed and filed the Retired Public Safety Officer Insurance Carrier Agreement (ICA) with CPRB. Requests from members for payment of premiums to insurance carriers who have not filed the ICA form will be referred to the insurance carrier. CPRB 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 premiums:**

**PEIA and/or FBMC**

For PEIA and/or FBMC qualified health insurance premiums, CPRB will withhold the entire monthly premium until the \$3,000 excludable limit is met. After the \$3,000 excludable limit has been met, CPRB will continue withholding PEIA and/or FBMC premiums.

**OTHER**

Insurance Type (check all that apply)      Medical      Vision      Dental      Long-Term Care

Complete the following information for an insurance carrier **other than** PEIA and/or FBMC:

Insurance Company Name		Group/Policy Number		Daytime Telephone Number	
Address		City	State	Zip Code	

**Premium Payment Options (Choose one option only for an insurance carrier other than PEIA and/or FBMC):**

I hereby authorize CPRB to:      withhold \$ \_\_\_\_\_ monthly  
withhold \$ \_\_\_\_\_ as a one-time payment

***Important*** - Attach a copy of the invoice for all qualified health insurance premiums for any insurance company other than PEIA and FBMC.

Retiree Name	Last 4 Digits of SSN	CPRB ID
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**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 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(l) 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](http://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 contact 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, 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 deduct the cost of your insurance premium(s) from your monthly retirement benefit and pay these premiums directly to the insurance carrier.

**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 (PSOA) for Insurance Premium Deduction PSOA-2023 form and agree to all of the conditions for this election including the Waiver of Claims.

Retiree Signature	Date Signed
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**IMPORTANT: This authorization expires December 31, 2023. 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**