



## **WEST BONNER COUNTY SCHOOL DISTRICT #83**

Administrative Office

134 Main Street, Priest River, ID 83856

(208)448-4439 • [www.sd83.org](http://www.sd83.org)

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## **QUICK REFERENCE GUIDE FOR RETIREE**

### **PERSI**

1250 W. Ironwood Drive Suite 316

Coeur d'Alene, ID 83814

Phone: (208) 334-3365

Toll Free: (800) 451-8228

### **BLUE CROSS OF IDAHO**

PO Box 7408

Boise, ID 83707

Phone: (208) 345-4550

### **DELTA DENTAL OF IDAHO**

PO Box 2870

Boise, ID 83701

Phone: (208) 489-3580

Toll Free: (800) 356-7586

### **LIFEMAP**

1-(800)-794-5390

### **TAYLOR INSURANCE, INC.**

1009 Superior Street

Sandpoint, ID 83864

Phone: (208) 263-2708

Contact: Autumn Porter



## ❖ PERSI BENEFITS AT A GLANCE: OVERVIEW OF YOUR RETIREMENT BENEFITS

### **PERSI RETIREMENT PLAN**

You become a PERSI member when you go to work in an eligible position with a PERSI employer. When you earn 60 months of service credit, you will be vested to receive a lifetime benefit at retirement. The 60-month vesting period (5 months for elected and some appointed officials) does not need to be with the same PERSI employer. Unless you leave public employment altogether, changing jobs should not affect your PERSI membership.

### **BASE PLAN BENEFITS**

Enrollment in the PERSI Base Plan (your pension) is automatic. Both you and your employer make contributions to PERSI. Your contributions are credited to a personal account that earns interest. The money in your account belongs to you...it is always yours no matter what! Employer contributions are pooled into a trust to cover future benefits for all members. When you retire as a vested member, PERSI will pay you a benefit every month for as long as you live — and, if you select a retirement option with a survivor benefit, your Contingent Annuitant will receive a lifetime benefit after your death.

### **VALUE**

The actual value of your benefit generally far exceeds your contributions. Within the first 3 - 5 years of retirement, most members have already received a return greater than all the money they contributed while working. For example, if your contributions to PERSI during your career totaled \$60,000, and your monthly retirement benefit is \$1,500, you would receive your \$60,000 in approximately three years. Although you would have exhausted everything you contributed, PERSI would continue to pay you \$1,500 a month for the rest of your life, plus annual cost of living adjustments (COLAs) if approved by the Idaho Legislature. If your retirement were to last another 20 years, you would receive \$360,000 in benefits from the PERSI trust.

### **DISABILITY BENEFITS**

In addition to your retirement benefit, your Base Plan

contributions provide for disability coverage. Should you become totally and permanently disabled while an active vested member, you may be eligible for a disability benefit. Disability for retirement purposes is considered to be a total and permanent physical or mental impairment that prevents you from earning a livelihood. If you perform any work for compensation, you will not be considered to be disabled.

### **TIME LIMIT**

PERSI members applying for disability benefits have a limited period in which to file an application. The law (effective July 1, 2006) requires inactive members applying for PERSI disability benefits to file their claim within one year from the date of their last contribution to PERSI. Members go from active to inactive status when they are no longer eligible to accrue service or make contributions.

### **RETURN TO WORK**

Effective July 1, 2010, per Idaho Statute 59-1354A, PERSI members on disability may attempt to return to work under certain conditions. If they are unsuccessful, the member may be able to resume PERSI disability retirement if approved by the Board and if certain requirements are met and the Board approves.

### **SURVIVOR BENEFITS**

The PERSI Base Plan offers financial security for your beneficiaries after you die. Whether an active or inactive member, if you die after becoming vested and had named your spouse as your sole beneficiary, PERSI will offer your spouse the choice of a lump sum payment of your remaining contributions, plus interest, or a monthly allowance payable for life. The lump sum death benefit for vested members is two times your account balance, including interest.\* If you die before becoming vested, your beneficiary will receive your account balance plus any interest accrued.

\* This only applies to members with a date of last contribution (DLC) of 7/1/99 or later.

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**If there is any discrepancy between this publication and the law, the provisions of the law will prevail.**



## ❖ PERSI BENEFITS AT A GLANCE: OVERVIEW OF YOUR RETIREMENT BENEFITS...continued

### PORTABILITY OF FUNDS

Your Base Plan contributions are always yours. If you leave a PERSI employer, keep your Base Plan money in PERSI, and later work for another PERSI-covered employer, you retain the service credit earned in your previous job. All service credit earned while working for a PERSI employer is automatically combined into a single account for you.

If you leave PERSI-covered employment, you may withdraw your Base Plan money, plus any interest earned — although tax penalties and withholdings may apply. You may also roll your money and interest over to an Individual Retirement Account (IRA) or other qualified retirement plan, including the PERSI Choice 401(k) Plan, if you have an account.

### COST-OF-LIVING ADJUSTMENTS

The Retirement Board considers a cost-of-living adjustments (COLAs) to Base Plan retiree benefit payments each year. The amount of the COLA is tied to the Consumer Price Index (CPI-U) and subject to the growth or decline in retirement fund assets. If a COLA is awarded, it becomes effective March 1<sup>st</sup>.

### CHOICE 401(k) PLAN

The Choice 401(k) Plan is an optional defined contribution (DC) retirement savings plan available to active members. Unlike the Base Plan, participation in the Choice 401(k) Plan is completely voluntary. It allows you to contribute a portion of your salary on a tax-deferred basis via payroll deductions. This means your contributions come out of your paycheck before taxes, thereby reducing the amount of taxes you pay during the year.

### LOANS

The Choice 401(k) Plan includes a loan provision where a member may take a loan for any reason as long as they have a balance of \$2,000 or more in their account, excluding any gain sharing amounts.

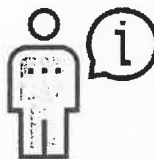
### INVESTMENT OPTIONS

The Choice 401(k) Plan has several investment options. One of the most popular is the PERSI Total

Return Fund (TRF), which mirrors PERSI's Base Plan investments. The TRF is the default investment fund. Your contributions are automatically invested in the TRF unless you elect otherwise. Unlike the Base Plan, you are responsible for managing your Choice 401(k) Plan funds. In most cases, you may change your deferral amounts and investments at any time.

