



Retirement Application Kit

Before you Begin

- **You must contact PERSI** for a retirement estimate **before** completing and submitting these forms. The estimate from your annual statement is **not** acceptable for this purpose. **If you do not have an estimate from PERSI, PERSI cannot accept your application** and you may have to fill out the forms again.

Instructions

- 1 If you do not have a retirement estimate from PERSI, call PERSI to request an estimate:
 - Call 334-3365 from within the Boise calling area.
 - Call 800-451-8228 from outside the Boise calling area.
- 2 Once you have received your estimate from PERSI, fill out the forms in this kit. (Some forms in this kit may not apply in your case. You may skip a form if it does not apply.)
- 3 Enter the estimate date from your PERSI Estimate in the "PERSI Estimate Information" section below.
- 4 Complete the "Member Information" section below.
- 5 Go to the next page and follow the instructions provided with each form.
- 6 PERSI requires a certified copy of your birth certificate to process your retirement. See the attached "Alternate Evidence for Date of Birth" if you cannot produce a copy of your birth certificate.
- 7 The "Effective Date of Retirement" will be the first day of the month, enter only the month and year - mmyyyy.
- 8 An RS113 - PERSI Durable Limited Power of Attorney form is not part of this package but is available as a separate form if needed.
- 9 When using the fill-in fields enter dates, phone numbers and Social Security numbers as numbers only. Do not use dashes (-) or slashes (/) to separate the numbers, this is automatic.
- 10 When using the fill-in fields, use shift+tab to return to the previous field to correct/update the entry.

PERSI Estimate Information	
Date of PERSI Estimate:	_____

Member Information			
Name - First, Middle, Last _____		Social Security Number _____	
Mailing Address	Street or P.O. Box _____		
	City _____	State _____	Zip Code _____
Daytime Phone Number - (include area code) _____	Email Address _____		Date of Birth - mmddyyyy _____
Name of Last PERSI Employer _____		Date of Termination - mmddyyyy _____	
Effective Date of Retirement - mmyyyy _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

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Application for Retirement

Purpose of the Form

- Use this form to apply for retirement, and to name a contingent annuitant if you choose Option 1, 2, 4A, or 4B.

Instructions

- Read "About Form RS121," attached.

Member Information			
Name - First, Middle, Last		Social Security Number	
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
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date of Termination - mm/dd/yyyy
Name of Last PERSI Employer		Effective Date of Retirement - month/year - mm/yyyy	

Retirement Benefit Payment Options
<input type="checkbox"/> Check here if this is a change from a previous application for retirement.
Choose one option and then initial the checkbox next to your choice. Regular Retirement, Option 1 and Option 2 are available to all retiring PERSI members.
<input type="checkbox"/> Regular Retirement. A regular benefit payment based on my life only and terminating at my death with no further benefit payment.
<input type="checkbox"/> Option 1 - 100% Contingent Annuitant. A reduced benefit payment to me as long as I live, and then the same allowance to my surviving contingent annuitant as long as he or she lives.
<input type="checkbox"/> Option 2 - 50% Contingent Annuitant. A reduced benefit payment to me as long as I live, and then one-half of the benefit payment to my surviving contingent annuitant as long as he or she lives.
Option 3, Option 4A, and Option 4B are only available to retiring PERSI members who have not reached Social Security Full Retirement Age (SSFRA) (Age 65 - 67, depending on birthdate).
<input type="checkbox"/> Option 3 - Member Lifetime Only. An increased benefit payment until Social Security Full Retirement Age (SSFRA) (65 to 67, depending on birthdate) and a reduced benefit payment thereafter. The after-SSFRA benefit will be my initial PERSI benefit payment less the Social Security estimate increased by Cost of Living Adjustments (COLAs).
<input type="checkbox"/> Option 4A - 100% Contingent Annuitant. A reduced Option 3 benefit payment to me as long as I live, and then the same benefit payment to my surviving contingent annuitant as long as he or she lives.
<input type="checkbox"/> Option 4B - 50% Contingent Annuitant. A reduced Option 3 benefit payment to me as long as I live, and then one-half of the allowance to my surviving contingent annuitant as long as he or she lives.

