

Optional Group Life Insurance

How-to Guide for Designated Agents

Eligible Employees

Enrollment

Reports

Conversion

Portability

FAQs

Sample Forms

Kansas Public Employees Retirement System

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We're Here to Help

Insurance can get complicated. We want to equip you with the tools and information you need to help your employees get the most from their benefits. Call or e-mail us any time you have questions or if there is something we can do to help. The InfoLine is open Monday through Friday from 8 a.m. to 4 p.m. Your questions, comments and suggestions are always welcome.

You can download all Retirement System forms at www.kpers.org. Our web site is the best source for the most up-to-date version of any form. Contact Minnesota Life for a supply of their printed forms and brochures.

Contact KPERS

Contact KPERS if you have questions about payroll deduction or premium reporting.

E-mail: kpers@kpers.org
Toll-Free: 1-888-275-5737
In Topeka: 785-296-6166
Fax: 785-296-6638
Mail: 611 S. Kansas Ave., Suite 100
Topeka, KS 66603-3869

Contact Minnesota Life

Minnesota Life Insurance Company is KPERS' basic and optional life insurance provider. Contact them if you have questions about the policy and its provisions, enrollment and coverage changes, claims, conversion or portability.

Minnesota Life Topeka Branch Office
E-mail: topekabranchoffice@minnesotalife.com
Toll-Free: 1-877-215-1476
In Topeka: 785-354-0783
Fax: 785-354-0784
Mail: 719 SW Van Buren, Suite 200
Topeka, KS 66603

Eligible Employees

- 1. School and Local Employees**
 - Employers must have affiliated for optional coverage.
 - School employees must work a minimum of 630 hours per year.
 - Local employees must work a minimum of 1,000 hours per year.
 - *Not eligible:* Seasonal or temporary employees, KPERS retirees returning to work
- 2. State of Kansas Employees**
 - Includes State of Kansas employees in their year of service before KPERS membership
 - State employees must work a minimum of 1,000 hours per year.
 - Employees covered by Board of Regents Retirement Plans (TIAA or equivalent)
 - Certain state officers who choose not to become KPERS members, but instead choose to participate in the deferred compensation plan
- 3. Kansas Police and Firemen's Retirement System Employees**
 - Employers must have affiliated for optional coverage.
- 4. Retirement System for Judges Employees**

Plan Overview

Basic Group Life Insurance

Eligible employees automatically receive basic group life insurance equal to 150 percent of their annual salary. Employers pay for the cost of this coverage. KP&F members are not eligible for basic life insurance coverage.

Optional Group Life Insurance

Optional group life insurance provides employees with additional coverage beyond basic life insurance. Employers must affiliate for optional group life insurance to be able to offer this benefit to employees. Employees decide how much coverage they need and pay for the cost of this additional coverage through payroll deduction.

Coverage amounts range from \$5,000 to \$250,000 in \$5,000 increments. Employees of newly-affiliated employers are eligible for \$50,000 of guaranteed coverage without proof of good health during the initial open enrollment period. New employees also are eligible for \$50,000 of guaranteed coverage *without* proof of good health within 30 days of their hire date. Proof of good health is required for all amounts over \$50,000.

Starting or Increasing Coverage

Employees can start or increase optional group life insurance coverage at *any time* with proof of good health. For more information, see “Applying for Coverage” on page 6.

Family Status Change

Employees can enroll for or increase their optional group life insurance coverage by up to \$25,000 (subject to the plan maximum of \$250,000) *without* proof of good health, within 30 days of a family status change like marriage, divorce, birth or adoption. For more information, see “Applying for Coverage” on page 6.

Accelerated Death Benefit

Optional and basic group life insurance coverage provides an “accelerated death benefit.” If employees are diagnosed as terminally ill with a life expectancy of 12 months or less, they may be able to receive up to 100 percent of their life insurance instead of having the death benefit paid to their beneficiary. For more information, see “Applying for the Accelerated Death Benefit” on page 13.

Enrollment and When Coverage Begins

Employers can affiliate for optional group life insurance on either January 1 or July 1 of any year. There is only **one** open enrollment period following affiliation.

If an employer affiliates on January 1, the initial open enrollment period will be in April and all *approved* coverage will become effective July 1 of that year.

If an employer affiliates on July 1, the initial open enrollment period will be in October and all *approved* coverage will become effective January 1 of the following year.

Eligible employees not actively at work during the *entire* open enrollment period due to an approved leave of absence, including members receiving disability benefits, will have 30 days from their return to active employment to apply for coverage. This does not include employees on vacation leave.

If, due to sickness or injury, an employee is not actively at work on the effective date of his or her coverage, the optional group life insurance coverage will not become effective *until* the first day following the date of the employee’s return to active work.

Applying for Coverage

If employees are interested in applying for optional coverage, please encourage them to read the Minnesota Life Optional Group Life Insurance Enrollment brochure. This brochure has information about insurance coverage, insurance needs and premium costs. When applying for optional coverage, employees complete a Minnesota Life Optional Group Life Insurance Enrollment form, which is included with the brochure. You will need to complete the “For Designated Agent Use Only” section. See Appendix C for a sample form. Contact Minnesota Life for printed copies of the brochure or employees can download one at www.kpers.org.

Each week the Retirement System sends employers coverage reports for **New Coverage** and **Pending, Denied or Closed Coverage**. You will receive these reports only if there is a change in coverage for an employee. These reports will keep you informed about coverage changes and their status. See samples on page 7.

When an employee’s coverage is approved, KPERS will send you a confirmation letter to give to the employee. Please give each covered employee a certificate of insurance. Contact Minnesota Life for a supply.

Guaranteed Coverage for New Employees

New employees become eligible for optional group life insurance coverage on either:

- Their first day actively at work.
- Their Retirement System membership date.

This date will vary, depending on the employer. Employees have 30 days from this initial eligibility date to apply for \$50,000 of guaranteed coverage *without* proof of good health. Employees do not need to complete the health questions on the enrollment form when applying for amounts of \$50,000 or less during this period. Amounts over \$50,000 require proof of good health and will become effective upon approval. Completed enrollment forms received by Minnesota Life must be postmarked within the 30-day period to be approved for the guaranteed coverage.

Note: KP&F, Judges and KPERS school members are eligible on their first day actively at work.

New Employees (Employers With “First Day” Coverage)

Non-school employees must work for one year in a covered position, their “year of service,” before becoming a KPERS member. Non-school employers with “first day” coverage offer employees life insurance and disability coverage on their first day of work. New employees have 30 days, including their first day actively at work, to apply for the \$50,000 of guaranteed coverage *without* proof of good health.

