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

1 Complete the form in blue or black ink.

2 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.

3 Return the completed form to PERSI.

Member Social Security Number

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
☐ Mail   ☐ Email   ☐ Fax

Mailing Address	**Street or P.O. Box**		
	City	**State**	**Zip Code**

Email	**Fax** (include area code)

Information Requested

☐ Account balance for the PERSI Base (401a) and Choice (401k) Plans for an active/inactive member.

☐ Pension verification with gross monthly benefit amount for a benefit recipient.

☐ 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**