



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.

Instructions

Complete the form and send it to PERSI.

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)			

Deduction Elections	
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>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. Flat monthly amount to be deducted from my sick leave entitlement: \$_____</p> <p>Result: After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check.</p>
<input type="checkbox"/>	<p>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: _____ %</p> <p>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.</p>
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>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 §67-5339 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

