

**OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM**

1001 N. W. 63<sup>rd</sup> Street, Suite 305  
Oklahoma City, Oklahoma 73116-7335  
1 (405) 840-3555 / 1 (800) 347-6552  
www.opprs.ok.gov

**HEALTH ELECTION/CHANGE FORM FOR ELIGIBLE RETIRED PUBLIC SAFETY OFFICER**

**You should file this form with the Oklahoma Police Pension and Retirement System (“System”) at least 30 days before you want to: (1) begin having qualified health insurance premiums deducted from your monthly service pension and paid directly to the provider; (2) make a change in your election; or (3) terminate the direct payment.**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
E-mail Address (Optional) \_\_\_\_\_  
Telephone \_\_\_\_\_  
City of Membership \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**Part I – Benefit Commencement**

- Add Deduction                       Change Deduction                       Terminate Deduction

I request that the above election of my qualified health insurance premiums be deducted, changed or terminated from my monthly benefit starting on the last business day of \_\_\_\_\_ (month/year), and will continue until further written notice.

**Part II – Retiree Health Election (check one)**

I hereby elect to have qualified health insurance premiums deducted from my monthly service pension and paid directly to the provider identified in Part IV below. The qualified health insurance premiums are for coverage under:

- an accident or health insurance plan; or  
 a qualified long-term care insurance contract.

**Part III – Retiree’s Understanding**

I understand that:

- A. direct payment toward my qualified health insurance premiums:
  - 1. may only be made from amounts not yet distributed to me from the System;
  - 2. will continue month-to-month and year-to-year until I give the System at least 30 days advance notice to terminate or change such payment; and
  - 3. will be sent by the System to the provider when the pension payments are deposited;
  
- B. I am responsible for payment of the full amount of my qualified health insurance premiums, and none of the State of Oklahoma, the System, Boston Safe Deposit and Trust Company, the Oklahoma Police Pension and Retirement Board, the Executive Director, nor his staff shall be liable if my insurance is cancelled;

- C. the amount of qualified health insurance premiums deducted from my service pension from the System, and paid directly to the provider, may be excluded from my gross income, up to \$3,000 per year, for retirees only, in accordance with Section 402(l) of the Internal Revenue Code of 1986, as amended;
- D. I may not exclude from my gross income any health insurance premiums paid by me and reimbursed with distributions from the System;
- E. the qualified health insurance premiums are for coverage for myself, my spouse, and my dependents;
- F. the plan or contract for which such premiums are paid does not have to be sponsored by my Participating Municipality; and
- G. payment for qualified health insurance premiums deducted from my monthly distributions from the System can only be made after December 31, 2006.

**Part IV – Payment Instructions (please print) Please list multiple deductions (amounts and types) separately.**

My health insurance/long-term care insurance premiums should be paid as follows:

Name of Insured/Contract Holder \_\_\_\_\_

Type(s) of Coverage \_\_\_\_\_

Name of Provider \_\_\_\_\_

Address of Provider \_\_\_\_\_

\_\_\_\_\_

Name of Contact \_\_\_\_\_

Contact Telephone \_\_\_\_\_

Monthly Amount to be Paid Toward My Premium(s) \* \$ \_\_\_\_\_

\*If the insurance provider or city submits new rate information to the System, my premium may automatically be adjusted according to my current withholding status unless I otherwise notify the System in writing. It is still up to me to be sure the amount and my account are updated correctly and at the time needed.

**Part V – Certification**

I certify that:

- A. the information provided on this form is correct and I authorize the action necessary to implement the payment described in Part IV above;
- B. by reason of disability or attainment of normal retirement date or age, I am separated from service as a public safety officer with my Participating Municipality; and
- C. I am not entitled to more than one exclusion from my gross income of up to \$3,000 per year for direct payment of qualified health insurance premiums, and I have not elected this exclusion from any other plan.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date