### ROLLOVERS

Money from other qualified retirement plans, such as a 401(a), 457, pre-tax IRA, 403(a), or 403(b) plan, or another 401(k) account, can be rolled over to the Choice 401(k) Plan at PERSI. After-tax contributions cannot be rolled into the Choice Plan.



### FOR MORE INFORMATION

To learn more about PERSI, or for detailed information about your retirement options and benefits, visit the PERSI website at [www.persi.idaho.gov](http://www.persi.idaho.gov) or contact the PERSI Answer Center toll free at 1-800-451-8228 or at 208-334-3365 from the Treasure Valley area. Your human resources and/or payroll personnel will gladly assist you as well.

### VIDEOS AND FREE WORKSHOPS

A number of helpful videos can be found on the Education pages of the PERSI website. In addition, PERSI offers three educational workshops about retirement at no cost to members or employers. To schedule a workshop at your location, have your employer contact the PERSI Education team at (208) 287-9291.

### BROCHURES

Several brochures with more information about your benefits are available on the PERSI website.

### NEWSLETTERS

Active members receive a quarterly newsletter called *PERSpectives*, which is filled with benefit, investment, legislative, and financial information.

**If there is any discrepancy between this publication and the law, the provisions of the law will prevail.**

## ❖ WORKING AFTER RETIREMENT

*For Teachers & Administrators, please see Working After Retirement: Teachers & Administrators brochure.*

If you are considering returning to public sector work after retirement, it's important to understand how Idaho state law may affect your retirement benefit should you return to work.

If there is any discrepancy between this publication and the law, the provisions of the law will prevail.

As a PERSI retiree, you may work for any private-sector employer as long as you want and for as many hours as you want without affecting your retirement benefits. However, if you want to receive your PERSI pension benefit and work for any employer belonging to PERSI, the following restrictions apply:

### **BREAK IN SERVICE &**

### **NO PROMISE OF FUTURE EMPLOYMENT**

According to Idaho Code 59-1356(1), if an early retired member is reemployed with an employer participating in PERSI within ninety (90) days from retiring, or the early retired member is guaranteed reemployment with an employer participating in PERSI, the member shall be considered not to have separated from service.

The retirement will be negated, and any pension benefit payments received plus interest must be paid back to PERSI, and member and employer will be billed for delinquent contributions. For purposes of PERSI, reemployment includes performing services for an employer participating in PERSI in any capacity including, but not limited to, independent contractor, leased employee, substitute teacher, or temporary services. Per Idaho Code 59-1302(13A) "Early Retirement" means retirement by a member prior to age sixty (60) years for police officer members or age sixty-five (65) years for general members.

A member who is retired under a service retirement may return to work in an ineligible position with any PERSI employer without a 90-day break in service and continue to receive monthly retirement benefits. Per Idaho Code 59-1302(34A) "Service Retirement" means retirement by a member at or after age sixty (60) years for police officer members or at or after age sixty-five (65) years for general members.

### **20-HOUR PER WEEK LIMIT**

If you want to work for a PERSI employer and continue to receive your monthly pension payments, Idaho Code 59-1302(14) states: you cannot work 20 hours or more per week (teachers working a half-time contract or more) for 5 consecutive months or more. Doing so means your monthly retirement payments must stop, and both employee and employer contributions must be paid to PERSI from the beginning date of reemployment. All benefit payments received after your reemployment date, plus interest, must be repaid to PERSI per Idaho Code 59-1356(6). This applies to all retirees, regardless of age.

Limited exceptions exist in Idaho Code and IDAPA rule which may allow a retired member to exceed the limit:

- Elected and Appointed Officials: Idaho Code 59-1356(3), IDAPA 59.01.01.533, IDAPA 59.01.01.534, and IDAPA 59.01.01.539
- School teachers and administrators, bus drivers, and school resource officers: Idaho Code 59-1356(4)
- Retired members who retired prior to January 1, 2022: Idaho Code 59-1356(5)

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**THIS RELATES TO PERSI RETIREMENT BENEFITS (EXCLUDING DISABILITY BENEFITS).  
THIS DOES NOT PROVIDE GUIDANCE ON ANY OTHER EMPLOYEE BENEFITS. IF THERE IS ANY  
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THE LAW WILL PREVAIL.**

## ❖ WORKING AFTER RETIREMENT

*For Teachers & Administrators, please see Working After Retirement: Teachers & Administrators brochure.*

### SUSPENDING RETIREMENT

If the retired member becomes an eligible employee, retirement benefit payments are suspended and contributions will be paid to PERSI. Additional service is earned during the reemployment period, and upon termination from employment, the monthly benefit is recalculated and reinstated.

If the period of reemployment ends up being less than 5 months, PERSI will return contributions to you and your employer, and you will receive retroactive benefit payments covering the reemployment period.

### QUESTIONS & ANSWERS

The decision to return to work as a PERSI retiree should be discussed with your new employer and communicated to PERSI using the correct certification form.

If you have questions about your PERSI membership, call the PERSI Answer Center at 1-800-451-8228 or 208-334-3365.

If the employer HR/Payroll representative has questions about your eligibility for working after retirement, they may contact the PERSI Employer Service Center at 1-866-887-9525 or 208-287-9525.



### WHAT HAPPENS TO YOUR CHOICE 401(k) PLAN

If you have money in the PERSI Choice 401(k) Plan, returning to work for a PERSI employer will affect your ability to access those funds. If your account contains money that was rolled in from another retirement plan ("rollover contribution") you can withdraw from that at any time. In-service withdrawals are also available beginning at age 70 ½. Otherwise, plan withdrawals are available when all employment with a PERSI employer ends.

If you work in a position that allows you to keep receiving your monthly PERSI Base Plan payment, contributing to the plan is limited. If you maintain a Choice Plan account balance, you can roll pre-tax retirement plan money into it at any time ("rollover contribution"), but you would not be able to make paycheck contributions.

If you're working in a position that meets PERSI eligibility criteria and your Base Plan payments are suspended as a result, you would be able to make pre-tax salary deferrals. Rollover contributions from another pre-tax retirement plan you might have would also be an option.

