Optional Retirement Plan (ORP) Unused Sick Leave Deduction Authorization

Purpose of the Form

- ORP members: Use this form to authorize PERSI to deduct applicable employer-maintained insurance premiums from your unused sick leave account.

Instructions

1 Complete the form in blue or black ink.

2 Attach a letter from the ORP administrator or have the ORP administrator send a letter directly to PERSI stating the date you started receiving a retirement benefit and the amount of the monthly benefit.

3 Send this form with attached administrator letter to PERSI. (Check box below regarding status of letter.)

Member Social Security Number

ORP Member Information

Name – First, Middle, Last

Mailing Address	**Street or P.O. Box**		
	City	**State**	**Zip Code**

Daytime Phone Number (include area code)	**Email Address**	**Date of Birth – mm/dd/yyyy**

ORP Administrator Letter Information

Please check box for source of administrator letter.

☐ Administrator letter enclosed with this form.

☐ Administrator letter will be sent to PERSI by the ORP administrator.

ORP Member Acknowledgment

I understand that completion of this form **does not** automatically enroll me in my employer-maintained insurance plan. I must contact my employer to enroll in employer-maintained insurance for this premium payment election to take effect.

By participating in the unused sick leave program and by agreeing to have insurance payments administered by PERSI, I authorize PERSI to release certain information to my former employer and to the insurance company to service my insurance policies during the year and for annual renewals.

Any unexpended unused sick leave reverts to the unused sick leave fund at my death and cannot be transferred to a spouse or beneficiary (Idaho Code § 67-5333).

I understand that once the balance of my unused sick leave credit is insufficient to make a full monthly premium payment, a partial payment will be made to the insurance company, and the remainder of the balance will be billed by the insurance company to me directly, or to my ORP.

Signature	Date – mm/dd/yyyy