



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: <i>(Check all that apply)</i>	<input type="checkbox"/> State of Idaho Retiree <input type="checkbox"/> Spouse of State of Idaho Retiree <input type="checkbox"/> Idaho School District Retiree <input type="checkbox"/> Spouse of Idaho School District Retiree	
Retiree Information (Public Employee)		
Last Name	First Name	MI
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)	Social Security Number (Required)
Retiree Spouse Information (Spouse of Public Employee)		
<i>Only complete if requesting premium payment for your spouse.</i>		
Last Name	First Name	MI
Gender <input type="checkbox"/> Male <input type="checkbox"/> 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/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

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