

Basic Group Term Life insurance and Optional Group Term Life insurance

For New Members of the Kansas Public Employees Retirement System



Enroll now!

- Affordable group rates
- High levels of life insurance coverage available



Your life insurance benefits from KPERS

When it comes to insurance protection, everyone's needs are different. Yet no matter where you are in life, you need an affordable way to protect your financial security. Part of that protection can be provided through your Kansas Public Employees Retirement System (KPERS) employee life insurance benefits.

Your basic life insurance benefit provides a foundation

Basic Term Life provides you with 150 percent of your annual earnings. This coverage is effective on your hire date, membership date or your employer's entry date, depending upon your particular employer. See your designated agent for more information on the coverage provided. The cost of this coverage is paid entirely by your employer.

Important note: KP&F employees may participate in the optional insurance plan, however, are not eligible for the basic insurance coverage.

Your optional life insurance benefit gives you an opportunity

This insurance coverage provides you with additional protection to help secure the future for those who depend on you. Optional Term Life insurance lets you decide how much coverage you need. You pay the cost of this coverage and may purchase from \$5,000 to \$250,000 in \$5,000 increments.

When you decide to purchase optional insurance, you've already taken a very important step toward helping to protect your family's future. It's an excellent way to enhance your family's overall financial security.

Get up to \$50,000 without providing proof of good health

During your enrollment period, you may choose up to \$50,000 of Optional Term Life insurance coverage *without* answering questions about your health. You will need to provide proof of good health for life insurance coverage over \$50,000. After your enrollment period, you can enroll or increase coverage anytime with proof of good health.

When will coverage be effective for eligible employees?

You enroll for optional coverage by applying within 30 days after your hire date, membership date or your employer's entry date. Amounts of insurance up to \$50,000 will become effective the date you apply. Amounts over \$50,000 will become effective the date you are approved.

Designating your beneficiary

The beneficiary you name on the KPERS Designation of Beneficiary form will receive all of your group term life insurance proceeds.

If there is no named beneficiary living at the time of your death, benefits will be paid in the following order according to Kansas law:

- Your surviving spouse.
- Your dependent child or children.
- Your dependent parent or parents.
- Your nondependent child or children.
- Your nondependent parent or parents.
- Your estate.

Determine your needs for optional life insurance

How much coverage do you need?

You can use life insurance to help provide financial protection for you and your family. To estimate the amount of life insurance you need, determine what you wish to protect when you die. As you estimate your life insurance requirements and complete the insurance needs worksheet in this brochure, consider your:

- Assets and income.
- Basic necessities.
- Comfort zone.
- Special needs or one-time expenses.

The insurance needs worksheet in this brochure can help you determine your needs for Optional Term Life insurance.



Calculate your cost for group life insurance

How much does it cost?

Your coverage rate is based on your age as of January 1. Your premiums will increase as you age.

Optional Term Life insurance coverage			
Rates per \$1,000 of optional life coverage according to age			
Age	Rate	Age	Rate
< 25	\$0.05	50 - 54	\$0.21
25 - 29	0.06	55 - 59	0.40
30 - 34	0.08	60 - 64	0.61
35 - 39	0.09	65 - 69	1.18
40 - 44	0.10	70 - 74	1.90
45 - 49	0.14	75 and over	2.06

*Your monthly premium will also include a \$0.20 per month administrative charge.

Example

Employee age 38, choosing \$100,000 of coverage

1. Your coverage amount	=	\$100,000
2. Divide your coverage amount by 1,000	÷	1,000
	=	100
3. Using the rate table, find the rate that corresponds with your age as of January 1	x	.09
4. Multiply the answer of line 2 by line 3	=	\$9.00
5. Add \$0.20 per month administrative charge	+	\$ 0.20
6. Total premium per month	=	\$9.20

How do you pay premiums?

You don't have to worry about missing a premium. Your Optional Term Life insurance premiums are automatically deducted from your pay.

Additional important information about your life insurance coverage

- **Actively at work.** If, due to sickness or injury, you are not actively at work on the Optional Term Life insurance effective date, the insurance will not become effective until the first day following the date of your return to active work.

- **Family status change.** You may enroll for or increase your coverage by up to \$25,000 (subject to the plan maximum of \$250,000), *without* proof of good health, within 30 days of marriage, change in marital status, or the birth or adoption of a child.
- **Accelerated death benefit.** If you are diagnosed as terminally ill with 12 months or less to live, you may be eligible to receive up to 100 percent of your life insurance in lieu of the death benefit being paid to your beneficiary.
- **Portability.** If you leave employment or retire, you may continue your insurance coverage. Minnesota Life will bill you directly for your premium payments.
- **Increase in coverage.** To increase your coverage up to the plan maximum of \$250,000. You will need to provide proof of good health for increases outside of your initial eligibility period.

