

Election and Authorization for Withdrawal/Employer Certification of Premiums for Health and/or Long-Term care Insurance for Public Safety Officers – Provision 845

Instructions for Completing the Provision 845 Form

Eligible retired public safety officers requesting to withdraw their deferred compensation funds to pay for health insurance premiums must complete the PPA Premiums for Public Safety Officers Form (Provisions 845) each year. Please follow the instructions outlined below for completing the Provision 845 form:

1. Download the “PPA Premiums for Public Safety Officers Form” each year from www.ocfa457.com under the Support & Forms link.
2. On page (1), fill in your “Participant Information” and “Certification as to Insurance Company Information/Eligibility” as indicated directly below. Note: The Plan ID Number is 0038488001.

For Retired Chief Officers Only:

- You are an Eligible Retired Public Safety Officer of: Orange County Fire Authority
- Name of Insurance Company: OCFA – Finance Accounts Receivable
- Address of Insurance Company: P.O. Box 57115
- Policy or Account Number: OCFA Retiree
- Phone Number of Insurance Company: 714.573.6800
- City, State, & Zip Code: Irvine, CA 92619-7115
- Date Participant Separated from Service: Fill in your date of separation
- Amount of Withdrawal*: Fill in desired amount not to exceed \$3,000.00

For Retired Orange County Professional Firefighters Only:

- You are an Eligible Retired Public Safety Officer of: Orange County Fire Authority
- Name of Insurance Company: OCPFA Group Benefit Trust, c/o Brown Insurance Services
- Address of Insurance Company: 316 S. Tustin Street
- Policy or Account Number: OCFA Retiree
- Phone Number of Insurance Company: 714.460.7744
- City, State, & Zip Code: Orange, CA 92866
- Date Participant Separated from Service: Fill in your date of separation
- Amount of Withdrawal*: Fill in desired amount not to exceed \$3,000.00

3. On page (2) under “Certification as to Public Safety Officers Status,” check the box for “A professional firefighter.”
4. Sign and date the form under “General Certifications.”
5. Under “Acceptance by the Plan Sponsor” this section is completed by the staff at OCFA, Human Resources Division, but only for your first withdrawal. For any withdrawals thereafter, no further signatures are required; however, under “Signature of Plan Sponsor’s Authorized Representative,” write in “Signature on file.”
6. Fax your completed form to Nationwide at 877-677-4329.

If you need assistance, please contact the Benefits Team at OCFA, Human Resources Division at 714-573-6800.