If you have questions about your Choice 401(k) Plan, you can contact Empower Retirement at 1-866-437-3774. You're also welcome to contact our Empower Retirement Representative:

- Ali Belden  
Direct 208-345-5201  
Toll-Free (844) 446-8658 Ext. 20461  
ali.belden@empower-retirement.com
- Bruce Singkhaophet  
Direct 208-345-1120  
Toll-Free (844) 446-8658 Ext. 20431  
bruce.singkhaophet@empower.com





**THIS RELATES TO PERSI RETIREMENT BENEFITS (EXCLUDING DISABILITY BENEFITS). THIS DOES NOT PROVIDE GUIDANCE ON ANY OTHER EMPLOYEE BENEFITS. IF THERE IS ANY DISCREPANCY BETWEEN THIS PUBLICATION AND THE LAW, THE PROVISIONS OF THE LAW WILL PREVAIL.**

## USING SICK LEAVE: STATE OF IDAHO RETIREES



Idaho Code 67-5333 allows eligible retirees to convert half of their unused sick leave to a sick leave account that can be used to pay qualifying insurance premiums. Once converted, the unused sick leave shall be used to pay premiums for "such health, dental, vision, long-term care, prescription drug, and life insurance programs as may be maintained by the state".

### GETTING STARTED

-  Your HR office will provide PERSI with the balance of your unused sick leave, which will then be converted to a dollar value by PERSI.
-  You are responsible for directly contacting the approved carriers and enrolling in that plan. If you wish to change carriers or cancel coverage, it is your responsibility to do that directly with the carrier.
-  The carrier is responsible for setting up an account in the PERSI portal and billing PERSI each month for your premiums.
-  PERSI will draw down your sick leave balance to pay premiums. You will be notified when your balance is nearing depletion. You can view your sick leave balance anytime on the PERSI member portal.

YOU are responsible for contacting the carrier directly if you have any questions or concerns about the premiums charged to your account. PERSI staff is unable to answer questions relating to coverage details or premium amounts.

### APPROVED CARRIERS\*

\*Approved carriers subject to change. Go to the website of Office of Group Insurance for the most up-to-date list of approved carriers and contact information at [www.ogi.idaho.gov/retiree/](http://www.ogi.idaho.gov/retiree/).

#### MEDICARE SUPPLEMENT, MEDICARE ADVANTAGE, AND PART D PLANS

Aetna Health and Life Co.  
407-450-2056

Blue Cross of Idaho  
1-888-492-2583

PacificSource Community  
Health Plans  
1-888-863-3637

SelectHealth  
1-800-538-5038

United Healthcare  
1-877-848-1479

Regence Blue  
Shield of Idaho  
1-888-734-3623

#### DENTAL PLANS

Blue Cross of Idaho  
1-888-462-7677

Delta Dental of Idaho  
1-888-296-5044

#### LONG-TERM CARE

New York Life Ins. Co.  
208-957-0105

#### MEDICAL PLANS

Office of Group Insurance  
208-332-1860

Eligibility limited by  
I.C. 67-5761(3)(d)

Under age 65 and hired on  
or before June 30, 2009

Blue Cross of Idaho  
1-888-462-7677

#### ACCESS PLANS

#### APPLICATION



Senior Health Insurance Benefits Advisors Program  
[www.doi.idaho.gov/shiba/](http://www.doi.idaho.gov/shiba/) | 1-800-247-4422



[www.persi.idaho.gov](http://www.persi.idaho.gov) | 1-800-451-8228 | (208) 334-3365



## Retirement Application Kit

- Complete the forms in this kit to apply for PERSI retirement up to six (6) months prior to your retirement date.

### Instructions

- 1 **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.
- 2 Complete these forms in dark ink.
- 3 If you make an error, cross out the error and initial next to the correction.

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# Application for Retirement

- Use this form to provide PERSI with the necessary information to process your retirement.

Member Social Security Number	Member PERSI ID Number*

\* A PERSI ID is only required for members with multiple PERSI accounts.

## Section 1: Member Information

Name – First, Middle Initial, Last	Phone Number (include area code)	Date of Birth – mm/dd/yyyy	
Mailing Address (street or PO box)	City	State	Zip Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Email Address		

## Section 2: Retirement Information

Name of Last PERSI Employer	Last Day of Employment – mm/dd/yyyy	Retirement Date – mm/01/yyyy
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## Section 3: Retirement Benefit Options

Choose **one** of the following retirement options:

- ☐ **Regular Retirement.** Provides a benefit to me for my lifetime. Payments stop upon my death.
- ☐ **Option 1 - 100% Contingent Annuitant.** A reduced benefit payment to me as long as I live, and then the same benefit payment to my surviving contingent annuitant as long as they live.
- ☐ **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 they live.
- ☐ **Option 3 - Member Lifetime Only.** An increased benefit payment until Social Security Full Retirement Age (SSFRA) and a reduced benefit payment thereafter. The after-SSFRA benefit payment will be my initial PERSI benefit payment less the Social Security estimate increased by Cost of Living Adjustments (COLAs).
- ☐ **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 they live.
- ☐ **Option 4B - 50% Contingent Annuitant.** A reduced Option 3 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 they live.

## Section 4: Contingent Annuitant Selection

Complete only if options 1, 2, 4A, or 4B are selected.

Name – First, Middle Initial, Last	Date of Birth – mm/dd/yyyy	Social Security Number	Relationship to Member
Mailing Address (street or PO box)	City	State	Zip Code



**Application for Retirement (continued)**

Member Name – First, Middle, Last

Social Security Number

**Section 5: Signatures***Must be signed in the presence of a notary***For completion by the applicant at the time of retirement.**

As an applicant for PERSI benefits, I consent to receive retirement benefits based on the retirement option selected above and acknowledge that I have been provided an estimate of the dollar values of the retirement allowances available to me under that retirement option. I understand that I can only change my retirement option within five (5) business days of receiving my first retirement benefit payment. If I selected option 1, 2, 4A, or 4B, I appoint the named individual to receive a continuation of my retirement allowance following my death.