New KPERS Members (Employers With No “First Day” Coverage)

Non-school employees must complete their year of service before they are eligible for life insurance coverage. New KPERS members have 30 days, including their membership date in KPERS, to apply for the \$50,000 of guaranteed coverage *without* proof of good health.

Starting or Increasing Coverage

The only open enrollment periods is the initial open enrollment following affiliation. Employees can start or increase coverage anytime throughout the year *with* proof of good health. The employee’s coverage must be underwritten and approved by Minnesota Life. The length of time this process takes will vary, depending on whether additional information is needed and when it is received. During this process, the status of the requested coverage will be listed in your weekly Pending, Denied or Closed Coverage report.

Family Status Change

Employees may enroll for or increase their coverage by up to \$25,000 (subject to the plan maximum of \$250,000) *without* proof of good health, within 30 days of a family status change like marriage, change in marital status, birth or adoption. Be sure to mark the appropriate box in the “For Designated Agent Use Only” section of the enrollment form. This guaranteed coverage will become effective on the application date.

Weekly Coverage Report Sample

New Coverage					
Name	SSN	New Coverage Amount	Effective Date	Premium Amount	Action
Bob Member	123-45-6789	\$50,000	10/1/2006	\$2.70	New Enrollment
<p>Action Codes: Increase Requested: Increase coverage at any time, up to the maximum of \$250,000 with proof of good health. Family Status Change: Increase up to \$25,000 within 30 days of marriage, change in marital status, or the birth or adoption of a child. Open Enrollment: Newly affiliated employers only. New Enrollment: Apply for coverage within 31 days from begin date or membership date.</p> <p>Questions regarding the status of an employee's enrollment form should be directed to Minnesota Life Insurance Company by calling toll-free 1-877-215-1476.</p>					
Pending, Denied, or Closed Coverage					
Name	SSN	Coverage Amount Applied For	Coverage Amount Pending Approval	Action	
Bob Member	123-45-6789	\$100,000	\$50,000	Pending	
<p>Action Codes: Pending: This amount reflects coverage over guarantee issue amount which is pending. Additional information has been requested from the employee or their physician. Denied: Coverage applied for was denied; however, employee's insurance coverage was increased by the guaranteed issue amount. Closed: Minnesota Life Insurance Company's file on this application was closed due to non-receipt of additional information required; however, employee's insurance coverage was increased by the guaranteed issue amount.</p> <p>Questions regarding the status of an employee's enrollment form should be directed to Minnesota Life Insurance Company by calling toll-free 1-877-215-1476.</p>					

Proof of Good Health (Medical Underwriting)

Proof of good health, or medical underwriting, is the process used to determine an applicant's insurability. Approval for coverage is based on written proof of good health (based on medical information). Many employees are approved or denied without the need for additional information. Some employees will need to supply additional information, such as historical medical records or a paramedical exam, to get a better understanding of their health.

Steps in the Medical Underwriting Process

1. Complete all fields in the "For Designated Agent Use Only" section of the enrollment form. Give the enrollment brochure, which includes the enrollment form and a business reply envelope, to the employee. The employee completes Sections A, B, C and D and mails to the Minnesota Life Topeka Branch Office.
2. Minnesota Life may approve or decline the application based on the enrollment form, or the company may request additional information from the employee or the employee's medical provider(s).
3. Minnesota Life will send a reminder letter to the employee if requested additional information is not received within 14 days. The employee's file will be closed if additional information is not received within 45 days from the date of request.
4. The status of the employee's coverage change will be shown on the weekly Pending, Denied or Closed Coverage report. The medical underwriting process is complete when the employee's enrollment form is approved, declined or closed. Approved coverage will be identified on the New Coverage report. Minnesota Life will notify employees in writing of all final decisions. Any employee who wishes to appeal a denial of coverage should contact Minnesota Life's Medical Underwriting Unit directly at 1-800-872-2214.

Life Insurance Report and Deducting Premiums

Every month, you will receive a life insurance premium report from KPERS with a summary of employee OGLI coverage and premium amounts due. It is important to review these reports each month and make any necessary changes. You also will receive OGLI Life Insurance Reconciliation Tables that show OGLI premium amounts due and amounts received for the year to date. Keep this table for your reference.

School and Local Employers

1. Around the 28th of each month, the Retirement System sends you a monthly life insurance premium report for the coming month.
2. You need to deduct OGLI premiums from employee pay on a post-tax basis in the same month of the OGLI coverage.
3. Review the monthly premium report and make any corrections. Return reports to the Retirement System by the end of the *coverage* month, not the month you receive the report. You may fax the report to 785-296-6057 or mail it to the KPERS office.
4. OGLI premium deductions are remitted with employer payroll electronic funds transfers (EFT). Premiums are due at the same time as the monthly premium report. Please see the EFT Manual at www.kpers.org for more information on electronic payments.

Calculating Premiums

The cost of an employee's optional coverage is determined by his or her age as of January 1 of that year. Employees' premiums increase each January after they enter a higher age bracket. See Appendix A for a chart showing calculated premiums by age or download the Excel file at www.kpers.org/optionrates.xls.

Example

An employee whose date of birth is July 18, 1962, was age 44 on January 1, 2007. Even though the employee will be age 45 later that year, the correct age bracket to use is "40-44." The employee's rate will change to the "45-49" age bracket on January 1, 2008.

Optional Term Life Insurance Coverage			
effective January 1, 2007			
Rates per \$1,000 of 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

An employee's monthly premium will also include a \$0.20 per month administrative charge.

Optional Term Life Insurance Coverage Example	
Employee age 44, choosing \$100,000 of coverage	
1. Coverage Amount	= \$100,000
2. Divide coverage amount by 1,000	÷ 1,000
	= 100
3. Using rate table, find the rate that corresponds with employee's age as of January 1	x .10
4. Multiply the answer of line 2 by line 3	= \$10.00
5. Add \$0.20 per month administrative charge	+ \$0.20
6. Total monthly premium	= \$10.20

Especially for Schools

Special situations may apply to school employers during the summer term when school is out of session. If an employee receives a paycheck only nine months out of the year (when school is in session), OGLI premiums for the summer term should be deducted from the final paycheck in May and remitted in advance. Premiums will post only in the month they are due.

If an employee ends employment during the summer term and premiums were deducted in advance, the employee has coverage through the end of the month they ended employment. You will need to refund remaining premiums.

