

## Affiliation for Optional Group Life Insurance

Please type or print clearly in black ink.

■ **Important – This affiliation is irrevocable.** Once approved, your affiliation cannot be cancelled. Please include a copy of the minutes from the meeting where this resolution was approved.

**Note:** Employers are not required to affiliate for optional insurance.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638  
**e-mail:** [kpers@kpers.org](mailto:kpers@kpers.org) • **web site:** [www.kpers.org](http://www.kpers.org) • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

Resolution No. \_\_\_\_\_

Be it resolved, by (legal title of governing body) \_\_\_\_\_

that (legal name of entity) \_\_\_\_\_, a participating employer,

or an applicant to become a participating employer, in the:  Kansas Public Employees Retirement System  
 Kansas Police and Firemen's Retirement System

hereby makes application in accordance with K.S.A. 74-4927(6) and (7) for the inclusion of all its eligible employees in optional insurance under the Kansas Public Employees Retirement System effective January 1, \_\_\_\_\_.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

*Attested to by*

Name (print): \_\_\_\_\_

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

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

State of Kansas \_\_\_\_\_ )

) S S

County of \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby affirm that I am the duly elected or appointed  
\_\_\_\_\_ of the organization known as \_\_\_\_\_,

and I further affirm that the above Resolution is a true and correct copy of the Resolution adopted by such organization, and that said Resolution was adopted by a vote of two-thirds or more of the members-elect of the governing body of the organization.

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