Application for Retirement - continued

Name - First, Middle, Last _____	Social Security Number _____
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Contingent Annuitant Selection (Complete only if Option 1, 2, 4A, or 4B are selected)

Name - First, Middle, Last _____	Social Security Number _____
Mailing Address	Street or P.O. Box _____ City _____ State _____ Zip Code _____
Relationship to Member _____	Date of Birth - mm/dd/yyyy _____

Member Acknowledgment

I have been provided an estimate of the dollar values of the retirement allowances available to me and chosen the retirement allowance indicated above. I understand that I can change my retirement option only by notifying PERSI in writing no later than five business days after the receipt of my first retirement benefit payment. After this period, I cannot change options after I retire unless either I was (1) not married at the time of my retirement or (2) I elected a contingent annuitant (CA) option, named my spouse as CA, and my spouse predeceased me. Under either of these circumstances, if I later marry, I can choose a CA option at that time and name my spouse as CA no later than one year after marriage.

If I selected Option 1, 2, 4A, or 4B, I appoint the individual named as my contingent annuitant to receive an allowance after my death.

I further acknowledge that in order to process my retirement application, PERSI will contact my current employer to confirm my separation from service and, to the extent my permission for such contact is required by law, I hereby give such consent.

Signature _____	Date _____
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Notary Public for Member

State of _____, County of _____ On this _____ day of _____, _____, before me _____, a notary public, personally appeared _____, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.	Seal
Notary Public Signature _____	
My Commission Expires On _____	

Application for Retirement - continued

Name - First, Middle, Last _____	Social Security Number _____
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Spouse Acknowledgment (required if married)

I am the spouse of the member named above. I understand and give my consent to the retirement option and contingent annuitant (if named) indicated above.

Name - First, Middle, Last

Signature _____	Date _____
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Notary Public for Spouse

State of _____, County of _____
On this _____ day of _____, _____, before me
_____, a notary public,
personally appeared _____,
personally known to me to be the person whose name is subscribed to the
within instrument, and acknowledged to me that he/she executed the same.

Notary Public Signature

My Commission Expires On

Seal

About Form RS121

Instructions

- 1 Complete the form and sign in blue or black ink.**
- 2** Do not use correction fluid (whiteout) on this form to correct errors, start over with a new form.
- 3** Complete the **Member Information** and **Retirement Benefit Payment Options** sections.
- 4** If you are **not** yet Social Security Full Retirement Age(SSFRA) (you are age 65 to 67 or older depending on your birthdate) you may choose from all Retirement Options.
- 5** If you have achieved the Social Security Full Retirement Age (you are age 65 to 67 or older depending on your birthdate) you may only choose from the Regular Retirement Option or Options 1 and 2. Options 3, 4A and 4B are **not** available to you.
- 6** If you choose Option 1, 2, 4A, or 4B, complete the **Contingent Annuitant Selection** section to name the individual who is to receive your benefit payment after your death. Attach a certified copy of the contingent annuitant's birth certificate and Social Security card.
- 7** To verify your Social Security Full Retirement Age please contact the Social Security Administration or go to the Social Security Administration website at: **<http://www.ssa.gov>**
- 8** Complete the **Member Acknowledgment** section before a Notary Public. Have the Notary Public complete the **Notary Public for Member** section.
- 9** If you are married, your spouse must complete the **Spouse Acknowledgment** section before a Notary Public regardless of your Retirement Option selection. Have the Notary Public complete the **Notary Public for Spouse** section.
- 10** Keep a copy for your records and send the original form to PERSI.

Benefit Payment Information

- Retirement becomes effective the first day of the month that you choose.
- Regardless of the option you choose, the balance of your account will be paid to your beneficiary in the event of your death if the total of payments to you and your contingent annuitant are less than your accumulated contributions and interest at the time of retirement.
- A "pop-up" provision in the contingent annuitant benefit payment options converts an Option 1 or Option 2 benefit payment to an unreduced benefit payment if your contingent annuitant dies first. This feature applies only if your final contributions from salary were on or after July 1, 1992. and your retirement was effective October 1, 1992 or later.



Direct Deposit Authorization

Purpose of the Form

- Use this form to authorize direct deposit of your PERSI benefit payments to a financial institution.

Instructions

- 1 Complete the form and sign in blue or black ink. A designated representative may sign if PERSI has a valid *PERSI Durable Limited Power of Attorney (RS113)* on file.
- 2 Attach a **voided check** for a checking account. For a savings account attach a document that shows (1) a valid Transit and American Banking Association number of the financial institution and (2) the number of the savings account that you want to use for the direct deposit.
- 3 Send the form to PERSI.

