



**Nationwide®**

## Nationwide Retirement Solutions

### Election & Authorization for Withdrawal/Employer Certification of Premiums for Health and/or Long-Term Care Insurance

Page 1 of 2

#### Participant Information

Plan Name: \_\_\_\_\_ Plan ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Participant SSN or Account #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be contacted if additional information is required? ☐ Phone ☐ Email

#### Certification as to Public Safety Officers Status

I am an Eligible Retired Public Safety Officer of the \_\_\_\_\_ (Enter Plan Name).

I am entitled pursuant to Internal Revenue Code Section 402 to elect to have a portion of my accident, qualified health and/or long term care insurance premiums deducted on a pre-tax basis from my Defined Contribution Plan and paid directly to my Insurance Company.

I hereby certify that I am an Eligible Retired Public Safety Officer. I understand that in order to qualify as a Public Safety Officer at the time of retirement, I must have been serving a public agency in an official capacity, with or without compensation, in one of the categories listed below. I hereby certify that I separated from service with the sponsor of the above plan by reason of disability or attainment of normal retirement age, and at the time of separation I was serving in an official capacity as **(please check one of the following)**:

☐ A law enforcement officer means an individual involved in crime and juvenile delinquency control or reduction, or enforcement of the criminal laws (including juvenile delinquency), including, but not limited to, police, corrections, probation, parole, and judicial officers

☐ A firefighter includes an individual serving as an officially recognized or designated member of a legally organized volunteer fire department, including an individual who, as such a member, engages in scene security or traffic management as the primary or only duty of the individual during emergency response

☐ A Member of a rescue squad or ambulance crew means an officially recognized or designated employee or volunteer member of a rescue squad or ambulance crew (including a ground or air ambulance service) that— (A) is a public agency; or (B) is (or is a part of) a nonprofit entity serving the public that— (i) is officially authorized or licensed to engage in rescue activity or to provide emergency medical services; and (ii) engages in rescue activities or provides emergency medical services as part of an official emergency response system

☐ A chaplain includes any individual serving as an officially recognized or designated member of a legally organized volunteer fire department or legally organized police department, or an officially recognized or designated public employee of a legally organized fire or police department who was responding to a fire, rescue, or police emergency

#### Insurance Company Information

Frequency: ☐ One Time ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Policy or Account Number: \_\_\_\_\_ Phone Number of Insurance Company: \_\_\_\_\_

Amount of Withdrawal\*: \_\_\_\_\_

\*\$3,000 annual aggregate maximum

## Lifetime Income Payment Information

If you are invested in a fund that includes a lifetime income payment feature, withdrawals, including rollovers, taken prior to the income activation date could impact the guarantee and reduce your future lifetime income payments. Withdrawals and rollovers made after the income activation date that exceed the annual lifetime income payment amount will reduce your annual lifetime income payments in future years. Please visit your Plan's website for more information.

## General Certifications

With respect to this election and authorization, I understand and certify the following:

- This election and authorization is only effective up to an annual aggregate maximum of \$3,000. This annual maximum applies to a calendar year with respect to distributions from all governmental defined benefit or defined contribution plans, 403(b) plans and 457(b) plans in which I participate. I am responsible for applying this limit.
- Any distributions made pursuant to the Election and Authorization for Withdrawal/Employer Certification Form will not apply toward any minimum distributions required pursuant to Internal Revenue Code Section 401(a)(9) for the taxable year.
- This Election and Authorization for Withdrawal/Employer Certification form is not effective until signed by me and certified by the Plan Sponsor.
- If I have requested less than \$3,000 on this form, I understand that I must submit an additional Election and Authorization for Withdrawal/Employer Certification form for another premium payment in the current calendar year up to the annual aggregate maximum of \$3,000.
- I hereby direct Nationwide Retirement Solutions to make a withdrawal from my Defined Contribution Plan for the purpose of paying up to an annual aggregate maximum of \$3,000 for my premiums for coverage under the above policy. Nationwide Retirement Solutions (NRS) will make payment directly to the above insurance company. I further understand that NRS is not permitted to make payment to me or any other person.
- I hereby certify that the accident, health insurance and/or long term care premiums for which I have elected the withdrawal reflected above are qualified health insurance, accident, and/or long term care premiums and therefore will fund only coverage for myself, my spouse and/or my dependents (within the meaning of Internal Revenue Code Section 152).
- I hereby certify that I have not, and will not, request a pre-tax withdrawal of health and/or long term care insurance premiums from any other plan.

I hereby agree to the terms of this Election and Authorization for Withdrawal/Employer Certification form and certify that the information provided above is true, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Acceptance by the Plan Sponsor (Certification is required at the time of the initial request only)

As an authorized representative of the Plan Sponsor, I certify the following:

- The Participant is a public safety officer as defined above.
- The Participant has separated service by reason of disability or attainment of normal retirement age.

Date Participant Separated from Service: \_\_\_\_\_

Signature of Plan Sponsor's Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Form Return

Mail: Nationwide Retirement Solutions  
PO Box 182797  
Columbus, OH 43218-2797

Email: [rpublic@nationwide.com](mailto:rpublic@nationwide.com)  
Fax: 877-677-4329