



# City of Richmond, Virginia

*RICHMOND RETIREMENT SYSTEM*

## **Healthcare Enhancement for Local Public Safety (HELPS) Provision (Sec. 845 of P.L. 109-280)**

### **PUBLIC SAFETY OFFICERS AUTHORIZATION FORM FOR TAX-EXEMPT HEALTH INSURANCE DISTRIBUTIONS**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

#### **Participation Authorization:**

- The Richmond Retirement System (the “Plan”) permits any retired public safety officer, who separated from service with the City of Richmond eligible for an unreduced retirement benefit by reason of disability, attainment of normal retirement age (age 60) or years of service, regardless of age; to elect to have qualified health insurance premiums for the City provided health insurance plan subtracted from pension distributions.
- Amounts which you elect to have paid directly to the insurer will not be includible in income for Federal income tax purposes. This tax exclusion may not apply to state taxes.
- As a result of this tax exclusion, the income tax withholding from your monthly pension annuity may be reduced. You should consult with your tax advisor to make sure that enough money is paid from taxes withheld from your pension or through estimated taxes to avoid underpayment penalties.
- The amount that may be excluded under this election is limited to \$3,000 annually. You may not elect additional tax-preferred treatment from this Plan or any other qualified retirement plan (i.e., governmental defined benefit plans, 457(b) plans, or 403(b) plans) in excess of this limit.
- The Plan is complying with federal law by withholding insurance premiums from my pension benefits. In doing so, the Plan is only performing an administrative function and is only responsible for the payment of premiums, as required by law.

I understand the information above and the effect of this election. In addition, I hereby affirm that I am an eligible public safety officer and elect to have my qualified health insurance premiums paid by the Plan directly to the insurer on my behalf pursuant to the exclusion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date