Applicant Name (please print)

Date – mm/dd/yyyy

Applicant Signature

**For completion by applicant's spouse at the time of retirement.**

As the spouse of the named applicant, I consent to my spouse's decision to receive benefits under the designated retirement option, including the named contingent annuitant.

Retirement Option

CA Name, if designated above (please print)

I understand that I will not be entitled to survivor benefits unless I have been listed on the final retirement application as a contingent annuitant for retirement options 1, 2, 4A, or 4B.

Spouse Name (please print)

Date – mm/dd/yyyy

Spouse Signature

**Section 6: Notary**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me by

&amp;

Applicant Name (please print)

Spouse Name, if married (please print)

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature

My Commission Expires On \_\_\_\_\_

Seal

*Notary stamp must be visible.***Section 7: Member Acknowledgment**

I am hereby applying for retirement benefits as indicated above. I acknowledge that in order to process my retirement, PERSI will contact my current employer(s) to confirm my separation from service and, to the extent my permission for such contact is required by law, I give such consent and I acknowledge that my retirement benefits will not begin until I have terminated all employment with employers participating in the PERSI, FRF, JRF, or ORP retirement plans. 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. I also understand that I should contact PERSI prior to returning to work for a PERSI employer, because it may lead to suspension of my retirement benefit. I certify that the information contained herein is true and correct to the best of my knowledge.

Signature

Date – mm/dd/yyyy

### Instructions

- 1 Complete this form in dark ink.
- 2 If you make an error, cross out the error and initial next to the correction.

### Submission Requirements

As you prepare for retirement, PERSI requests that you complete and submit the *Application for Retirement* along with all required documents no earlier than six (6) months and no later than thirty (30) days prior to your retirement date. Failure to timely submit a complete *Application for Retirement* and all required documentation may result in your retirement benefit being delayed.

### Required Documentation

- 1 A copy of your non-expired, government-issued photo-ID.
- 2 Proof of the applicant's age and Social Security number (one item from **List A**, or one item each from **List B** and **List C**, below).
- 3 If retirement option 1, 2, 4A, or 4B is selected, proof of the Contingent Annuitant's age and Social Security number (one item from **List A**, or one item each from **List B** and **List C**, below).

<b>List A</b> Documents that establish date of birth and social security number	Or	<b>List B</b> Documents that establish date of birth	And	<b>List C</b> Documents that establish social security number
Current Driver's License or ID Card issued by the state of residence in compliance with the Real ID Act		Current Driver's License or ID Card issued by the state of residence		Social Security Card
US Passport or US Passport Card		Birth Certificate		Government-issued 1099 showing your full name and social security number (from within last two years)
Military Discharge Record (DD214) showing your full name and social security number		Certificate of Naturalization or Citizenship		W-2 showing your full name and social security number (from within last two years)

### Section 1: Member Information

- 1 Complete all demographic fields for this section.
- 2 PERSI must review the final divorce decree for all divorces that occurred while you were a PERSI member and require a division of your retirement account.

### Section 2: Retirement Information

- 1 Include the name of your last PERSI employer and your last day of employment.
- 2 Your retirement date will always be the first day of a month. Usually, this is the first day of the month following your last day of employment. If you defer starting your retirement or leave employment prior to being age-eligible for retirement benefits, your retirement date will be the first day of the month you choose to begin receiving retirement benefits.

### Section 3: Retirement Benefit Options

- 1 Select only one retirement option.
- 2 If you select option 3, 4A, or 4B, you must also submit form RS127, *Social Security Quote Certification*.
- 3 Your retirement option can only be changed within five (5) business days of receiving your first retirement benefit.
- 4 You can meet with a PERSI Retirement Counselor to better understand your options. To schedule an appointment, contact the PERSI Answer Center at 208-334-3365.

#### **Section 4: Contingent Annuitant Selection**

- If you selected retirement option 1, 2, 4A, or 4B, fill out the demographic information fields. This is the individual that you appoint to receive a continuation of your retirement allowance following your death.

#### **Section 5: Signatures**

- 1 This section must be signed before a notary.
- 2 Once you have read and understand the certification, sign in the left column. If you are married, your spouse must sign in the right column.

#### **Section 6: Notary**

- This section must be filled out by a notary. The notary's stamp must be visible.

#### **Section 7: Member Acknowledgment**

- 1 By signing, you acknowledge that you are applying for retirement benefits and you understand that PERSI will contact your employer to confirm your termination of employment. You acknowledge that your retirement benefit will not begin until you have terminated all employment with employers participating in the PERSI, FRF, JRF, and ORP retirement plans.
- 2 You understand that if you return to work for a PERSI employer in a PERSI-eligible capacity, your retirement benefits will be suspended. As such, it is advised that you contact PERSI prior to returning to work for an employer participating in PERSI.



## Direct Deposit Authorization

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

### Instructions

- 1 Complete this form in dark ink.
- 2 If you make an error, cross out the error and initial next to the correction.

Member Social Security Number

### Member Information

Name - First, Middle, Last

Mailing Address (street or PO box)

City

State

Zip Code

Phone Number (include area code)

Email Address

### Direct Deposit Source Accounts (select all PERSI accounts to which this form will apply)

☐ My retirement benefit ☐ Contingent annuitant/survivor benefit ☐ Alternate payee benefit

### Direct Deposit Information

Financial Institution Name


Routing Number

Account Number

Account Type

☐ Checking ☐ Savings

**YOU MUST ATTACH A VOIDED CHECK OR A LETTER SIGNED BY A REPRESENTATIVE OF YOUR FINANCIAL INSTITUTION THAT LISTS YOUR ROUTING AND ACCOUNT NUMBERS. (DO NOT INCLUDE A COPY OF A DIRECT DEPOSIT SLIP)**

John and Jane Retiree 1234 Main St. Denver, CO 80203	1025
DATE _____	
PAY TO THE ORDER OF _____	\$ _____
VOID	
DOLLARS  Security Features Detailed on Back	
MEMO _____	
⑆000000000⑆ ⑆000000000⑆ 1025	

### Member Acknowledgment

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. I understand that this change could take up to 30 days to become effective and that change requests received by PERSI after the 14th of the month will not be in effect for the current month. 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. 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.

