



Public Safety – Insurance Payment Form

Use this form if you are (or were a former) public safety worker as defined by the IRS[†] and are requesting Alerus to make direct payments to your health insurance provider from your Defined Contribution, Defined Contribution portion of Hybrid, or 457 account.

This payment will be processed through Alerus, MERS' recordkeeper.

Payments are on a prospective basis only; it is the participant's responsibility to cancel or change payments at any time.

This request is voluntary and not a requirement of MERS as your retirement provider.

MERS is not required to track premium payments made to insurance providers for tax purposes (i.e., 1099-R); tax reporting is the responsibility of the participant.

This form must be complete before processing will begin – this includes full and accurate payment instructions to the insurance provider – any information missing or inaccurate will cause a delay in payment.

† A public safety officer as defined by the IRS is an individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, as a firefighter, as a chaplain, or as a member of a rescue squad or ambulance crew.

* Required field • Please print clearly • See attached special tax notice for details • Retain a copy for your records

1. Information about you

Last name*	First name*	Social Security Number*	Phone number (with area code)*
Mailing address*			
City*		State*	Zip code*
Email address			
Employer name*	Account Type <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Hybrid <input type="checkbox"/> 457		Division number

2. Insurance provider information

Name of insurance provider			
Address of insurance provider		City*	State*
			Zip code*

3. Payment instructions

Select a method of payment:

- Wire Funds** – If you wish to have your funds transferred via wire, attach Wire Transfer Instructions from your insurance provider.
- Check** made payable to insurance provider listed above. The check will be mailed to the provider at the address in Section 2.

Amount of premium payment \$	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	I wish to: <input type="checkbox"/> START payment <input type="checkbox"/> CANCEL payment
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Last name* (please print clearly)

Social Security Number*

4. Your signature

By completing and signing this *Public Safety Insurance Payment Form*, I certify that I am a current or former eligible public safety officer with active coverage under the insurance plan identified in Section 2. I authorize and request Alerus to direct payment from the account selected above directly to that provider in the amount entered. I understand that changes in my coverage or the amount of the premium are my responsibility to manage and communicate to Alerus immediately. I acknowledge that Alerus and MERS are not required to track premium payments for tax purposes, and that it is my sole responsibility to report payments to the IRS as required. This form is accurate and complete. I understand that if information is incomplete or inaccurate, my payment will be delayed or cancelled. I acknowledge that all transactions must strictly comply with applicable laws, rules and regulations. If payments are rejected or returned for any reason, I authorize Alerus to re-invest funds according to my investment allocation on file and at the share price on that day, and that no lost gains will be provided. I understand that this agreement may be canceled at any time by written notification to Alerus. MERS reserves the right to cancel this service at any time following a 30 day notice.

Participant signature*

Date (mm/dd/yyyy)*

* Required field

You can submit this form online!



If you already have a myMERS account, you can also upload this form online unless. Navigate to your MERS Retirement Account and look for the **File Upload** feature in the top navigation to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

Alerus Retirement Solutions
P.O. Box 64535
St. Paul, MN 55164