

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

60157th Street SE. Suite 5 Charleston, WV 25304 304-558-3570 or 800-654-4406 www.wvretirement.com

Retired Public Safety Officer (PSO) Authorization for **Insurance Premium Tax Exclusion** 

| Retiree Information (Complete all information in this section)                |                                     |      |                      |                                                      |  |      |               |    |  |
|-------------------------------------------------------------------------------|-------------------------------------|------|----------------------|------------------------------------------------------|--|------|---------------|----|--|
| Retiree Name                                                                  |                                     |      | Last 4 Digits of SSN | CPRBID                                               |  | Tele | ephone Number |    |  |
|                                                                               |                                     |      |                      |                                                      |  |      |               |    |  |
| Mailing Address                                                               |                                     | City |                      | State                                                |  | е    | Zip Code      |    |  |
|                                                                               |                                     |      |                      |                                                      |  |      |               |    |  |
| Employer at the Time of Retirement                                            | Job Title at the Time of Retirement |      |                      | Are you retired from more than one retirement system |  |      |               |    |  |
|                                                                               |                                     |      |                      | administered by CP                                   |  | RB?  | Yes           | No |  |
| Eligibility for Tax-Free Distributions for Health or Long-Term Care Insurance |                                     |      |                      |                                                      |  |      |               |    |  |

- Section 845 of the federal Pension Protection Act (PPA) of 2006 and Internal Revenue Code (IRC) §402(I) allows eligible Public Safety Officers (PSO) to annually exclude up to \$3,000 of taxable gross retirement income from a governmental defined benefit plan to pay applicable insurance premiums (accident, health, vision, dental and certain long-term care contracts) directly to an insurer to purchase health care or long-term care insurance for the PSO or the PSO's spouse and/or dependents. In addition, you may now self-certify your PSO insurance premium tax exclusion up to \$3,000 on your federal taxes.
- An eligible PSO is defined in §402(I)(4) of the IRC 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, forensic security employee providing for the care, custody, and control of forensic patients, and any other individuals involved in crime and juvenile delinquency control or reduction or enforcement of the laws.
- An eligible retired 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. Retirees receiving early, deferred or duty disability benefits are not eligible for this PSO tax exclusion. This tax exclusion does not apply to a surviving spouse or beneficiary eligible to receive continuing benefits upon the death of a PSO.

## **Important Information**

- CPRB is able to report to you the amount of eligible PEIA and/or FBMC insurance premiums that may be excluded from a qualified PSO's gross taxable retirement income pursuant to IRC §402(I) and West Virginia Code §5-10D-6a.
- If you qualify as an eligible retired PSO and wish to have this voluntary insurance premium tax exclusion, a PSO Authorization form must be completed. Once this form is received, up to \$3,000 of PEIA and/or FBMC qualified health insurance premiums may be applied toward this PSO tax exclusion. In January, CPRB will provide notification of health insurance premiums withheld for the prior tax year for federal income tax reporting purposes.
- This form shall be effective for all tax years of the eligible retired PSO after the election is made, unless and until otherwise terminated by the eligible retired PSO in writing and in a form and manner authorized by CPRB. Annual completion of this form is not required.
- The maximum income exclusion the Internal Revenue Service 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 any consequences if your designated insurance premiums exceed the limit.
- It is your responsibility to contact PEIA and/or FBMC should an over/underpayment of premiums occur due to CPRB not being notified of premium changes or policy cancellations.

## **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 Retired Public Safety Officer (PSO) Authorization for Insurance Premium Tax Exclusion

| form and agree to all the conditions for this election including the Waiver of Claims. |             |  |  |  |  |  |
|----------------------------------------------------------------------------------------|-------------|--|--|--|--|--|
| Retiree Signature                                                                      | Date Signed |  |  |  |  |  |
|                                                                                        |             |  |  |  |  |  |