Signature

Date - mm/dd/yyyy



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## State of Idaho Tax Withholding

- Use this form to indicate your withholdings from your PERSI benefit payment State of Idaho taxes.

### Instructions

- 1 Complete this form in dark ink.
- 2 If you make an error, cross out the error and Initial next to the correction.

Member Social Security Number

### Member Information

Name - First, Middle, Last

Mailing Address (street or PO box)

City

State

Zip Code

Daytime Phone Number (include area code)

Email Address

### Withholding Accounts (select all PERSI accounts to which this form will apply)

- ☐ My retirement benefit    ☐ Contingent annuitant/survivor benefit    ☐ Alternate payee benefit

### State of Idaho Tax Withholding Options (choose one)

- ☐ No change from prior Idaho tax withholding election. (Only available to current benefit recipients.)
- ☐ Do **not** withhold Idaho tax.
- ☐ Withhold a flat amount or fixed percentage each month for Idaho tax.
- ☐ Flat amount: \$ \_\_\_\_\_    ☐ Fixed percentage: \_\_\_\_\_ %
- ☐ Calculate my monthly Idaho tax withholding using Idaho tax tables, and withhold that amount each month for Idaho tax.
- ☐ Married    ☐ Single    ☐ Married at single rate    Number of allowances: \_\_\_\_\_

### Notes About Withholding

- Generally, your PERSI benefit is taxable income. You may choose to have Idaho taxes withheld from your monthly PERSI benefit. For more information, please contact the Idaho State Tax Commission.
- You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.
- The withholdings you indicate on this form will replace your current withholdings.

### Member Acknowledgment

Signature

Date - mm/dd/yyyy



**Withholding Certificate  
for Periodic Pension or Annuity Payments**  
Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

**2024**

<b>Step 1: Enter Personal Information</b>	<b>(a) First name and middle initial</b>	<b>Last name</b>	<b>(b) Social security number</b>
	<b>Address</b>		
	<b>City or town, state, and ZIP code</b>		
	<b>(c)</b> <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

<b>Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)</b>	<p>Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. <b>See page 2 for examples on how to complete Step 2.</b></p> <p>Do <b>only one</b> of the following.</p> <p><b>(a)</b> Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b></p> <p><b>(b)</b> Complete the items below.</p> <p style="margin-left: 20px;"><b>(i)</b> If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . . \$ _____</p> <p style="margin-left: 20px;"><b>(ii)</b> If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . . . \$ _____</p> <p style="margin-left: 20px;"><b>(iii)</b> Add the amounts from items (i) and (ii) and enter the <b>total</b> here . . . . . \$ _____</p> <p><b>TIP:</b> To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.</p>
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**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 . . . . .	\$ _____	
	Multiply the number of other dependents by \$500 . . . . .	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits . . . . .	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . .		<b>3</b> \$ _____
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . . .	<b>4(a)</b>	\$ _____
	<b>(b) Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld from <b>each</b> payment . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	<b>Your signature</b> (This form is not valid unless you sign it.) _____	<b>Date</b> _____
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## General Instructions

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

**Specific Instructions (continued)**

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

**Step 4(b)—Deductions Worksheet (Keep for your records.)**

<b>1</b>	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .	<b>1</b>	\$ _____		
<b>2</b>	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul> </td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ _____
{	<ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul>				
<b>3</b>	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .	<b>3</b>	\$ _____		
<b>4</b>	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> <li>• \$1,950 if you're single or head of household.</li> <li>• \$1,550 if you're married filing separately.</li> <li>• \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.</li> <li>• \$3,100 if you're married filing jointly and both of you are age 65 or older.</li> </ul> Otherwise, enter "-0-". See Pub. 505 for more information . . . . .	<b>4</b>	\$ _____		
<b>5</b>	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .	<b>5</b>	\$ _____		
<b>6</b>	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	<b>6</b>	\$ _____		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Beneficiary Designation

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

<b>Member Social Security Number</b>	<b>Member PERSI ID Number*</b>

\* A PERSI ID is only required for members with multiple PERSI accounts.

## Member Information

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

## 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
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.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
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.
				.0%	<input type="checkbox"/> Check this box and go to page 2.

## Member Acknowledgment

I understand the instructions and information under "Notes About Designating Beneficiaries." I revoke all previous PERSI Base Plan beneficiary designations and request that any PERSI Base Plan 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 Plan account only.

**Signature**

**Date – mm/dd/yyyy**



**Beneficiary Designation (continued)**

Member 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.
- 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:	

### Instructions

- 1 Complete the form and sign in dark ink.
- 2 If you make an error, cross out the error and initial next to the correction.
- 3 Use whole percentages only.
- 4 If more space is needed, attach an additional signed and dated sheet of paper.
- 5 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.
- 6 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

- For purposes of your death benefits, the designation(s) in this form supersede all other arrangements, and will be honored regardless of those arrangements, including a last will and testament or trust document. However, death benefits are still subject to community property law.
- If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.
- This form is not valid unless signed, dated, and on file with PERSI.
- Percentages must be in whole numbers. Do **not** use partial numbers. For example, use 33% not 33⅓%.
- 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 disburse 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 death benefit **only**. Any designations you make for a will or an insurance policy do not substitute for the PERSI beneficiary designation.
- You must submit beneficiary designations for the Choice 401(k) Plan to Empower Retirement. This form will not change your beneficiary elections for the PERSI 401(k) Plan.
- 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.

### 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
Phillip 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 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	33.0%	<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.



# PERSI Durable Limited Power of Attorney

**This is a legal document and using it affects your rights.  
Be sure to read and understand it completely.**

## Purpose of the Form

- Use this form to designate another individual as your Attorney-in-Fact to act on your behalf in dealing with PERSI.

## Instructions

- 1 Read **Important Information About Form RS113**, on page 3.
- 2 Complete the form in blue or black ink and sign the form in blue or black ink in the presence of a notary public.
  - Please be sure to write in your name at the top of the next page where noted.
  - Verify all sections are complete and your desired selections are initialed before signing.
  - **Initials** are required to select an option in the brackets, [ ], provided. Marking an option in the brackets, [ ], with an "x" or "√" is **not** acceptable.
  - This Power of Attorney must be **NOTARIZED**.

