KPERS

KPERS-79 Rev. 4/11

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OPTIONAL GROUP LIFE INSURANCE REDUCTION OR CANCELLATION

■ **Important –** Employees who are currently enrolled in the optional group life insurance program complete this form if they wish to reduce or cancel their current coverage. Coverage reductions must be made in increments of $5,000.

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

■ Part A – Employee Information

1. Social Security Number: _____-____-_____
2. Name (First, MI, Last):_____

■ Part B – Request for Reduction/Cancellation –

Coverage reductions must be made in increments of $5,000.

1. ❒ I wish to reduce my current optional group life insurance coverage to: $ _____
2. ❒ I wish to cancel my current optional group life insurance coverage.

Reductions and cancellations received in the Retirement System office **before** the 10th day of the month become effective the first day of the following month. Reductions and cancellations received **after** the 10th day of the month become effective in two months.

Member Signature:_____ Month/Day/Year: _____/_____/_____

■ Part C – Employer Certification –

This section must be completed by the employer's designated agent.

1. Employer:_____
2. Employer Number:_____

Designated Agent Signature:_____ Month/Day/Year: _____/_____/_____