



Employer/Consortium Certification of Group Insurance Policy

Purpose of the Form

- Use this form to certify eligibility of a group insurance policy for payment of retirees' premiums by PERSI.

Instructions

- 1 Complete the form in blue or black ink.
- 2 Read **About the PERSI Unused Sick Leave Program**, below.
- 3 Complete the **Employer/Consortium Information** section and indicate eligibility status for payment of premiums under the Unused Sick Leave program.
- 4 Have an authorized signatory read and complete the **Certification of Employer/Consortium**.
- 5 Send the completed form to PERSI.

About the PERSI Unused Sick Leave Program

Retirees who have received unused sick leave credit as provided in Idaho Code sections 67-5333 and 33-1228 may have the Public Employee Retirement System of Idaho pay the premiums from these funds for the retirees' group health, dental, vision, long-term care, prescription drug, and life insurance policies which are maintained by their employer/consortium.

PERSI requires that both the employer/consortium and carrier certify eligibility of each insurance policy before any premiums can be paid from sick leave funds. When an employer/consortium changes carriers of insurance coverage, the employer/consortium must submit a new certification form for the new policy and carrier, complete with employer/consortium and carrier signatures.

PERSI Rule 59.01.06.556 states: *All employers participating in any PERSI administered sick leave pool are prohibited from offering or permitting any employee to convert unused sick leave to cash, other forms of leave, or any other benefit, even if the employee is not eligible to receive credits. Failure to comply with this prohibition will result in the employer's inability to participate in PERSI administered unused sick leave pools.*

Employer/Consortium Information

School District, Consortium, or Political Subdivision Name		PERSI Employer Number	
Mailing Address	Address 1		
	Address 2		
	City	State	Zip Code
Insurance Carrier Name			
Plan Name		Policy Number	
<input type="checkbox"/> Policy is eligible for payment of premiums under the Unused Sick Leave program.		<input type="checkbox"/> Policy is not eligible for payment of premiums under the Unused Sick Leave program.	

Certification of Employer/Consortium

I certify that the insurance policy designated on this form is an employer/consortium-sponsored group policy. If indicated above that this policy is eligible for payment of premiums under the Unused Sick Leave program, I certify that the above named PERSI Employer/Consortium, for which I am a duly authorized representative, is eligible to participate in the PERSI Unused Sick Leave program.

Name of Authorized Representative – First, Middle, Last	Position Title
Signature	Date – mm/dd/yyyy