Changing Accounts

- Consider maintaining accounts at both your old and new financial institutions until the transaction is complete (that is, until the new financial institution receives its first benefit payment). The change you are requesting could take up to 30 days to become effective.

Member Information	
Name - First, Middle, Last _____	
Social Security Number _____	
Mailing Address	Street or P.O. Box _____
	City _____ State _____ Zip Code _____
Daytime Phone Number (include area code) _____	Email Address _____

Financial Institution Information	
Name of Financial Institution _____	
Account Information (check one)	<input type="checkbox"/> Checking (Attach a voided check for this account.) <input type="checkbox"/> Savings (Attach a document that shows the routing number of the financial institution and the account number of the savings account.)

Member Acknowledgment	
<p>PERSI is authorized and directed to deposit the net amount of my benefit payments by electronic funds transfer directly to my account at the financial institution named above. This supersedes any previous instructions until canceled by me in writing.</p> <p>I authorize and direct the financial institution to immediately refund any overpayments to PERSI (including any benefit payments made on or after my death), and to charge the same to the named account. PERSI's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments, I authorize and direct the financial institution to provide to PERSI all information related to the account, including transactions since the first of the month in which my death occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account.</p> <p>I agree that jurisdiction over any collection actions related to the recovery of any funds transferred to the designated account by PERSI will be exclusively in the courts of the State of Idaho.</p>	
Signature _____	Date _____

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Federal and Idaho Tax Withholding

Purpose of the Form

- Use this form to indicate your withholdings from your PERSI benefit payment for federal and/or Idaho taxes.

Instructions

- Read "About RS322," attached.

Member Information			
Name - First, Middle, Last		Social Security Number	
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Type of Change	
		<input type="checkbox"/> Begin my withholdings <input type="checkbox"/> Change my withholdings	

Federal Tax Withholding Options (choose one)
<input type="checkbox"/> Do not withhold federal tax. <input type="checkbox"/> Withhold a flat amount each month for federal tax. Flat amount: \$ _____ Beginning date (mmddyyyy): _____ <input type="checkbox"/> Calculate my monthly federal tax withholding using IRS tax tables, and withhold that amount each month for federal tax. <input type="checkbox"/> Single Number of exemptions: _____ <input type="checkbox"/> Married Beginning date (mmddyyyy): _____ Optional: For federal tax, withhold the calculated amount plus \$ _____ Examples: Married claiming 2 exemptions or Married claiming 4 exemptions plus \$50.00.

State of Idaho Withholding Option (choose one)
<input type="checkbox"/> Do not withhold Idaho tax. <input type="checkbox"/> Withhold a flat amount each month for Idaho tax. Flat amount: \$ _____ Beginning date (mmddyyyy): _____ <input type="checkbox"/> Calculate my monthly Idaho tax withholding using Idaho tax tables, and withhold that amount each month for Idaho tax. <input type="checkbox"/> Single Number of exemptions: _____ <input type="checkbox"/> Married Beginning date (mmddyyyy): _____ Optional: For Idaho tax, withhold the calculated amount plus \$ _____ Examples: Married claiming 2 exemptions or Married claiming 4 exemptions plus \$50.00.

Member Acknowledgment	
Signature	Date

About Form RS322

Instructions

Complete the form, sign in blue or black ink and send it to PERSI.

Notes About Withholding

- Generally your PERSI benefit is taxable income. You can have federal and/or Idaho taxes withheld from your monthly PERSI benefit.
- If you provide no instructions regarding your federal tax withholding, PERSI must withhold federal tax at the rate for a married individual claiming 3 exemptions.
- You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.
- Idaho tax withholding from your PERSI benefit is optional.
- The withholdings you indicate on this form replace your current withholdings.



Release of Information

Purpose of the Form

- Use this form to authorize PERSI to release information pertaining to your accounts to named individuals.

Instructions

- Complete the form in blue or black ink.
- Send the form to PERSI.

Note: The authorization that you provide on this form is valid until you notify PERSI in writing to revoke it.

