



PUBLIC SAFETY OFFICERS' HEALTH INSURANCE PREMIUMS TAX SAVINGS ELECTION

P.O. Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

For retired public safety officers as defined by the federal Pension Protection Act of 2006, Section 845

Check the retirement system AND plan number (1, 2 or 3) from which you receive benefits.

Check one: <input type="checkbox"/> State Patrol <input type="checkbox"/> Judicial <input type="checkbox"/> Teachers' <input type="checkbox"/> Public Safety Employees' <input type="checkbox"/> Judges' <input type="checkbox"/> School Employees' <input type="checkbox"/> Law Enforcement Officers' & Fire Fighters' <input type="checkbox"/> Public Employees'	Check one: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
--	--

Personal Information

Name (Last, First, Middle)	Social Security Number
Mailing Address City State ZIP	Daytime Phone Number ()

Election, Acknowledgement, Waiver and Signature

By signing this form, I elect to participate in the Public Safety Officers' tax savings program.

I acknowledge that:

- I am a retired public safety officer, as defined by federal law, and I am eligible to take advantage of this special tax law. I take full responsibility for this statement,
- I can exclude up to \$3,000 per tax year from federal taxable income for my health, accident or long-term care insurance premiums that are deducted from my gross benefit,
- My participation may decrease my federal taxable income,
- It is my responsibility to coordinate with my health insurance provider to have my health insurance premiums deducted from my retirement benefit,
- I may cancel my election in writing at any time, and
- By signing this form, I agree I will not make a legal claim of any kind against DRS, its staff and advisers, or my employer, if my participation in this program results in an unexpected tax liability to me, including interest and penalties.

Signature	Date
-----------	------

NOTE: Submitting this form only notifies us of your decision to participate in this tax savings program. It does not guarantee eligibility for retiree insurance, or begin the process for deducting health insurance premiums from your monthly benefit. Please contact your insurance provider to set up your premium deductions.

**Return the completed, signed form to:
Department of Retirement Systems, PO Box 48380, Olympia, WA 98504-8380**

DRS requires that you provide your Social Security number for this form. <ul style="list-style-type: none"> • DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS. • DRS will not disclose your Social Security number unless required by law. • Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.
--

