KPERS

KPERS-79
Revised 9/03

Optional Group Life Insurance Transfer of Coverage

Please type or print using black ink.

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Please see page 2 for instructions.

■ Part A – Employee Information

1. Social Security Number: ______-____-______
2. Member's Name: ______________________________
3. Employer Name: ________________________________
4. Employer ID Number:____________________________

■ Part B – Transfer Request

I hereby request transfer for my existing optional group life insurance:

1. From: ____ __________________ ______/______/______
   Employer Name — Employer ID Number — Date of Last Premium
2. To: ____ __________________ ______/______/______
   Employer Name — Employer ID Number — Date of First Premium
3. Effective Date of Transfer: ______/______/______

"This transfer request is being made within 31 days of my termination date from the former employer (#1 above) and I have **not** converted this life insurance coverage to an individual policy."

4. ____ Month/Day/Year: ______/______/______
   Member Signature
5. ____ Month/Day/Year: ______/______/______
   Designated Agent Signature

Instructions:

- *Former Employer* (#1 above): Premium amount should be deleted from your records so member will not have a premium deduction from both employers.
- *New Employer* (#2 above): Submit this completed form to the Retirement System along with a Report of Member Status form (KPERS-1) marked "transfer." *State employers only* – Enter information into your payroll system.

■ Part C – Request for Reduction/Cancellation

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.

If the Retirement System receives this KPERS-79 before the 10th of the month, reductions and cancellations become effective the first day of the following month. When we receive the KPERS-79 after the 10th day of the month, the reduction or cancellation becomes effective in two months.

3. ____ Month/Day/Year: ______/______/______
   Member Signature
4. ____ Month/Day/Year: ______/______/______
   Designated Agent Signature

Optional Group Life Insurance Transfer of Coverage Instructions

■ Part A – Employee Information

1-2. Enter member's social security number and name.

3-4. Enter the member's current employer and its employer ID number.

■ Part B – Transfer Request

Complete this section if:

- You have changed employers and both are affiliated with the Retirement System for optional group life insurance *and*
- You want to continue coverage by transferring it from your former employer to your new employer.

1. Enter the employer name and ID number for your former employer. Enter the month and year you paid the last premium to your former employer.

2. Enter the employer name and ID number for your new employer. Enter the month and year you will pay the first premium to your new employer.

3. Enter the date you want the transfer to become effective.

4. Sign and date the form.

5. Employer's designated agent signs and dates the form. The Retirement System will accept only the designated agent's signature on file or an authorized representative whose signature is also on file.

■ Part C – Request for Reduction/Cancellation

Complete this section if you would like to reduce or cancel your optional group life insurance. Coverage reductions must be made in increments of $5,000.

1. Mark this box to *reduce* your optional insurance and indicate your *new* coverage amount.

2. Mark this box to *cancel* your optional insurance.

If the Retirement System receives this KPERS-79 before the 10th of the month, reductions and cancellations become effective the first day of the following month. When we receive the KPERS-79 after the 10th day of the month, the reduction or cancellation becomes effective in two months.

3. Sign and date the form.

4. Employer's designated agent signs and dates the form. The Retirement System will accept only the designated agent's signature on file or an authorized representative whose signature is also on file.