Member Information	
Name - First, Middle, Last _____	Social Security Number _____

Individuals to Whom Information May be Released	
Name - First, Middle, Last _____	
Mailing Address	Street or P.O. Box _____ City _____ State _____ Zip Code _____
Daytime Phone (include area code) _____	Email Address _____

Name - First, Middle, Last _____	
Mailing Address	Street or P.O. Box _____ City _____ State _____ Zip Code _____
Daytime Phone (include area code) _____	Email Address _____

Name - First, Middle, Last _____	
Mailing Address	Street or P.O. Box _____ City _____ State _____ Zip Code _____
Daytime Phone (include area code) _____	Email Address _____

Name - First, Middle, Last _____	
Mailing Address	Street or P.O. Box _____ City _____ State _____ Zip Code _____
Daytime Phone (include area code) _____	Email Address _____

Member Acknowledgment	
I authorize PERSI to release any and all information pertaining to my account(s), including benefits to which I am or may become entitled to in the future, to the individuals listed above. I further authorize PERSI staff to discuss my account(s) and benefits with these same individuals.	
Signature _____	Date _____

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Beneficiary Designation

Purpose of the Form

- Use this form to designate beneficiaries to receive your PERSI Base Plan and Choice Plan death benefits.

Instructions

- Read "About Form RS115," attached.

Member Information			
Name - First, Middle, Last _____			Social Security Number _____
Mailing Address	Street or P.O. Box _____		
	City _____	State _____	Zip Code _____
Daytime Phone Number (include area code) _____	Email Address _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.

Member Acknowledgment	
I understand the instructions and information under "About Form RS115." I revoke all previous PERSI beneficiary designations and request that any PERSI benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base and Choice Plan accounts.	
Signature _____	Date _____

Beneficiary Designation - continued

Name - First, Middle, Last	Social Security Number
_____	_____

Custodian Nominations for Minor Beneficiaries under the Idaho Uniform Transfers to Minors Act

- Use this section to nominate custodians and substitute custodians for minor beneficiaries under the Idaho Uniform Transfers to Minors Act. Attach a copy of this page if nominating custodians for more than 4 minor beneficiaries.

Instructions

- Write the minor beneficiary's name in the top box.
- Write the custodian's name, Social Security number, address, and telephone number in the appropriate boxes. You can nominate a substitute custodian to serve in the event the nominated custodian is unable. List each minor beneficiary separately, even if you are nominating the same custodian for all minor beneficiaries.

Minor Beneficiary Name: _____

Custodian Information		Substitute Information	
Name:	_____	Name:	_____
SSN:	_____	SSN:	_____
Address:	_____	Address:	_____
City, St, Zip:	_____	City, St, Zip:	_____
Telephone:	_____	Telephone:	_____

Minor Beneficiary Name: _____

Custodian Information		Substitute Information	
Name:	_____	Name:	_____
SSN:	_____	SSN:	_____
Address:	_____	Address:	_____
City, St, Zip:	_____	City, St, Zip:	_____
Telephone:	_____	Telephone:	_____

Minor Beneficiary Name: _____

Custodian Information		Substitute Information	
Name:	_____	Name:	_____
SSN:	_____	SSN:	_____
Address:	_____	Address:	_____
City, St, Zip:	_____	City, St, Zip:	_____
Telephone:	_____	Telephone:	_____

Minor Beneficiary Name: _____

Custodian Information		Substitute Information	
Name:	_____	Name:	_____
SSN:	_____	SSN:	_____
Address:	_____	Address:	_____
City, St, Zip:	_____	City, St, Zip:	_____
Telephone:	_____	Telephone:	_____

About Form RS115

Instructions

1 Complete the form and sign in blue or black ink. **Use whole percentages only.** If more space is needed, attach an additional signed and dated sheet of paper. If any designated beneficiary is a minor, complete page 2 if you choose to nominate an adult custodian to receive the funds for the minor. PERSI cannot pay a death benefit directly to a minor beneficiary.

2 Send the form to PERSI.

Note: The form is not valid unless signed, dated, and on file with PERSI.

Types of Beneficiaries

- **Primary beneficiary or beneficiaries.** The first person or persons to receive death benefits when you die. If you select one person only, he or she receives 100% of the benefits.
- **Secondary beneficiary or beneficiaries.** Person or persons to receive death benefits if no primary beneficiary or beneficiaries are alive when you die.
- **Default beneficiary.** If PERSI does not have a beneficiary designation on file, death benefits are paid by law to the following: (1) To your surviving spouse. (2) If you have no surviving spouse, to your estate. If you agree with this default distribution and you have not previously submitted a beneficiary designation form, you do not need to designate a beneficiary or submit this form. However, payment of death benefits could be delayed if PERSI has no designation on file.

