



Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Retired Public Safety Officers Tax Exclusion Fact Sheet

What is it?

Section 845 of the Pension Protection Act allows for an annual tax exclusion up to \$3000 for public safety officers who have a deduction from their PERS check for medical, dental, vision, and/or long-term care insurance. The exemption applies to deductions for the officer, the officer's spouse and dependents. Payments for health care or long-term care insurance must be taken as a deduction from the retired employee's PERS check and paid directly to a participating insurer.

Who Qualifies?

This is a benefit enacted by congress that is available to PERS retirees who served as a public safety officer with a public agency in an official capacity, with or without compensation, as a law enforcement officer, as a firefighter, as a chaplain for a police or fire department, or as a member of a rescue squad or ambulance crew. An eligible retired public safety officer is an individual who was in a public safety officer position at the time of retirement and was fully eligible to retire based on service credit and age or retired under a disability retirement with PERS.

Other Important Facts

PERS has implemented the program based on its understanding of the information currently available, with the anticipation that the program may require revisions and adjustments as the provisions of the Pension Protection Act are interpreted and clarified. By participating in the program, you acknowledge that changes may be required and that changes could affect your eligibility or the eligibility of your insurance carrier or policy. It may also result in the reversal of some transactions. You agree that any benefit or privilege granted under this program is subject to change or revocation, that you will cooperate with any adjustments, and that PERS is not responsible for any consequence of any change to the program, including unexpected tax liability, interest, and penalties.

Responsibility of Your Health Plan or Insurance Carrier

In order for you to participate in the program, your health plan or insurance carrier must enroll in the program by completing and returning the Public Safety Officers Health Plan or Insurance Carrier Agreement to PERS. It is the responsibility of each individual health plan or insurance carrier to determine if they meet the qualifications to participate in this program. Your health plan or insurance carrier may complete one election form which will apply to all participants in the group or plan who qualify for the tax exclusion. PERS can verify if your health plan or insurance carrier is currently participating in the program.

Application Process

If you meet the conditions outlined in Section 845, complete the Public Safety Officers Tax Exclusion Agreement and submit it to PERS for processing. Once all paperwork is in place, the tax credit, not to exceed \$3000, may be taken starting in the year in which you submit your election form to the PERS office, provided your health plan or insurance carrier is also a participant in the program.



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Retired Public Safety Officer Tax Exclusion Agreement

(To be completed by the retiree)

Retiree Information

Name: _____			
First	Middle	Last	

Social Security Number: _____

Mailing Address:			
Street or P.O. Box _____			
City _____	State _____	Zip Code _____	

Phone Number:	Area Code	Phone Number
	(_____)	_____

Retirement Date: _____
Public Employer You Retired From: _____
Position You Retired From: _____
Name of Health Plan, Insurance or Long-term Care Insurance Plan:

I certify that PERS is currently deducting or will be deducting health care or long-term care insurance from my monthly retirement check. I understand that with the filing of this form, I may be eligible to exclude up to \$3000 from the taxable income I receive from PERS based on this deduction. I fully understand and meet the qualifications of the Public Safety Officer definition listed on the fact sheet provided to me. I understand that PERS is performing an administrative function permitted by federal law in withholding insurance premiums or health plan contributions from my monthly benefit. I understand that any and all tax implications of my election are my responsibility alone and I agree that I will make no claim against PERS for consequences of my election. I understand that my health plan or insurance carrier must qualify and elect to participate in the plan in order for me to receive the tax exemption.

Signature _____ Date _____