If a school employee is on contract, the coverage lasts through the end of the contract if the premiums are prepaid. However, if an employee retires during the summer, his or her coverage ends at retirement.

Correcting Life Insurance Reports

Correct the Life Insurance report if employees end employment, go on a leave of absence, are dismissed, transfer, retire, etc. Please review each transaction on the Life Insurance report and mark any changes directly on the report itself. Add new employees and delete those who have left your payroll.

Please explain any adjustments you make to the Life Insurance report (additions, arrearages, refunds) on the Life Insurance Report and First Day Coverage Summary page. See example on page 10. Be sure to change the total premiums on the summary page. If your report does not reach the Retirement System’s office before we print the next monthly report, any changes you made will not be reflected on the new report.

<u>KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM</u> <u>LIFE INSURANCE REPORT</u>									
EMPLOYER: 0000-1 Employer name				COVERAGE PERIOD: 9-2006					
Serial No.	SSN	First Name	MI	Last Name	Age	Coverage amount	Premium amount	Termination code	Date
123456	123-45-6789	Joe	M	Member	33	\$25,000	\$1.95		
123457	987-65-4321	Sue	R	Member	35	\$25,000	\$2.20	T	9/25/06
123458	012-34-5678	Mary	Q	Member	49	\$150,000	\$19.70		
123459	012-21-1234	John	Z	Member	62	\$25,000	\$13.95	D	9/15/06
VALID TERMINATION CODES: D=DISABILITY, T=TERMINATION							Total: \$37.80		

Employee Terminating

Write a “T” and the last date on the payroll under Termination Code and Date on the report.

Employee on Disability Leave

Continue collecting OGLI premiums while the employee is on the payroll. Once the employee leaves the payroll, write a “D” and the last date on payroll under “Termination Code” and “Date” on the report. If the employee wants to continue optional coverage, he or she should complete an Optional Group Life Insurance Continuation form (KPERs-79C). Minnesota Life will bill the employee for future premiums. See Appendix B for more information.

Incorrect Premium Withheld

Do not write a corrected premium amount on the report. Collect the premium amount you calculate to be correct, and include an explanation for the adjustment (new age group, etc.) on the summary page.

From January through November, the monthly premium total you remit may vary from month to month due to payroll timing differences or adjustments. By monitoring your monthly reports closely, you can make sure your total remittances match total reported amounts due by December 31 of each year.

If You Overpaid or Underpaid (Refunds and Arrearages)

School and Local Employers

Employers remit premiums on a monthly basis. You are responsible for collecting arrearages if premiums were underpaid and issuing refunds if premiums were overpaid.

Some reasons you should give refunds:

- Employee is no longer in a Retirement System-covered position.
- Employee ends employment.
- Too much was deducted from an employee's pay.

To report a refund, make note of the refund on the Life Insurance Report and First Day Coverage Summary page. Deduct the amount of the refund from your next EFT remittance.

To report an arrearage, collect the correct amount due, and include an explanation for the adjustment (new age group, etc.) on the Life Insurance Report and First Day Coverage Summary page.

The Retirement System's life insurance staff can help you process most arrearages and refunds. Minnesota Life will collect or refund premiums in certain situations. Since each situation can differ, contact the Retirement System's life insurance staff if you need specific instructions about processing a refund or arrearage.

KANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
LIFE INSURANCE REPORT AND FIRST DAY COVERAGE SUMMARY

EMPLOYER: 0000-1 Employer name COVERAGE PERIOD: 9-2006

Total LIFE INSURANCE PREMIUMS THIS PERIOD: \$37.80

First Day Coverage (FDC) *(Only appears for employers with first-day coverage)*

Number of Employees In Year of Service for Current Month: _____

Total Compensation of Employees In Year of Service for Current Month: _____

First Day Coverage Contribution Amount for Current Month: _____*

* 1.0% of Total Compensation of Employees In Year of Service for Current Month

(Explain any adjustments you make to the Life Insurance Report in this space.)

State Employers

State of Kansas employers should contact the Retirement System's life insurance staff for specific instructions about processing a refund or arrearage. See page 4 for contact information.

Transfers Between Retirement System Employers

To Your Employer

When employees transfer *to your employer* from another Retirement System employer, please call the KPERS InfoLine to verify whether they had OGLI coverage where they previously worked. If an employee had coverage and wants to continue it, send a completed Optional Group Life Insurance Transfer of Coverage form (KPERS-79) to KPERS, along with a completed Report of Member Status form (KPERS-1).

Designated agents need to complete Sections A and B of the OGLI form. You and the employee must sign and date the form before sending it to the Retirement System. The transfer of coverage is effective on the date the employee is reported on your payroll.

If an employee has been off the payroll of a Retirement System employer for more than 31 days *or* the former employer was not affiliated for OGLI coverage, the employee is treated as a new employee. He or she has 30 days, including the first day at work, to apply for coverage with a “new hire” guaranteed issue of \$50,000.

If an employee previously worked for an employer that was affiliated for OGLI coverage and the employee *chose not to participate* while employed there, the employee can apply any time for coverage with proof of good health, but is not eligible for the “new hire” guaranteed issue.

From Your Employer

When an employee transfers *from your employer* to another employer that is not affiliated for OGLI coverage, his or her coverage will end unless he or she chooses to continue coverage by using the portability option (effective January 1, 2007) or by converting to an individual policy. See “When Coverage Ends” for details.

When an employee transfers to a Retirement System employer with OGLI coverage, delete the OGLI premium on the Life Insurance Report so the employee will not have a premium deducted by both employers.

Reducing or Canceling Coverage

Employees may reduce or cancel their OGLI coverage at any time by completing an Optional Group Life Insurance Transfer of Coverage form (KPERS-79).

To reduce or cancel coverage, the employee completes Sections A and C of the form. You and the employee must sign and date the form before sending it to the Retirement System.

If the Retirement System receives the form *before* the 10th of the month, the reduction or cancellation becomes effective the first day of the following month. If the Retirement System receives the form *after* the 10th day of the month, the reduction or cancellation becomes effective in two months.

Example

If the Retirement System receives the form by January 5, coverage change will be effective February 1. If the Retirement System receives the form on January 11, coverage change will be effective March 1.

Optional Group Life Insurance Transfer of Coverage form (KPERS-79)

See Appendix D for a sample. You can download the form at www.kpers.org.

