



# Optional Retirement Plan (ORP) Unused Sick Leave Deduction Authorization

**Purpose of the Form**

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

**Instructions**

- Complete the form in blue or black ink.
- Attach a letter from the ORP administrator or have the ORP administrator send a letter directly to PERSI stating the date you started receiving a retirement benefit and the amount of the monthly benefit.
- Send this form with attached administrator letter to PERSI. (check box below regarding status of letter)

ORP Member Information			
Name – First, Middle, Last			Social Security Number
<b>Mailing Address</b>	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		Date of Birth – mm/ dd/ yyyy

ORP Administrator Letter Information
<p><b>Please check box for source of administrator letter.</b></p> <p><input type="checkbox"/> Administrator letter enclosed with this form.</p> <p><input type="checkbox"/> Administrator letter will be sent to PERSI by ORP administrator.</p>

ORP Member Acknowledgment		
<p>I understand that completion of this form <b>does not</b> automatically enroll me in my employer-maintained insurance plan. I must contact my employer to enroll in employer-maintained insurance for this premium payment election to take effect.</p> <p>By participating in the unused sick leave program and by agreeing to have insurance payments administered by PERSI, I authorize PERSI to release certain information to my former employer and to the insurance company to service my insurance policies during the year and for annual renewals.</p> <p>Any unexpended unused sick leave reverts to the unused sick leave fund at my death and cannot be transferred to a spouse or beneficiary (Idaho Code § 67-5333).</p> <p>I understand that once the balance of my unused sick leave credit is insufficient to make a full monthly premium payment, a partial payment will be made to the insurance company, and the remainder of the balance will be billed by the insurance company to me directly, or to my ORP.</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Signature</td> <td style="padding: 5px;">Date</td> </tr> </table>	Signature	Date
Signature	Date	