

Optional Group Life Insurance Continuation

Please type or print clearly in black ink. Instructions on page 2.

■ **General Information** – This form must be submitted to the Retirement System within 30 days of the last day you are on your employer’s payroll.

This form is for employees under age 65 who:

- Are already enrolled in optional group life insurance.
- Qualify for one of the continuation criteria listed in #7 below.
- Want to continue their coverage while off their employer’s payroll.

If you are over age 65, you may convert your group life insurance to an individual policy by completing a Life Insurance Conversion Form. A portability option is available if you are under age 70. You can download all forms at www.kpers.org or see your designated agent.

■ **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): _____
3. Date of Birth: ____/____/____
4. Male Female
5. Telephone Number: (____) _____
6. Mailing Address: _____
City, State, Zip: _____
7. Reason for leaving payroll: (choose only one)
 - Employee Illness: disability claim pending
 - FMLA for Family Illness: spouse, parents, children under age 18, and children over age 18 with a disability that prevents them from caring for themselves
 - Non-FMLA Event: sabbatical, funeral leave, short-term minor illness not requiring hospitalization and other non-medical reasons
 - Military Leave: for up to 16 months
8. Current optional group life insurance coverage amount: \$ _____
9. Amount of current coverage to be continued: \$ _____
You can decrease from your current coverage amount, but you cannot increase your coverage.

Minnesota Life will bill you for the first premium payment. Future premiums may be billed semi-annually or annually. A \$1.00 administrative fee is charged for each semi-annual premium payment.

10. Please indicate which payment method you prefer: Annually Semi-Annually

Billing address if different than above:

11. Mailing Address: _____
City, State, Zip: _____

Employee Signature: _____ Month/Day/Year: ____/____/____

■ **Part B – Employer Certification** – This section must be completed and signed by the employer’s designated agent.

1. Employer: _____
 2. Employer Number: _____
 3. Last Date on Payroll: ____/____/____
 4. Date of Disability: ____/____/____
- Designated Agent Signature: _____ Month/Day/Year: ____/____/____

KPERS Use Only
Date Verified
____/____/____

Optional Group Life Insurance Continuation Instructions

■ Part A – Employee Information

- 1-6. Enter indicated personal information.
7. Mark the corresponding box to indicate the reason for leaving your employer's payroll. Please choose only one. You must meet one of the continuation criteria to continue optional group life insurance.
8. Enter your current amount of optional group life insurance coverage.
9. Enter the amount of coverage you would like to continue while off your employer's payroll. You can decrease from your current coverage, but you cannot increase your coverage.
10. Minnesota Life will bill you for your first premium payment after processing your request to continue coverage. You can pay for future premiums semi-annually or annually. Indicate which payment method you prefer.
11. Enter the mailing address you want used for billing purposes.
12. Sign and date the form.

■ Part B – Employer Certification – This section must be completed and signed by the employer's designated agent.

- 1-2. Enter the employer name and number.
3. Enter the last date the employee was on your employer's payroll.
4. Enter the date of the employee's disability, according to his or her KPERS-60 form.
5. Sign and date the form. The Retirement System will only accept the designated agent's signature on file or an authorized representative whose signature is also on file.