Continuing Coverage During a Leave of Absence

Employees on an extended unpaid leave of absence have the opportunity to continue OGLI coverage during that time. Employees must send a completed Optional Group Life Continuation form (KPERS-79C) to the Retirement System. Minnesota Life will bill the employee for future premiums. The length of time employees can continue coverage varies by the type of leave. Refer to the Minnesota Life Leave of Absence Chart in Appendix B for details. If an employee returns to work, complete an Optional Group Life Insurance – Return to Payroll form (KPERS-79R). See Appendix E for a sample. KPERS will notify Minnesota Life and the direct billing will be canceled. Any pre-paid premiums will be refunded and monthly premiums are again deducted from the employee’s pay.

If the employee chooses *not* to continue coverage while on a leave of absence, they would need to provide proof of good health to reinstate their coverage if they return to work.

Optional Group Life Insurance Continuation form (KPERS-79C)

See Appendix F for a sample. You can download the form at www.kpers.org.

When Coverage Ends

Life insurance coverage ends when an employee is no longer in a covered position because they:

- Change jobs to a position not covered by KPERs.
- Leave your employer.
- Retire.

Basic life insurance ends 31 days from the employee's last day on payroll. The OGLI coverage end date is the last day of the month in which the premium is deducted. Employees have two options for continuing coverage.

Conversion

Conversion Rights

Kansas law requires that employees who have conversion rights under a group life insurance policy be given notice of that right at least 15 days before the policy expires. If notice is not given in that time period, employees have until 15 days after they are given notice, or 60 days after the conversion period in which the policy expires, whichever occurs first, to convert their coverage.

Provide a Minnesota Life Conversion brochure to employees anytime they become ineligible for coverage. You can provide information in person or by mail to their last known address.

Converting to an Individual Policy

Employees can convert their coverage to an individual policy within 31 days from the last date on the payroll. Their coverage will change from *term* insurance to *whole life* insurance. Employees can convert up to the full amount of their current insurance coverage without proof of good health, but they cannot convert any more than they currently have. To convert coverage, employees must complete a Minnesota Life Conversion form. The first premium payment must be included with this form.

Completing the Life Insurance Conversion Form

The employee fills in his or her personal information in the section "To Be Completed by Member" of the conversion form. *The conversion form will not be accepted without the employee's signature and the first premium payment.*

You must fill in the employee's information about:

- Last day on payroll.
- Current annual salary. If employment was less than a year, report what the employee would have made for the year.
- Basic group life insurance (annual salary times 150 percent).
- Optional group life insurance.

Sign the conversion form in the section "To Be Completed by DA."

NOTE: Please complete all information on the conversion form, including all dates. Forward the form to Minnesota Life for processing. See page 4 for contact information. Minnesota Life will contact the employee directly with any questions.

Minnesota Life Conversion Form Example

See Appendix I for a sample. Contact Minnesota Life for printed copies of the conversion brochure, which includes the conversion form. Employees also can download the form at www.kpers.org.

Portability

Effective January 1, 2007

Employees have a new “portability” feature for their life insurance coverage. This feature allows employees to continue their current basic and optional coverage as *term* insurance. Portable group term life insurance provides a more limited benefit than whole life insurance, but the cost is generally less expensive. Employees can “port” their coverage within 31 days of ending employment by completing a Minnesota Life Portability Election form. See Appendix G for a chart comparing portability and conversion.

“Porting” Group Term Life Insurance

All employees who are under age 70 may continue all or a portion of current coverage otherwise lost due to retirement, termination of employment or loss of eligibility. Employees do not have to provide proof of good health to port their current coverage. However, employees are not eligible to continue coverage if they were not actively at work due to sickness or injury on the date their coverage ends.

Portable group term life insurance is not intended to provide level coverage. The coverage reduces to 65 percent at age 65, and coverage ends at age 70. Premiums also increase as the employee gets older.

Completing the Portability Election Form

The employee fills in his or her personal information in the “Member Information” section of the form. The employee also answers questions about their employment, chooses the amount of life insurance to be continued and chooses a billing option. You do not need to provide any information or sign the form.

Portability Election Form Example

See Appendix H for a sample. Contact Minnesota Life for printed copies of the form. Employees also can download the form at www.kpers.org.

Applying for the Accelerated Death Benefit

Optional and basic group life insurance coverage provides an “accelerated death benefit.” If employees are diagnosed as terminally ill with a life expectancy of 12 months or less, they may be able to receive up to 100 percent of their life insurance instead of having the death benefit paid to their beneficiary. An employee can choose to accelerate all or part of their benefit. Any remaining coverage stays in effect as long as they are a Retirement System member and pay the associated premiums. The remaining death benefit will be paid to the employee’s beneficiary.

Steps in the Accelerated Death Benefit Process

1. An employee notifies you first if they wish to apply for the accelerated death benefit. Download the “Notice of Claim for Accelerated Benefit” form at www.kpers.org and complete Part 1.
2. The employee completes Part 2 and gives the form to his or her physician. The physician completes Part 3 and sends the form to the Minnesota Life Topeka Branch Office along with supporting medical records.
3. The Topeka office will notify KPERs via e-mail that the employee is applying for the accelerated death benefit. If the claim is approved, Minnesota Life will contact the employee to determine how much of the coverage is to be accelerated, and to arrange payment. If the claim is denied, the employee and KPERs will be notified in writing.
4. Continue deducting OGLI premiums until you are notified that the claim has been paid.

If an Employee Dies

If an employee dies, send a completed Employer's Report of a Death or Disability form (KPERS-60) to the Retirement System. KPERS will verify the life insurance information and send a Board of Trustees Certification of Death to Minnesota Life.

Steps in the Death Benefit Claim Process

1. Minnesota Life contacts each designated beneficiary listed on the certification of death by postal mail. Included with this letter is a "Beneficiary Notification Statement" form that each beneficiary must complete and return to Minnesota Life. Minnesota Life also requires *one* certified copy of the employee's death certificate.
2. The beneficiary(s) completes the necessary information and returns the form to Minnesota Life with any other claim-related documents.
3. Minnesota Life is responsible for all necessary follow-up and communication regarding the insurance claim. All inquiries regarding the pending claim should be referred to the Minnesota Life Topeka Branch Office.
4. If the insurance claim is approved and Minnesota Life has received all necessary information, Minnesota Life mails checks to beneficiaries within seven to ten days. Minnesota Life cannot issue a check directly to a minor child. In the case of a minor beneficiary, a letter of guardianship for the minor's estate is required and the check is issued to the guardian on behalf of the minor. Alternatively, Minnesota Life can hold the payment in an interest-bearing account until the minor turns age 18.
5. Minnesota Life pays interest on a claim from the date of death to the date of payment. Even though life insurance benefits are non-taxable to the beneficiary, the interest is taxable. For this reason, beneficiaries receive a 1099 tax form for any interest paid on the claim.
6. After payment has been sent to the employee's beneficiary(s), Minnesota Life will notify you that payment has been issued and the claim is closed.