About Minnesota Life

Minnesota Life is:

- **A leader** in the group life insurance industry, focusing on group life insurance for nearly 90 years.
- **Among the most highly rated insurance companies** in the country. For current ratings, see our web site, www.lifebenefits.com. Please note: Ratings for financial strength and claims-paying ability are important, however, they are not reflective of the performance of any registered securities or variable subaccount.
- **Customer service-oriented.** We combine people and technology to provide you with the best service possible. Our specialists undergo extensive training to provide general and specific information to you about your group life insurance plan.

Questions? Contact Minnesota Life

Call toll-free 1-877-215-1476.

Return form to: Minnesota Life Insurance Company • 719 SW Van Buren • Suite 200 • Topeka, KS 66603-3715 • toll-free 1-877-215-1476

Kansas Public Employees Retirement System (KPERs)

Policy Number: 32869

If due to sickness or injury you are not actively at work on the Optional Life Insurance effective date, the insurance will not become effective until the first day following the date of your return to active work.

A. EMPLOYEE INFORMATION

FIRST NAME		MIDDLE INITIAL	LAST NAME	
STREET ADDRESS			CITY	STATE
				ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		GENDER	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
TOTAL AMOUNT OF OPTIONAL INSURANCE REQUESTED (\$5,000 increments to \$250,000 maximum)				

The beneficiary you named on the KPERs Designation of Beneficiary form will receive any group term life insurance proceeds. If there is no named beneficiary living at the time of your death, benefits will be paid in accordance with K.S.A. 74-4902(7).

B. HEALTH QUESTIONS

HEIGHT	WEIGHT

- YES NO
- 1. During the past three years, have you for any reason consulted a physician(s) or other health care provider(s), or been hospitalized?
 - 2. Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?
 - 3. Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?

If you answer yes to any question, give particulars including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis, and the treatment in the Additional Health Information section (Section D on the reverse side) or attach a separate sheet of paper.

Note: Employee must sign and date the reverse side of this form.

FOR DESIGNATED AGENT USE ONLY:

Policy Number: 32869

EMPLOYER NUMBER _____-_____-_____-	KPERs MEMBERSHIP DATE
PRESENT OPTIONAL COVERAGE \$	FIRST DAY ACTIVELY AT WORK

- NEW AFFILIATION/OPEN ENROLLMENT
 NEW MEMBER
 FAMILY STATUS CHANGE
 INCREASE IN COVERAGE

FOR TOPEKA BRANCH OFFICE USE ONLY:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> INCOMPLETE	BY	DATE

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to an MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights, you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the Medical Information Bureau, you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, Massachusetts 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

C. AUTHORIZATION

The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company (the Company), St. Paul, Minnesota 55101-2098 shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. If I do not revoke this authorization, it will be valid for 24 months from the date I sign it. A photocopy shall be as valid as the original. I have read this and the Consumer Privacy Notice and I understand that I can have copies.

SIGNATURE		DATE SIGNED	
X			
EMAIL ADDRESS		DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

D. ADDITIONAL HEALTH INFORMATION

DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT



Insurance Needs Worksheet

A. For how many years do you plan to provide financial support to your family? years

(Think about the number of years your children or elderly parents will depend on you for financial support.)

B. Multiply your answer by 12 to get the number of months you wish to provide for your family. months

C. Enter the number from “B” in the white boxes below.

Calculation

1. How much a month would your family need for mortgage or rent? \$ _____ x = \$ _____

OR

You can substitute estimated total amount for above. \$ _____

2. How much a month would your family need to pay for all other debt — car payment, credit cards or personal loan payments? \$ _____ x = \$ _____

OR

You can substitute estimated total amount for above. \$ _____

3. How much a month would your family need to meet ongoing expenses — food, utilities, day care, elder care, etc.? \$ _____ x = \$ _____

OR

You can substitute estimated total amount for above. \$ _____

4. Estimate the total cost of your children’s education (\$10,000 for public, \$20,000 for private — per-year cost). \$ _____

5. Add lines 1 - 4 together and write total here. \$ _____

6. Estimate the amount of personal savings, life insurance or other assets you already have in place, plus any Social Security benefit you anticipate receiving. \$ _____

Subtract line 6 total from line 5 total and put that number here. \$ _____

Based on the information you provided, this is the recommended amount of life insurance.

Use this amount when setting up your life insurance plan or to obtain a quote for life insurance.

Remember, your individual financial situation may require more or less insurance.

This calculation can be completed for you online, in the “Online services” section of www.lifebenefits.com.

Information in this brochure is intended as a general guide to the insurance coverage. If there are any differences between this brochure and the policy or certificate, the policy or certificate will govern.

This coverage is offered under group policy form series 03-30517.

MINNESOTA LIFE

Minnesota Life Insurance Company
Group Insurance - Topeka Office
A Securian Financial Group Affiliate

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