**Note: YOUR SIGNATURE AND ALL INITIALED BOXES MUST BE COMPLETED IN INK.**

- 3 Send the form directly to PERSI.
  - If your address has changed, you must also submit form RS110, *Member Mailing Address Change*, with this form.

Member Social Security Number	Member PERSI ID Number*

\* A PERSI ID is only required for members with multiple PERSI accounts.

Member Information			
Name – First, Middle, Last			
Residence Address	Street		
	City	State	Zip code
Mailing Address (if different)	Street or P.O. Box		
	City	State	Zip code
Daytime Phone Number (include area code)		Email Address	

Attorney-in-Fact Appointment			
Name of Designated Attorney-in-Fact		Relationship to Member	
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)			



**PERSI Durable Limited Power of Attorney (continued)**

Member Name – First, Middle, Last

Social Security Number

**Attorney-in-Fact Appointment**

I (the principal) hereby appoint the person identified on page one as my Attorney-in-Fact and grant him/her authority to act for me with respect to my PERSI Base Plan and PERSI Choice 401(k) Plan (if any) in accordance with the Idaho Uniform Power of Attorney Act, chapter 12, title 15, Idaho Code and with this power of attorney form. Further, PERSI may, upon request from the Attorney-in-Fact, release any and all information to said Attorney-in-Fact concerning my account(s).

My Attorney-in-Fact **MAY NOT** do any of the following that I have noted with my **INITIALS**:

- ☐ My Attorney-in-Fact MAY NOT select the form or timing of retirement payments to be made under the Base or Choice 401(k) Plan.
- ☐ My Attorney-in-Fact MAY NOT request a separation benefit be paid.
- ☐ My Attorney-in-Fact MAY NOT request any withdrawals from the Choice 401(k) Plan, including requesting a loan or a hardship withdrawal from the Choice 401(k) Plan.
- ☐ My Attorney-in-Fact MAY NOT make a rollover from or to the Choice 401(k) Plan.
- ☐ My Attorney-in-Fact MAY NOT complete a salary deferral form of any kind related to the Base or Choice 401(k) Plan.
- ☐ My Attorney-in-Fact MAY NOT make or alter my investment allocations in the Choice 401(k) Plan.

If I have **NOT INITIALED** any of the above, **I UNDERSTAND** that my Attorney-in-Fact **MAY** take those actions on my behalf.

**SPECIAL INSTRUCTIONS:**

My Attorney-in-Fact **MAY** do any of the following **ONLY IF** I have **INITIALED** the specific authority listed below:

- ☐ My Attorney-in-Fact MAY create or change a beneficiary designation.
- ☐ My Attorney-in-Fact MAY waive my right to be a contingent annuitant.
- ☐ My Attorney-in-Fact MAY authorize another person to exercise the authority granted under this power of attorney.

An Attorney-in-Fact who is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the Attorney-in-Fact or a person to whom the agent owes an obligation of support unless I have included that authority in the **Additional Special Instructions**.

**ADDITIONAL SPECIAL INSTRUCTIONS** (if needed):

**This power of attorney shall not be affected by my subsequent disability or incapacity, and is valid until I notify PERSI in writing to revoke it. This power of attorney revokes any previous power of attorney designations related to PERSI. PERSI may rely upon the validity of this power of attorney or a copy of it unless PERSI knows it is terminated or invalid. (Verify all selections in this section have been completed before signing.)**

Member Signature (must be notarized)

Date – mm/dd/yyyy

**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.

Notary Public Signature

My Commission Expires On

Seal

# Important Information About Form RS113

## PERSI Durable Limited Power of Attorney

**This is a legal document and using it affects your rights.  
Be sure to read and understand it completely.**

- The *PERSI Durable Limited Power of Attorney* form lets you assign (give) to someone else the right to make decisions and to act regarding your account(s).
- You should select someone you trust to serve as your Attorney-in-Fact.
- The Attorney-in-Fact's authority will continue until your death unless you revoke the power of attorney or the Attorney-in-Fact resigns.
- If you wish to revoke a *PERSI Durable Limited Power of Attorney*, you must do so in writing to PERSI.
- You may change your designated Attorney-in-Fact at any time by completing a new *PERSI Durable Limited Power of Attorney* form and submitting it to PERSI.
- This form provides for the designation of one (1) Attorney-in-Fact. If you wish to name more than one (1) Attorney-in-Fact, you may name a Co-Attorney-in-Fact in the **Additional Special Instructions**.
- Co-Attorneys-in-Fact can act alone UNLESS you require them to act together in the **Additional Special Instructions**.

**This *PERSI Durable Limited Power of Attorney* only applies to PERSI matters.** PERSI has provided this form as a convenience to its members. If you do not state otherwise, as soon as PERSI receives this *Durable Limited Power of Attorney*, properly completed, signed and notarized, the Attorney-in-Fact is authorized to act on your behalf.

### **Effective Upon Receipt and Durable**

This power of attorney becomes effective **IMMEDIATELY** unless you state otherwise in the Additional Special Instructions and is durable/remains valid notwithstanding your subsequent disability or incapacity. If you do not provide for a different effective date, as soon as PERSI receives this *Durable Limited Power of Attorney*, properly signed and notarized, the Attorney-in-Fact is authorized to act on an account.

**Note:** You need not be incapacitated for the Attorney-in-Fact to act pursuant to this *Durable Limited Power of Attorney*. Also, this is a durable power of attorney, meaning it remains valid notwithstanding your subsequent disability or incapacity.



# Release of Information

## Purpose of the Form

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

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

## Instructions

- Complete the form in blue or black ink.
- Send the completed form to PERSI.
  - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.

<b>Member Social Security Number</b>	<b>Member PERSI ID Number*</b>

\* A PERSI ID is only required for members with multiple PERSI accounts.

