



Retiree Name	Last 4 Digits of SSN	CPRB ID
--------------	----------------------	---------

**Legal Notice**

By participating in the program, you acknowledge that changes may be required and that changes could affect your eligibility or the eligibility of your insurance carrier or policy. It may also result in reversal of some transactions. You agree that any benefit or privilege granted under this program is subject to change or revocation, that you will cooperate with any adjustments, and that CPRB is not responsible for any consequence of any change to the program, including unexpected tax liability, interest and penalties.

**Important Information**

- Premium payments will be effective no later than the first day of the month following CPRB's receipt of this completed form, provided an approved ICA is on file. Incomplete and unsigned forms will not be processed and you will be notified that you must resubmit the form.
- You must be eligible to have the designated insurance premiums excluded from taxable income, pursuant to Internal Revenue Code Section 402(l) and WV Code § 5-10D-6a.
- You must submit a separate copy of this form for each insurance policy you are designating for direct payment by CPRB. To obtain additional copies of this form, you may visit our website at [www.wvretirement.com/Retirees](http://www.wvretirement.com/Retirees) or contact CPRB at 800-654-4406 or 304-558-3570.
- The insurance premiums you designate on this form will be paid directly to the named insurance company by CPRB and the premium payment will be deducted from your monthly benefit.
- The cost of insurance premiums, up to \$3,000, is excluded from your taxable income for federal withholding purposes.
- The maximum income exclusion the I.R.S. 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 for consequences if your designated insurance premiums exceed the limit.
- It is your responsibility and obligation to inform CPRB of any change related to your qualified health insurance premium deduction including, but not limited to, coverage, insurance company or premium changes.
- It is your responsibility to contact your insurance carrier should an over/underpayment of premiums occur due to CPRB not being notified of premium changes or policy cancellations.
- CPRB is performing an administrative function permitted by federal law in withholding insurance premiums from your pension benefits.
- Any and all tax implications of your election are solely your responsibility. By signing this form, you agree you will make no claim against CPRB for consequences of your election.
- CPRB is not responsible for late fees, lapsed premiums, lapsed insurance policy coverage or any other coverage of benefit issues that may arise between you and your insurance carrier.
- By signing this form, you authorize CPRB to deduct the cost of your insurance premium(s) from your monthly retirement benefit and pay these premiums directly to the insurance carrier.

**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 2-page Retired Public Safety Officer Authorization (PSOA) for Insurance Premium Deduction PSOA-2025 form and agree to all of the conditions for this election including the Waiver of Claims.

Retiree Signature	Date Signed
-------------------	-------------

**IMPORTANT: This authorization expires December 31, 2025. A PSOA Authorization form must be completed and submitted to CPRB each calendar year in order to continue eligibility for this tax exclusion program. Once accepted by CPRB, this form supersedes all previously executed PSOA forms under your retirement system.**

**RETAIN A COPY FOR YOUR RECORDS**