

West Virginia **Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5 Charleston, WV 25304 304-558-3570 or 800-654-4406 www.wvretirement.com

Retired Public Safety Officer Authorization (PSOA) for **Insurance Premium Deduction PSOA-2025**

Retiree Information Complete all information in this 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 at the Time of	of Retirement	Are you retire administered		e than one retire Yes	ment system			
Eligibility for Tax-F	ree Distributions for He	ealth and Long-	Term Care	Insuran	се				
 Under the guidelines of the federal Pension F \$3,000 of gross retirement income when it i qualified insurance premiums. A qualified PSO is defined by the federal Or serving a public agency in any official capac police or fire department, or member of a re officer, forensic security employee providing crime and juvenile delinquency control or rec Applicable insurance premiums include qual care contracts and cannot exceed \$3,000 per A qualified PSO must be separated from emp taxable. Normal retirement age for determ exclusion does not apply to a surviving spouse Section 845 of the Pension Protection Act of a governmental qualified retirement plan fr health or long-term care insurance for the offier Internal Revenue Code Section 402(I) and W carriers that have completed and filed the members for payment of premiums to insura- may provide members a list of insurance c participate. 	s distributed from a govern nnibus Crime Control and S ity, with or without compe- escue squad or ambulance of for the care, custody, and of luction or enforcement of the ified accident or health insu- tax year. Doyment due to attainment ination of eligibility means e/beneficiary eligible to recor- cance Carrier Requirem 2006 allows public safety of om taxable income as long ficer or the officer's spouse a V Code § 5-10D-6a authori Retired Public Safety Office ance carriers who have not arriers that have filed the	mental defined be Gafe Streets Act of Insation, as a law e rew, corrections o control of forensic me laws. urance premiums, c of normal retirem a member who have eve continuing ber ents and Inform ficers to elect to e g as the payments and/or dependents are CPRB to offer the r Insurance Carrie filed the ICA form	nefit plan an 1986 (42 U.: enforcement fficer, probat patients, and including visi nent age or d as retired wit hefits upon th nation xclude up to are made di nis voluntary r Agreement will be referr	d applied S.C. 3706 officer, f ion office l any othe on, dent isability, h an unre e death of \$3,000 of rectly to election, (ICA) wi ed to the	d toward the sb(9)(A)) as an irefighter, cha er, parole offi er individuals al and certain and the bene educed bene of a PSO. f gross distribut an insurer to but only with th CPRB. Req e insurance ca	payment of n individua aplain for cer, judicia involved in n long-tern fit must bo fit. This ta: utions from purchase h insurance juests from prrier. CPR			
PEIA and/or FBMC	a insurance premiums.								
For PEIA and/or FBMC qualified health in excludable limit is met. After the \$3,000 excl OTHER									
Insurance Type (check all that apply)	Medical Vision	Dental Lon	g-Term Care						
Complete the following information for an ins		-							
Insurance Company Name	Group/Polic	y Number		Daytime	e Telephone Num	ber			
Address	City			State	Zip Co	ode			
Premium Payment Options (Choose one opt	ion only for an insurance ca	rrier <u>other than</u> PE	IA and/or FB	MC):					
I hereby authorize CPRB to: withhold withhold		nthly i one-time paymen	t						
Important - Attach a copy of the invoice for al	l qualified health insurance Page 1 of 2	-	nsurance cor	npany otl		and FBMC			

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Retiree Name		Last 4 Digits of SSN		CPRB ID				
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(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 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	5						
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-2025 form and agree to all of the conditions for this election including the Waiver of Claims.								
Re	tiree Signature		Date Signed					
IMPORTANT : This authorization expires December 31, 2025. 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								

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