Notes About Designating Beneficiaries

- Percentages must be in whole numbers. Do **not** use partial numbers. For example, use 33% not 33¹/₃%.
- Choose your beneficiaries carefully. Your PERSI funds might be your largest financial asset.
- If you select two or more people as primary or secondary beneficiaries, indicate what percentage each is to receive (the percentages must equal 100%).
- You must list your children separately.
- If you are designating one or more minors as beneficiary, you should specify how you want your death benefit transferred if you die before the beneficiary reaches legal age of majority. PERSI cannot disperse the money to a minor, so if you don't nominate a custodian on this form, a court may have to appoint an adult to serve as conservator of the funds. This form provides an easy and inexpensive way to transfer death benefits to a minor through the Idaho Uniform Transfers to Minors Act (UTMA). This law enables you to nominate a custodian, and substitute custodian, for your minor beneficiary, and authorizes PERSI to pay your death benefit to the custodian. To nominate a custodian for a minor beneficiary, fill out page 2 of this form.
- If you use the UTMA to nominate a custodian for your minor beneficiary, be aware that the legal age of majority under the UTMA is 21, even though the statutory age of majority in Idaho is 18. If you die before your beneficiary is 21 years of age, the money will go to and remain in the custodian's care until the beneficiary reaches age 21.
- Always provide full names (Mary Elizabeth Smith, **not** Mary Smith). For a married woman, use her full name (Mary Elizabeth Smith, **not** Mrs. Bob Smith). Include the relationship to you.
- This beneficiary designation is for PERSI Base Plan and Choice 401(k) Plan death benefits **only**. Any designations you make for a will or an insurance policy do not substitute for the PERSI beneficiary designation.
- Submit a new *Beneficiary Designation* (RS115) to PERSI if your marital status changes.
- Complete a *Member Name Change* (RS111) if your name changes. If you are an active member, (working for a PERSI employer and making contributions) give the form to your payroll clerk. If not, send the form to PERSI.
- You can change your designations at any time by submitting a new *Beneficiary Designation* (RS115) to PERSI.
- If you make an error, initial and date any corrections.

Minor Children, Trusts, Wills, and Charities as Beneficiaries

- **Minor children.** To designate a minor child as a primary or secondary beneficiary, you should consider transferring the money to a custodian for the child under the provisions of the Idaho Uniform Transfers to Minors Act (UTMA). Using PERSI form RS115 page 2 meets the UTMA requirements.
- **Trusts.** If you want to designate your Living Trust, show the date of the trust agreement and the name(s) of the Trustee(s). If a bank or trust company is the Trustee, attach a separate document containing the Trustee's address. Provide PERSI with a copy of the trust's registration, if available. The trust must have a tax ID number.
- **Wills.** Write "the Executor of my Estate" or "the Administrator of my Estate" to designate your estate as beneficiary. Do not name the executor, because the executor will be appointed later by the court.
- **Charities.** You can name a specific charity as beneficiary. For more information about payment of death benefits to charities, PERSI recommends that you consult with a qualified attorney.

Example 1

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
Philip Lee Thompson	000-01-0011	07-11-1937	Spouse	100.0%	<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
John Allen Smith	000-08-0025	01-09-1997	Son	80.0%	<input checked="" type="checkbox"/> Check this box and go to page 2.
Rebecca Joan Smith	000-02-0220	01-02-1958	Sister	20.0%	<input type="checkbox"/> Check this box and go to page 2.

Example 2

Primary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
Sally Jones	000-03-0033	08-21-1994	Daughter	34.0%	<input checked="" type="checkbox"/> Check this box and go to page 2.
Alice Jones	000-04-0044	11-14-1991	Daughter	34.0%	<input checked="" type="checkbox"/> Check this box and go to page 2.
Andrew Jones	000-05-0055	02-29-1987	Son	33.0%	<input type="checkbox"/> Check this box and go to page 2.

Secondary Beneficiary or Beneficiaries					
Name	Social Security or Tax ID Number	Date of Birth	Relationship to You	Benefit %	Nominate a custodian under the Idaho UTMA
The administrator of my estate			Estate	100.0%	<input type="checkbox"/> Check this box and go to page 2.
					<input type="checkbox"/> Check this box and go to page 2.



