

EMPLOYEES' RETIREMENT SYSTEM

Election to Pay Health Insurance Premiums directly from Pension Earnings and Waiver of Liability

Name:		Social Security No. or ERS Payee ID	
Address:		Retirement Type:	<input type="checkbox"/> Regular Service <input type="checkbox"/> Service Conversion <input type="checkbox"/> Ordinary Disability

I certify that I have retired as a police officer or firefighter having reached normal retirement age for the retirement type checked above.

I authorize the Employees' Retirement System (ERS) to pay the premium for my City-sponsored health insurance, including the City-sponsored self-funded plan, directly to the City and deduct the premium cost from my monthly benefit. I understand that the amount of my monthly benefit will be reduced by the amount of the premium.

I understand that the Internal Revenue Code (IRC) limits the total amount of the eligible insurance premiums that I may pay on a pre-tax basis on an annual basis (currently \$3,000 annually). Accordingly, if the amount I am required to pay for my health insurance premiums exceeds the IRC limit, I authorize the ERS to deduct that additional amount from my monthly benefit on an after-tax basis.

This election will remain in effect until my death or until such time as I cancel it, and shall apply to future eligible plans and to coverage changes, such as from single to family.

I understand that using a portion of my monthly benefit to directly pay for health insurance premiums might affect the amount of federal tax withheld from my monthly benefit.

I have been advised to seek competent tax advice prior to participation in this program, and I understand that addressing the tax consequences of this election is my responsibility.

Participant Signature

Date

WAIVER OF LIABILITY

In consideration of my participating in this program, I agree that I will not make any claim against the City of Milwaukee, the ERS, or any of the City's or ERS's officers, agents, or employees, should my participation in this program result in any unexpected or additional tax liability to me, including interest and penalties.

Participant Signature

Date

*****You must sign both signature lines above for this election to be valid.*****