## Member Information

<b>Name – First, Middle, Last</b>			
<b>Mailing Address</b>	<b>Street or P.O. Box</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Daytime Phone Number</b> (include area code)		<b>Email Address</b>	

## Individuals to Whom Information May be Released

<b>Name – First, Middle, Last</b>		<b>Organization Name</b>	
<b>Mailing Address</b>	<b>Street or P.O. Box</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Daytime Phone Number</b> (include area code)	<b>Email Address</b>	<b>Fax Number</b> (include area code)	

<b>Name – First, Middle, Last</b>		<b>Organization Name</b>	
<b>Mailing Address</b>	<b>Street or P.O. Box</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Daytime Phone Number</b> (include area code)	<b>Email Address</b>	<b>Fax Number</b> (include area code)	

<b>Name – First, Middle, Last</b>		<b>Organization Name</b>	
<b>Mailing Address</b>	<b>Street or P.O. Box</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Daytime Phone Number</b> (include area code)	<b>Email Address</b>	<b>Fax Number</b> (include area code)	

## Member Authorization

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.

<b>Signature</b>	<b>Date – mm/dd/yyyy</b>





## Request for Account Information by Spouse or Former Spouse

### Purpose of the Form

- Use this form to notify PERSI that you are authorized to obtain information about the accounts of a PERSI member, pursuant to Idaho Code §59-1316(4).

### Instructions

- 1 Complete the form in blue or black ink.
- 2 Send the completed form back to PERSI.
- 3 If you are a former spouse, attach a copy of the court order directing distribution to you.

Member Social Security Number

### Member Information

Name – First, Middle, Last

### Requestor Information

Name – First, Middle, Last

Relationship to Member

☐ Spouse

☐ Former spouse

Mailing  
Address

Street or P.O. Box

City

State

Zip Code

Daytime Phone Number (include area code)

Fax Number (include area code)

Email Address

Date of Marriage to Member – mm/dd/yyyy

Date of Divorce from Member – mm/dd/yyyy

### Contact Information for Legal Representation (optional)

Name – First, Middle, Last

Mailing  
Address

Street or P.O. Box

City

State

Zip Code

Daytime Phone Number (include area code)

Fax Number (include area code)

Email Address

### Requestor Certification

I certify that I am authorized to obtain account information from PERSI related to the account(s) of the member listed above, pursuant to Idaho Code §59-1316(4). I authorize PERSI to release and provide such information to me or to my legal representative (if listed above) and to discuss such information with that representative.

Signature

Date – mm/dd/yyyy

RS451A

Revised: 08/2016  
Page 1 of 1

Public Employee Retirement System of Idaho  
P. O. Box 83720, Boise, ID 83720-0078  
1-800-451-8228 • 208-334-3365 • Fax 208-334-3805  
www.persi.idaho.gov • frontdesk@persi.idaho.gov





## Third-Party Verification Request

### Purpose of the Form

- Use this form if you represent a third-party entity and want to request a one-time release of member information from PERSI in accordance with Idaho Code 59-1316, such as an account balance for an active/inactive PERSI member or a pension verification for a PERSI benefit recipient.

**Note:** Members can also create personalized account benefit and pension verification letters from the home page of their myPERSI accounts.

### Instructions

- Complete the form in blue or black ink.
- Ensure the information provided is complete and accurate, and includes the member's name, Social Security number, and signature. PERSI requires this information in order to respond directly to a third-party entity.
- Return the completed form to PERSI.

<b>Member Social Security Number</b>

Member Information			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code

Third-Party Entity (Requestor) Information			
Organization Name			
Contact Name – First, Middle, Last (optional)			
Response Preference <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Email		Fax (include area code)	

Information Requested	
<input type="checkbox"/> Account balance for the PERSI Base (401a) and Choice (401k) Plans for an active/inactive member.	
<input type="checkbox"/> Pension verification with gross monthly benefit amount for a benefit recipient.	
<input type="checkbox"/> Other information (please specify): _____	

Member Acknowledgment	
I authorize PERSI, on a one-time basis and in accordance with Idaho Code §59-1316, to release financial information to the third-party entity identified above.	
Signature	Date – mm/dd/yyyy





## Group Insurance Benefits Request Idaho School Retirees

Retirees Name \_\_\_\_\_ Subscriber Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Coverage paid by School District through \_\_\_\_\_, 20\_\_\_\_\_

Signed, School District Official \_\_\_\_\_

School District's Name and Number \_\_\_\_\_

School District's Address \_\_\_\_\_

Total monthly dental premium: \$ \_\_\_\_\_ Total back premiums\adjustments: \$ \_\_\_\_\_

Please pay the Dental Care Plan premium of \$ \_\_\_\_\_. I understand that rates, benefits and continuing eligibility for coverage for me and my dependents are all subject to the Master Contract between the School District and Delta Dental of Idaho. I understand the School District will notify me of any rate changes. I realize that should the Contract between the School District from which I retired and Delta Dental of Idaho be terminated, my coverage through Delta Dental of Idaho will terminate.

Sufficient sick leave available to cover 1st payment due? Yes No

Sufficient sick leave available to cover back premiums/adjustments? Yes No

Are you over the age of 65? Yes No

Please include the following eligible dependents for coverage under the Dental Care Plan.

Dependent Spouse's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Dependent Child's Name and Birth Date:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

I understand that if coverage is voluntarily terminated for myself, it can never be reinstated. I may add or terminate my dependents only when a status change has occurred. Dependent additions are subject to the contractual limitations stated in the contract between Delta Dental and the School District.

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

### Instructions:

Complete this form, including signatures by the School District Official and Retiree, and monthly premium amount. Send to Delta Dental of Idaho by the tenth of the month preceding retirement. Delta Dental of Idaho will notify the Public Employee Retirement System.

DELTA DENTAL OF IDAHO  
P.O. Box 2870  
Boise, Idaho 83701

deltadentalid.com



# Statewide Schools Retiree Application

Requested Effective Date \_\_\_\_\_

☐ Retiree Deferral Request

**SCHOOL DISTRICT INSTRUCTIONS:** Please have the Retiree complete and sign this form, then complete your portion on the back. Have your participating school district or school related group official sign and return the form to Blue Cross of Idaho.

**RETIREE INSTRUCTIONS:** Please complete the information below and sign and date the back of the form.

Applicant Information (Retiree)				
First Name	Last Name	Middle Initial	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City, State, Zip Code	Phone Number		
Social Security Number	Blue Cross of Idaho Identification Number	Blue Cross of Idaho Group Number		
Medicare Beneficiary Number	Date of Retirement	Birthdate		

**Dependent Information** – Please include the following eligible dependents who are currently covered under my program and will continue to be covered under my Retiree Program. List all eligible dependents you wish to enroll, including any child who is under the age of 26, or who is medically certified as disabled and dependent on parent for support (copy of certification required).