Sick Leave Deduction Authorization

Purpose of the Form

- Use this form to authorize PERSI to deduct from your sick leave entitlement and your monthly PERSI benefit to pay applicable employer-sponsored health, vision, dental, life, and long-term care insurance premiums.

Purpose of the Form

- Complete the form, sign in blue or black ink and send it to PERSI.

***Note: This is not an insurance enrollment form. You must enroll through your employer for employer-sponsored insurance before the premium payment election selected on this form will take effect.**

Member Information	
Name - First, Middle, Last	Social Security Number
Mailing Address	Street or P.O. Box
	City State Zip Code
Daytime Phone Number (include area code)	Email Address

Deduction Elections	
<input type="checkbox"/> Election 1. Deduct my insurance premiums from my sick leave entitlement.	Result: After the entitlement is depleted, your insurance premiums will be deducted from your monthly benefit.
<input type="checkbox"/> Election 2. Divide my sick leave entitlement into equal monthly payments to be deducted from my sick leave entitlement, and deduct the remaining payment amount from my monthly benefit check. Deduct this fixed amount from my sick leave entitlement: \$ _____	Result: After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check.
<input type="checkbox"/> Election 3. Use a percentage amount to be deducted from my sick leave entitlement, and deduct the remaining payment amount from my monthly benefit check. Percentage of total insurance payment to be deducted from my sick leave entitlement.: _____ %	Result: This percentage will be used for all eligible insurances you carry. After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check.
Election Change <ul style="list-style-type: none"> ● You cannot change an election after you choose it unless a "life event" changes your insurance policy (note that a normal premium increase is not a life event). ● Election 1 will be chosen for you if you do not select one of the elections above. 	

Member Acknowledgment	
<p>I understand that completion of this form does not automatically enroll me in my employer-sponsored insurance plan. I must contact my employer to enroll in the employer-sponsored insurance for this premium payment election to take effect.</p> <p>By participating in the 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.</p> <p>Idaho Code §67-5333 and §33-1228 require any unexpended sick leave benefits to revert back to the general sick leave fund if you die before you use them, and they cannot be transferred to a spouse or beneficiary. If I choose Election 2 or Election 3, I understand that such a reversion is more likely to occur because the same benefits are spread over an extended period.</p>	
Signature	Date

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Alternate Evidence for Date of Birth

Purpose of the Form

To receive a retirement benefit, a member and the member's Contingent Annuitant must furnish satisfactory evidence of their date of birth.

PERSI requests a certified copy of a birth certificate as proof of age. PERSI will accept the following alternate evidence for this requirement.

Note: Send photocopies of the documents, not the originals. Copies cannot be returned, PERSI retains all copies for a permanent record.

- Documents must show the date of birth or age as of a specific date. Two or more items from these lists may be necessary.

Alternate Evidence for Date of Birth

Group 1 - One (1) item from this group that shows date of birth (month, day and year)

- Delayed Birth Certificate
- Military Discharge Record (DD214)
- U.S. Passport
- Certificate of Naturalization
- Certificate of Citizenship
- Census Record (from the Department of Vital Statistics, Washington, DC)

Group 2 - Two (2) items from this group, at least one must show date of birth (month, day and year) second item may show age only

- Current Driver's License from state of residence
- Current Concealed Weapons License
- Current Military Identification
- Child's Birth Certificate (if applicant is the parent and the parent's age is shown)
- Marriage Record
- Certified copy of a birth record



Alternate Evidence for Social Security Card

Purpose of the Form

In some instances, a member and/or the member's Contingent Annuitant must furnish a copy of the Social Security Card issued by the Social Security Administration. PERSI will accept alternate evidence for these requirements as listed below.

Note: Send photocopies of the documents, not the originals. Copies cannot be returned, PERSI retains all copies for a permanent record.

- For Social Security Card Options see "Alternate Evidence for Social Security Number" below. You may request a copy of your Social Security Card directly from the Social Security Administration, either online or through a local office.

Alternate Evidence for Social Security Number

- Duplicate copy of Social Security Card issued by the Social Security Administration
- Copy of the receipt issued by the Social Security Administration in response to a request for a replacement Social Security card showing the person's **full name and full Social Security number**.
- Social Security Benefit Award Letter showing the person's **full name and Social Security number**.
- Medicare Card showing the person's **full name and Social Security number**.
- Government issued 1099-G showing the person's **full name and Social Security number**.
- Military Discharge Record (DD214) provided the member's **full name and Social Security number** appear on the record.