Frequently Asked Questions

Why was an employee's OGLI application denied when the employee completed the OGLI enrollment form within 30 days of his eligibility date?

Employees must *sign and mail* the completed enrollment form to Minnesota Life within the 30-day period. Completed enrollment forms received by Minnesota Life must be *postmarked* within the 30-day period to be approved for the guaranteed coverage. If the deadline is missed, the employee can still apply for coverage, but won't have the \$50,000 guaranteed coverage.

When should I begin deducting OGLI premiums?

The Retirement System will send you the premium amount for each approved employee with the Life Insurance report. Do not withhold premiums until you receive official notice from the Retirement System. OGLI premiums are then deducted on a *post-tax* basis in the same month of the actual coverage.

When will I be notified of premium increases based on age group changes?

Age group changes take effect each January for all employees. The Retirement System will send you a premium report before January.

What are acceptable changes to the Life Insurance report?

Correct the Life Insurance report if employees end employment, go on a leave of absence, are dismissed, transfer, retire, etc. Add new employees and delete those who have left your payroll. Do not line through or change pre-printed premium amounts shown on the report. These amounts are the premiums determined by member coverage. KPERS cannot post an amount that is different than the computed premium.

Amounts deducted and remitted for premiums from the June payroll, for example, should match premium amounts shown on the June report.

Please explain any adjustments you make to the Life Insurance report (additions, arrearages, refunds) on the Life Insurance Report and First Day Coverage Summary page. See example on page 10.

What should I do if my remittances do not match my Life Insurance report?

If you have under-paid premiums for an employee, collect the additional premiums, and remit them on the next EFT transmission in the OGLI category.

If you have over-paid premiums for an employee, reduce your next EFT remittance by the additional amount.

When does an employee's coverage end and when do I make the adjustment on the Life Insurance report?

OGLI coverage ends when an employee is no longer in a covered position because they:

- Change jobs to a position not covered by KPERS.
- Leave your employer.
- Retire.

The coverage end date will always be the last day of the month in which the last premium is deducted.

Once the employee leaves the covered position, write a "T" and the last date on the payroll under the termination code and date columns on the Life Insurance report. See "When Coverage Ends" on page 12.

What if an employee is on disability leave?

OGLI coverage details will vary, depending on the employee's age. Refer to the Minnesota Life Leave of Absence Chart in Appendix B for details.

I am a school employer and have a number of nine-month employees who don't receive pay during the summer. How do I report for these months?

Premiums for the summer months should be deducted and remitted in advance. Because KPERS cannot post an amount that is different than the computed premium, each premium deduction will post only in the month that it is due. For this reason, your OGLI Life Insurance Reconciliation Tables will not match until the end of summer.

Example: For the May payroll, deduct June, July and August premiums from the final check. Remit all three month's premiums on the next EFT transaction. Each month's premium will post in the month it is due.

I am a school employer and have an employee who ended employment in July after we deducted for the summer months (June-August). Do I need to refund the August premium?

If an employee ends employment during the summer months, and you deducted his or her premiums in advance, the employee remains covered from the termination date through the end of that month. You should refund premiums for any subsequent months.

Example: Kate leaves employment July 18 after you deducted premiums in advance for June through August. She is covered until July 31 and should be refunded the premium amount for August coverage.

What if school employees are on contract through August 31? Are the employees still covered, although they won't work for us again?

If a school employee is on contract, the coverage lasts through the end of the contract if the premiums are deducted in advance. However, if an employee retires during the summer, his or her coverage ends at retirement.

I have an employee who transferred mid-month to another Retirement System employer. When should the new employer begin deducting optional group life premiums?

The current employer should collect and report for the current month. The new employer should complete a Transfer of Optional Group Life Insurance Coverage form (KPERS-79) and a Report of Member Status form (KPERS-1). The Retirement System will inform the new employer when to begin deducting premiums by including the member on the monthly Life Insurance report.

When should I refund premiums? How do I report refunds?

Some reasons you should give refunds:

- Employee is no longer in a Retirement System-covered position.
- Employee ends employment.
- Too much was deducted from an employee's pay.

To report a refund, make note of the refund on the Life Insurance Report and First Day Coverage Summary page. Deduct the amount of the refund from your next EFT remittance.

Contact the Retirement System's life insurance staff for instructions about processing a refund.

Payday is the last day of the month. When do I collect premiums? When do I send them in?

Collect the premiums from that pay period if the pay is for the current month. Remit these premiums with the appropriate EFT transaction.

Example: The June payroll is paid June 30. Deduct the June OGLI premiums from the June 30 paycheck and remit these premiums within three days of the payroll date.

I have an employee who has to report for military duty. What happens to the insurance coverage?

Optional group life insurance continues for the first 16 months an employee is on active duty. The employee must complete an Optional Group Life Insurance Continuation form (KPERS-79C). You will need to complete the employer section and send the completed form to the Retirement System within 30 days of the employee's last day on payroll. Employees pay the premiums directly to Minnesota Life.

After 16 months, the employee has the option to convert to an individual policy or choose portable group term life insurance. See "When Coverage Ends" on page 12 for more information.

Optional coverage is reinstated if the employee returns to work in a covered position within five years, even if the employee did not previously convert or port his or her coverage. Premiums will be based on the employee's age when he or she returns to work.

Can employees name a different beneficiary for their OGLI benefits?

Employees can name different beneficiaries for their life insurance benefits and any retirement death benefits. See the Designation of Beneficiary form (KPERS-7/99) for details.

