

# Authorization to Withhold & Remit Health Care Premiums



Pursuant to the Pension Protection Act of 2006, an eligible retired public safety officer may exclude from pension income up to \$3,000 in premiums paid by a plan sponsor, on the Member's behalf, for health insurance or long-term care insurance. Premiums for dependent coverage are eligible for the deduction; however, premiums paid by (1) a retiree receiving a reduced benefit or (2) a surviving beneficiary of a public safety officer are not eligible.

By submitting this form, the member authorizes –

1. Highway Patrol Retirement System to deduct premiums from pension benefits and remit the premiums on the Member's behalf.
2. The below-listed health or long-term care insurance provider to communicate directly with HPRS staff regarding the Member's account in order to arrange for payments to the provider.

These authorizations shall remain in effect until discontinued in writing.

## Health or Long-Term Care Insurance Provider:

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member's account # with provider \_\_\_\_\_

Payment amount \$ \_\_\_\_\_ Payment frequency \_\_\_\_\_ Date due \_\_\_\_\_

**Highway Patrol Retirement System makes no representations regarding the deductibility of premiums. Please consult your tax preparer for details.**

► Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Member Account # \_\_\_\_\_

You may return this completed form by email to [ccarter@ohprs.org](mailto:ccarter@ohprs.org), by fax or by mail to HPRS. If you have questions, please contact Charmaine Carter, System Accountant, at 614-430-3556 (direct), or 1-800-860-2268 Ext. 102, or by email.

\* \* \* \* \* OFFICE USE ONLY \* \* \* \* \*

Remittance Routing # \_\_\_\_\_ Remittance Bank Account # \_\_\_\_\_

ACH Memo Notation \_\_\_\_\_