

PacificSource Community Health Plans 2965 NE Conners Avenue, Bend, OR 97701 541.385.5315 888.863.3637 Medicare.PacificSource.com

## Idaho Public Retiree (PERSI) Authorization Form

Use this form if you are an Idaho public retiree, and would like to have your or your spouse's PacificSource Medicare medical premium paid from your unused PERSI sick leave.

Please fill out each section of this form and sign below.				
What month would you like to start us leave to pay the PacificSource Medical			Date (MM/YYYY)	
Public Employee Retirement System of Idaho (PERSI) Account Information				
I have PERSI benefits through (include name of state employer or school district):				
Date of Retirement				
Payment request is for: (Check all that apply)		☐ State of Idaho Retiree ☐ Spouse of State of Idaho Retiree ☐ Idaho School District Retiree ☐ Spouse of Idaho School District Retiree		
Retiree Information (Public Employee)				
Last Name		First Name		MI
Gender ☐ Male ☐ Female	Birthdate (mm/dd/yyyy)	Social Security Number	er (Required)	
Retiree Spouse Information (Spouse of Public Employee)				
Only complete if requesting premium payment for your spouse.				
Last Name		First Name		MI
Gender ☐ Male ☐ Female	Birthdate (mm/dd/yyyy)	Social Security Number	er (Required)	
By completing and signing this form, you agree to have monthly payments taken from a PERSI sick leave account.				
Retiree Signature: Date:				

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

Mail: PacificSource Medicare, PO Box 7469, Bend OR 97708