Optional Group Life Insurance Premiums — Effective January 1, 2007

(these monthly premiums include the \$0.20 administration fee)

Rate Age	0.05 Under 25	0.06 25-29	0.08 30-34	0.09 35-39	0.10 40-44	0.14 45-49	0.21 50-54	0.40 55-59	0.61 60-64	1.18 65-69	1.90 70-74	2.06 75 and over
Coverage (1000s)												
5	0.45	0.50	0.60	0.65	0.70	0.90	1.25	2.20	3.25	6.10	9.70	10.50
10	0.70	0.80	1.00	1.10	1.20	1.60	2.30	4.20	6.30	12.00	19.20	20.80
15	0.95	1.10	1.40	1.55	1.70	2.30	3.35	6.20	9.35	17.90	28.70	31.10
20	1.20	1.40	1.80	2.00	2.20	3.00	4.40	8.20	12.40	23.80	38.20	41.40
25	1.45	1.70	2.20	2.45	2.70	3.70	5.45	10.20	15.45	29.70	47.70	51.70
30	1.70	2.00	2.60	2.90	3.20	4.40	6.50	12.20	18.50	35.60	57.20	62.00
35	1.95	2.30	3.00	3.35	3.70	5.10	7.55	14.20	21.55	41.50	66.70	72.30
40	2.20	2.60	3.40	3.80	4.20	5.80	8.60	16.20	24.60	47.40	76.20	82.60
45	2.45	2.90	3.80	4.25	4.70	6.50	9.65	18.20	27.65	53.30	85.70	92.90
50	2.70	3.20	4.20	4.70	5.20	7.20	10.70	20.20	30.70	59.20	95.20	103.20
55	2.95	3.50	4.60	5.15	5.70	7.90	11.75	22.20	33.75	65.10	104.70	113.50
60	3.20	3.80	5.00	5.60	6.20	8.60	12.80	24.20	36.80	71.00	114.20	123.80
65	3.45	4.10	5.40	6.05	6.70	9.30	13.85	26.20	39.85	76.90	123.70	134.10
70	3.70	4.40	5.80	6.50	7.20	10.00	14.90	28.20	42.90	82.80	133.20	144.40
75	3.95	4.70	6.20	6.95	7.70	10.70	15.95	30.20	45.95	88.70	142.70	154.70
80	4.20	5.00	6.60	7.40	8.20	11.40	17.00	32.20	49.00	94.60	152.20	165.00
85	4.45	5.30	7.00	7.85	8.70	12.10	18.05	34.20	52.05	100.50	161.70	175.30
90	4.70	5.60	7.40	8.30	9.20	12.80	19.10	36.20	55.10	106.40	171.20	185.60
95	4.95	5.90	7.80	8.75	9.70	13.50	20.15	38.20	58.15	112.30	180.70	195.90
100	5.20	6.20	8.20	9.20	10.20	14.20	21.20	40.20	61.20	118.20	190.20	206.20
105	5.45	6.50	8.60	9.65	10.70	14.90	22.25	42.20	64.25	124.10	199.70	216.50
110	5.70	6.80	9.00	10.10	11.20	15.60	23.30	44.20	67.30	130.00	209.20	226.80
115	5.95	7.10	9.40	10.55	11.70	16.30	24.35	46.20	70.35	135.90	218.70	237.10
120	6.20	7.40	9.80	11.00	12.20	17.00	25.40	48.20	73.40	141.80	228.20	247.40
125	6.45	7.70	10.20	11.45	12.70	17.70	26.45	50.20	76.45	147.70	237.70	257.70
130	6.70	8.00	10.60	11.90	13.20	18.40	27.50	52.20	79.50	153.60	247.20	268.00
135	6.95	8.30	11.00	12.35	13.70	19.10	28.55	54.20	82.55	159.50	256.70	278.30
140	7.20	8.60	11.40	12.80	14.20	19.80	29.60	56.20	85.60	165.40	266.20	288.60
145	7.45	8.90	11.80	13.25	14.70	20.50	30.65	58.20	88.65	171.30	275.70	298.90
150	7.70	9.20	12.20	13.70	15.20	21.20	31.70	60.20	91.70	177.20	285.20	309.20
155	7.95	9.50	12.60	14.15	15.70	21.90	32.75	62.20	94.75	183.10	294.70	319.50
160	8.20	9.80	13.00	14.60	16.20	22.60	33.80	64.20	97.80	189.00	304.20	329.80
165	8.45	10.10	13.40	15.05	16.70	23.30	34.85	66.20	100.85	194.90	313.70	340.10
170	8.70	10.40	13.80	15.50	17.20	24.00	35.90	68.20	103.90	200.80	323.20	350.40
175	8.95	10.70	14.20	15.95	17.70	24.70	36.95	70.20	106.95	206.70	332.70	360.70
180	9.20	11.00	14.60	16.40	18.20	25.40	38.00	72.20	110.00	212.60	342.20	371.00
185	9.45	11.30	15.00	16.85	18.70	26.10	39.05	74.20	113.05	218.50	351.70	381.30
190	9.70	11.60	15.40	17.30	19.20	26.80	40.10	76.20	116.10	224.40	361.20	391.60
195	9.95	11.90	15.80	17.75	19.70	27.50	41.15	78.20	119.15	230.30	370.70	401.90
200	10.20	12.20	16.20	18.20	20.20	28.20	42.20	80.20	122.20	236.20	380.20	412.20
205	10.45	12.50	16.60	18.65	20.70	28.90	43.25	82.20	125.25	242.10	389.70	422.50
210	10.70	12.80	17.00	19.10	21.20	29.60	44.30	84.20	128.30	248.00	399.20	432.80
215	10.95	13.10	17.40	19.55	21.70	30.30	45.35	86.20	131.35	253.90	408.70	443.10
220	11.20	13.40	17.80	20.00	22.20	31.00	46.40	88.20	134.40	259.80	418.20	453.40
225	11.45	13.70	18.20	20.45	22.70	31.70	47.45	90.20	137.45	265.70	427.70	463.70
230	11.70	14.00	18.60	20.90	23.20	32.40	48.50	92.20	140.50	271.60	437.20	474.00
235	11.95	14.30	19.00	21.35	23.70	33.10	49.55	94.20	143.55	277.50	446.70	484.30
240	12.20	14.60	19.40	21.80	24.20	33.80	50.60	96.20	146.60	283.40	456.20	494.60
245	12.45	14.90	19.80	22.25	24.70	34.50	51.65	98.20	149.65	289.30	465.70	504.90
250	12.70	15.20	20.20	22.70	25.20	35.20	52.70	100.20	152.70	295.20	475.20	515.20