Dependent Spouse's Name	Spouse's Social Security Number	Medicare Beneficiary Number	Birthdate
Dependent Child's Name	Child's Social Security Number	Medicare Beneficiary Number	Birthdate
Dependent Child's Name	Child's Social Security Number	Medicare Beneficiary Number	Birthdate

**Medical Coverage** – Please choose appropriate coverage from the selections below.  
Retiree enrollment may be equal to or lesser than active employee enrollment.

UNDER 65				OVER 65						
	Health	Dental (if applicable)	Vision (if applicable)		Retiree Plan with RX	Retiree Plan without RX	Dental Coverage (if applicable)	Vision (if applicable)	Medicare Supplement*	Medicare Advantage**
Employee	<input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> POS	<input type="checkbox"/> PPO Dental Plan <input type="checkbox"/> Dental Blue Connect	<input type="checkbox"/>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PPO Dental Plan <input type="checkbox"/> Dental Blue Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> POS	<input type="checkbox"/> PPO Dental Plan <input type="checkbox"/> Dental Blue Connect	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PPO Dental Plan <input type="checkbox"/> Dental Blue Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> POS	<input type="checkbox"/> PPO Dental Plan <input type="checkbox"/> Dental Blue Connect	<input type="checkbox"/>							
Child	<input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> POS	<input type="checkbox"/> PPO Dental Plan <input type="checkbox"/> Dental Blue Connect	<input type="checkbox"/>							

\* A Medicare Supplement enrollment form is required to enroll in Blue Cross of Idaho's Medicare Supplement plans. Call 1-888-GO CROSS (1-888-462-7677) toll free to request a form and plan information.

\*\*A Medicare Advantage enrollment form is required to enroll in Blue Cross of Idaho's Medicare Advantage plans. Call 1-888-492-2583 toll free to request a form and plan information.

## FOR OFFICE USE ONLY

Group Number	Subgroup	Effective Date	Plan ID			Class	Reason Code
			M	D	V		

Street Address: 3000 E. Pine Ave., Meridian, ID 83642-5995 • Mailing Address: P.O. Box 7408, Boise, ID 83707-1408 • (208) 345-4550

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**Current/Prior Coverage**

(For Coordination of Benefits, please complete the section below. Use extra paper if necessary.)

Name	Name of Carrier	Policy Number	Type of Policy (Group or Individual)	Date of Policy		Will Current Policy Continue?
				Start Date (mm/dd/yy)	End Date (mm/dd/yy)	

Benefits offered to Retirees **under age 65**, under the Blue Cross of Idaho School Insurance Program, are to be the same benefits offered to active employees. If you had dental coverage through BCI while an active employee, you will be allowed to continue that dental coverage as a Retiree, as long as the group offers that benefit to its employees.

Retirees and/or spouses **over the age of 65** will be enrolled in our Blue Cross of Idaho School Insurance Over 65 Medicare Program and **must** be enrolled in Parts A and B. You are eligible for dental benefits if the participating school district or school related group you retired from participates in BCI's school program and you were enrolled in a dental plan through your participating school district or school related group for **12 months prior to enrolling in this retiree program**.

Please note that Blue Cross of Idaho cannot guarantee billing or payment of all policies selected by PERSI. If for any reason your premiums cannot be paid by PERSI, Blue Cross of Idaho will bill you directly.

RETIREE'S signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I authorize the Public Employee Retirement System of Idaho (PERSI) and Blue Cross of Idaho to exchange my address and enrollment information for the purpose of administering this plan.**

RETIREE'S signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sign for Deferment Only

I choose to defer my enrollment in the retiree program as well as my draw on unused sick leave entitlement with PERSI. I understand if I choose not to continue coverage at the time of retirement I may not be able to enroll at a later date. Later enrollment is possible only if your school district or school related group remains with Blue Cross of Idaho and you maintain continuous coverage. If your school district chooses another carrier, you will not be able to enroll in the program.

RETIREE'S signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY THE PARTICIPATING SCHOOL DISTRICT OR SCHOOL RELATED GROUP:

*Not necessary for currently enrolled retirees*

Coverage paid by the Participating School District or School Related Group through the month of: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Participating School District or School Related Group Official

\_\_\_\_\_  
Name of Participating School Group or School Related Group

\_\_\_\_\_  
Group Number

## DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc. (collectively referred to as Blue Cross of Idaho) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross of Idaho does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Customer Service Department. Call 1-800-627-1188 (TTY: 1-800-377-1363), or call the customer service phone number on the back of your card. If you believe that Blue Cross of Idaho has failed to provide these

services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Blue Cross of Idaho's Grievances and Appeals Department at:

Manager, Grievances and Appeals  
3000 E. Pine Ave., Meridian, ID 83642  
Telephone: 1-800-274-4018 ext. 3838  
Fax: 208-331-7493  
Email: [grievances&appeals@bcidaho.com](mailto:grievances&appeals@bcidaho.com)  
TTY: 1-800-377-1363

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-800-627-1188 (TTY: 1-800-377-1363).

### Arabic:

ملاحظة: إذا كنت تتحدث العربية اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-627-1188 (رقم هاتف الصم والبكم: 1-800-377-1363).

### Bantu:

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 1-800-377-1363).

### Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 1-800-377-1363)。

### Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-627-1188 تماس بگیرید. (TTY: 1-800-377-1363)

### French:

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 1-800-377-1363).

### German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 1-800-377-1363).

### Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 1-800-377-1363) まで、お電話にてご連絡ください。

### Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 1-800-377-1363)번으로 전화해 주십시오.

### Nepali:

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिता भाषा सहायता सेवाहरु नि:शुल्क रुपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिटीवी: 1-800-377-1363) ।

### Romanian:

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 1-800-377-1363).

### Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 1-800-377-1363).

### Serbo-Croatian:

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

### Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 1-800-377-1363).

### Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 1-800-377-1363).

### Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 1-800-377-1363).