PacificSource Medicare

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 using your PERSI sick leave to pay the PacificSource Medicare medical premium?		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 (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 (Required)	

By completing and signing this form, you agree to have monthly payments taken from a PERSI sick leave account.

Retiree Signature: _____ Date: _____
Please send this completed form to us by fax, email, or mail.
Fax: (541) 382-4217 or (855) 382-4217 toll-free
Email: medicareapplications@pacificsource.com
Mail: PacificSource Medicare, PO Box 7469, Bend OR 97708

PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid).

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 863-3637, TTY: (800) 735-2900.