Minnesota Life Insurance Leave of Absence Chart

<u>Type of Leave</u>	<u>Basic Coverage</u>	<u>Optional Coverage</u>
Military leave	Continued during active military duty. Premium paid from KPERS fund, not by participating employer.	Employee has the option to continue coverage on a premium-paying basis for 16 months. After 16 months, employee must convert or port to keep coverage.
Return to work >	Reinstated	If return w/in five years, coverage reinstated, per USERRA, even if employee did not previously elect continuation.
School employees with a nine-month schedule (summer months)	Continued	Continued – deduct premium payment in advance.
Return to work >	Basic coverage continued by employer during the summer months, so no need for reinstatement.	Employees can apply for new coverage when they return to work, but no GI will be provided. They must submit EOI for all coverage amounts.
KBOR employees on a non-medical LOA (sabbatical, etc.)	Employee has the option to continue coverage on a premium-paying basis	Employee has the option of continuing coverage on a premium-paying basis for up to three years.
Return to work >	Reinstated	If coverage not continued, coverage will be reinstated at prior coverage amount if employee returns to work within three months. If employee returns to work after three months, employee can apply for coverage upon return, or at any time after, but no GI will be provided. Must submit EOI for all coverage amounts.
State employees on furlough	Continued for up to 12 months	Employee has the option to continue coverage on a premium-paying basis for 12 months. After 12 months, employee must convert or port to keep coverage.
Return to work >		If coverage not continued, coverage will be reinstated at prior coverage amount if employee returns to work within three months. If employee returns to work after three months, employee can apply for coverage upon return, or at any time after, but no GI will be provided. Must submit EOI for all coverage amounts.
Other non-FMLA events	Terminated	Employee has the option to continue coverage on a premium-paying basis for 12 months. After 12 months, employee must convert or port to keep coverage.
Return to work >	Reinstated	If coverage not continued, coverage will be reinstated at prior coverage amount if employee returns to work within three months. If employee returns to work after three months, employee can apply for coverage upon return, or at any time after, but no GI will be provided. Must submit EOI for all coverage amounts.

Abbreviations Key

EOI • Evidence of Insurability	FMLA • Family and Medical Leave Act
GI • Guaranteed Insurance	LOA • Leave of Absence
LTD • Long-Term Disability	ML • Minnesota Life
USERRA • Uniformed Services Employment and Reemployment Rights Act	

<u>Type of Leave</u>	<u>Basic Coverage</u>	<u>Optional Coverage</u>
FMLA family member	Terminated	Employee has the option to continue coverage on a premium-paying basis for 12 months. After 12 months, employee must convert or port to keep coverage.
Return to work >	Reinstated	If coverage not continued, coverage will be reinstated at prior coverage amount if employee returns to work within three months. If employee returns to work after three months, employee can apply for coverage upon return, or at any time after, but no GI will be provided. Must submit EOI for all coverage amounts.
FMLA EE illness < 65 including KPERS LTD	Remain covered under the ML insured plan for first 180 days. Move out of insured plan into self-funded plan after 180-day waiting period for eligibility under the KPERS LTD plan. Note: Employer continues to pay the premiums as long as the employee remains on payroll (accumulated sick leave, STD payments, etc.). Once the employer stops paying premiums, employee remains covered during the 180-day waiting period.	Employees on a qualifying medical LOA allowed to continue coverage on a premium-paying basis. ML will directly bill employee. Employees can continue coverage until the earliest of: 1. Recovery 2. Retirement 3. Age 65 4. Withdraw from membership
Return to work >	Reinstated	If coverage not continued, coverage will be reinstated at prior coverage amount if employee returns to work within three months. If employee returns to work after three months, employee can apply for coverage upon return, or at any time after, but no GI will be provided. Must submit EOI for all coverage amounts.
FMLA EE illness age 65 & older including KPERS LTD	Move out of insured plan into self-funded plan after 180-day waiting period for eligibility under the KPERS LTD plan.	Terminated
Return to work >	Reinstated	Coverage will be reinstated at prior coverage amount if employee returns to work within three months. If employee returns to work after three months, employee can apply for coverage upon return, or at any time after, but no GI will be provided. Must submit EOI for all coverage amounts.

Employees who choose not to continue optional coverage while on a leave of absence (LOA) will be considered to have terminated their coverage. They will not be treated as a new hire when they return to employment. These employees may apply for coverage when they return to work or any time after, but all coverage will require evidence of insurability (EOI). The only exception to this is when an employee changes employment and goes to work for a participating employer who is a new affiliate under the plan and did not previously offer optional coverage.

Minnesota Life Enrollment Form

MINNESOTA LIFE

GROUP LIFE INSURANCE ENROLLMENT AND EVIDENCE OF INSURABILITY

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		
\$			
<input type="checkbox"/> NEW AFFILIATION/OPEN ENROLLMENT <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> FAMILY STATUS CHANGE <input type="checkbox"/> INCREASE IN COVERAGE			
FOR TOPEKA BRANCH OFFICE USE ONLY:			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> INCOMPLETE			DATE
BY			

03-30508

KPERS OGLI Transfer of Coverage Form



Optional Group Life Insurance Transfer of Coverage

Please type or print using black ink.

■ **Contact Us** – toll free: (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

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

KPERS OGLI Return to Payroll Form



**Optional Group Life Insurance
Return to Payroll**

Please type or print using black ink.

■ Important – Employers must complete this form for employees who are enrolled in the optional group life insurance program when they return from Leave without Pay. Please see page 2 for explanations of coverage according to the type of leave. Submit this completed form to the Retirement System along with a Report of Member Status form (KPERS-1) marked “return to payroll.”

■ 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. Last Date Actively at Work: ____/____/____
4. Date Returned to Work: ____/____/____
5. Optional Group Life Insurance Coverage Amount: \$ _____
6. Reason for leaving payroll: Check all that apply. See page 2 for explanations of coverage according to the type of leave.
 - Employee Illness: long-term disability
 - Returning to work during the first 90 days
 - Returning to work during day 91 to 180
 - Non-FMLA Events: sabbaticals, funeral leave, short-term minor illness not requiring hospitalization and other nonmedical reasons
 - 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
 - Military Leave

■ Part B – Employer Certification

1. Employer Name: _____
 2. Employer Number: _____
- Designated Agent Signature: _____ Month/Day/Year: ____/____/____

KPERS OGLI Continuation Form



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
____/____/____

Portability/Conversion Comparison Chart

Differences between Porting and Converting Your Group Term Life Coverage

	Portability	Conversion
Eligible coverage	Basic and Optional Term Life coverage can be ported.	Basic and Optional coverage can be converted.
Type of insurance following election	Group Term life	Individual life policy
Eligibility timing	Must be elected within 31 days of event below	Must be elected within 31 days of event below
Events allowing portability/conversion	Coverage is lost due to: <ul style="list-style-type: none"> ▪ Retirement ▪ Termination of employment ▪ Layoff or non-medical leave ▪ Other loss of eligibility 	Coverage is lost due to: <ul style="list-style-type: none"> ▪ Retirement ▪ Termination of employment ▪ Layoff or leave ▪ Loss of eligibility ▪ Termination of group policy
Not allowed for	Coverage is lost due to: <ul style="list-style-type: none"> ▪ Termination of group policy ▪ Member not actively at work due to sickness or injury ▪ Nonpayment of premium 	Coverage is lost due to: <ul style="list-style-type: none"> ▪ Nonpayment of premium
Guaranteed issue	All guaranteed issue	All guaranteed issue
Maximum age to elect	Age 69	No maximum age
Minimum amount allowed	\$5,000	No minimum
Maximum amount allowed	Member: Previous amount in force to maximum of \$500,000 (65% of previous amount to maximum of \$325,000 if 65 or older)	Previous amount in force unless conversion is due to policy or class termination. If conversion is due to policy/class termination, maximum is the lesser of \$10,000 or the existing coverage amount less the new coverage amount available under group replacement policy.
Increases/decreases available	Increases: Available with evidence of insurability Decreases: Available anytime*	No increases Decreases available
Age reductions	Reduces to 65% at age 65	No age reductions
Termination age	Age 70	No termination age
Effect of group contract termination on coverage already ported or converted	No change	No change
Availability of conversion option	Available at any time after porting but not more than 31 days after ported coverage terminates	Not applicable
Rates	Specific to KPERS ports; may change based on claims experience among ports.	Not applicable
Billing frequency and type	Quarterly, semiannually, annually (bill) Monthly – Electronic Funds Transfer (EFT)	Initial setup: Quarterly, semiannually, annually (bill) Ongoing: Monthly EFT is available
Administration charge	None for monthly EFT; \$2.00 per collection for paper billings.	None, regardless of payment option.

*Subject to applicable state law or regulation.

F58547-86 Rev 9-2008

Minnesota Life Portability Election Form

Portability Election

Minnesota Life Insurance Company - A Securian Company
Topeka Branch Office • 719 SW Van Buren, Suite 200 • Topeka KS 66603-3715 • 1-877-215-1476

MINNESOTA LIFE

Employer name Kansas Public Employees Retirement System (KPERS)	Policy number 32869
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Member Information

Name	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (street, city, state, zip)	Telephone number
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Date leaving the employer's active plan	Reason for leaving the employer's active plan (retirement, termination of employment, etc.)
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Were you actively at work on the day before your retirement or termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, was your absence due to sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Current basic term life amount \$	Amount of basic term life to be continued \$
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Current optional term life amount \$	Amount of optional term life to be continued \$
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Primary beneficiary designation (include full name and address)	Relationship	Percentage (must total 100%)
Contingent beneficiary designation (include full name and address) <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>	Relationship	Percentage (must total 100%)

Please indicate how you would like to be billed:

Quarterly Semi-Annually Annually

Monthly (EFT only) **ACTION NEEDED:** You will need to send a voided check along with this application.

Do not send a premium payment in with this completed form. Minnesota Life will bill you for the first premium payment after receiving your completed election form. Future premiums may be billed quarterly, semi-annually, or annually. Or, you may elect monthly premium payments through Electronic Funds Transfer (EFT) and you will not be billed; premiums will be deducted automatically from your checking account.

A \$2.00 fee is charged *per premium payment* for administrative fees, unless billed annually or EFT is being used.

IMPORTANT NOTE: By selecting the monthly EFT payment option, you are authorizing Minnesota Life Insurance Company to make charges equal to the monthly premium against your bank account at the financial institution noted on the attached voided check, and to withdraw that premium from your account.

Applicant signature X	Date signed
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F58547-86 Rev 9-2008

Minnesota Life Conversion Form

Conversion of Group Life Insurance Enrollment

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Topeka Branch Office • 719 SW Van Buren Street, Suite 200 • Topeka, KS 66603-3715

Name of person converting (please print, first name, middle initial, last name)		Relationship to employee <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Social Security number	Date of birth	Telephone number	Issue age (age nearest your birthday)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address		City	State	Zip code
Name of employee (if other than person converting)		Social Security number	Date of birth	Telephone number
Reason for termination of group insurance <input type="checkbox"/> Termination of employment on _____ (date) <input type="checkbox"/> No longer eligible as a dependent on _____ (date) <input type="checkbox"/> Other _____		Name of previous employer KPERS		
		Group policy number 32869		
		Amount of group insurance terminating		

New (Converted) Insurance

Amount of insurance being converted \$	Type of insurance policy <input checked="" type="checkbox"/> Adjustable Life Legend	Automatic premium loan Should you fail to make a premium payment before the end of the grace period, we will: 1) Use any dividend accumulations you left with us to pay the premium and 2) If necessary, we will make a policy loan to pay the balance of the premium. Do you want the Automatic Premium Loan to be operative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual premium \$	Premiums payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	

Home Office endorsements amending answers indicated. Acceptance of policy shall ratify changes entered here by Company.

Beneficiary: Subject to the policy beneficiary provisions. Right is reserved to revoke and change any beneficiary not designated irrevocable.

Primary beneficiary full given name, middle name, surname and address	Relationship to insured	Share % (must total 100%)
Contingent beneficiary full given name, middle name, surname and address	Relationship to insured	Share % (must total 100%)

Agreement: Information in this enrollment form is given to obtain this insurance and is true and complete to the best of my knowledge and belief. The policy issued hereupon shall not take effect unless the first premium shall be actually paid to the Company during my lifetime upon or before delivery of the policy.

Amount of premium attached \$	Signature of employee (if other than person converting) X	Date
	Signature of person converting (if over 18) X	Date

TO BE COMPLETED BY DESIGNATED AGENT:

Last day on participating payroll (month/day/year)	Optional insurance term (month/day/year)
1. Current annual salary or previous 12 months (whichever is greater)	\$ _____
2. Group life insurance coverage	\$ _____
3. Optional insurance coverage	\$ _____
4. MAXIMUM CONVERSION AMOUNT (total of lines 2 and 3)	\$ _____

I certify that the information given by this employee concerning employment and group insurance with us is correct according to our records.

Designated agent signature X	Date completed	Employer ID#	Date form provided to employee
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Send the completed enrollment form(s) and the first premium payment(s) to:
Group Conversions, Minnesota Life Topeka Branch Office, 719 SW Van Buren Street, Suite 200, Topeka, KS 66603-3715

Topeka Branch Office Use Only:	
Effective date	Initials

