What Is Optional Life Insurance?

Optional life insurance is extra coverage, beyond basic life insurance and death benefits, for employees and their spouses. Employees decide how much coverage they need and pay for the cost through payroll deduction.

Other life insurance coverage & death benefits for employees

- **Basic Group Life Insurance**
  - Click [KPERS 1], then Life Insurance - Basic & Optional
  - Click [KPERS 2], then Life Insurance - Basic & Optional
  - Click [KPERS 3], then Life Insurance - Basic & Optional
  - Click [Judges], then Life Insurance - Basic & Optional

- **Accelerated Death Benefit**
  - Click [KPERS 1], then Death Benefits
  - Click [KPERS 2], then Death Benefits
  - Click [KPERS 3], then Death Benefits
  - Click [Judges], then Death Benefits

- **Job-Related Death Benefit**
  - Click [KPERS 1], then Death Benefits
  - Click [KPERS 2], then Death Benefits
  - Click [KPERS 3], then Death Benefits

- **Service- and Non Service-Connected Death Benefit**
  - Click [KP&F], then Death Benefits

- **Surviving Spouse Benefit**
  - Beneficiary page

Contact KPERS

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

Email: kpersFS@kpers.org
Toll-Free: 1-866-980-0955
In Topeka: 785-296-7212
Fax: 785-296-6057
Contacting the Provider

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

Email: kpersadmin@standard.com
Toll-Free: 1-844-289-2306
Fax: 971-321-5033

Affiliation and Eligibility

- School and local employers must individually affiliate for optional life.
- State employers are automatically affiliated.
- All KPERS, KP&F and Judges members at affiliated employers, their spouses and dependent children are eligible for coverage.
- Employees covered by Board of Regents Retirement Plans (TIAA or equivalent) and state officers who participate in the state's deferred compensation plan, KPERS 457, are also eligible.

Eligibility exceptions

- Spouses who are active members of KPERS are not eligible for spouse coverage. Even if their employers are not affiliated for optional life.
- Retired members are not eligible for member coverage. They are eligible for spouse coverage.
- Only one parent may have child coverage if both parents are members.

<table>
<thead>
<tr>
<th>Dates Employers Can Affili</th>
<th>Open Enrollment Period</th>
<th>Coverage Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1</td>
<td>April</td>
<td>July 1 (same year)</td>
</tr>
<tr>
<td>July 1</td>
<td>October</td>
<td>January 1 (following year)</td>
</tr>
</tbody>
</table>
Coverage Details

Anytime Coverage

Employees may start or increase coverage anytime by completing the enrollment form and answering a few health questions. We often call this “anytime” coverage.

- **Employee** coverage is available in $5,000 increments up to $400,000 (increment example: you can apply for $200,000 or $205,000 or $270,000, etc., not $102,000 or $204,000, etc.).
- **Spouse** coverage is available in $5,000 increments up to $100,000.

Child coverage is only available for new hires, during open enrollment or with a family status change and in $10,000 or $20,000 coverage amounts.

“Anytime” coverage is underwritten and approved by The Standard.

Medical underwriting is the process used to determine insurability. The Standard approves coverage based on medical information provided by employees.

During this process, coverage status will be listed on the EWP. Timing will vary based on when the application is processed and if The Standard needs additional information.

Employees and spouses previously declined for coverage are not eligible for guaranteed coverage.

KPERS members do not have to have employee coverage to have spouse and child coverage. KP&F members must have employee optional coverage to have spouse and child coverage.

Employer checklist - anytime coverage

- Complete the “For Designated Agent Use Only” section of enrollment form.
- Give Optional Life Insurance booklet and enrollment form to the employee.
- Tell the employee to complete the enrollment form and forward it to The Standard office. Mail: 800 SW Jackson St, #1110; Topeka, KS 66612 or Fax: 973-321-5033
- Check your “Changes since last report” list on the KPERS employer portal for your employees’ current optional life coverage.
- KPERS will send you a confirmation letter verifying approved coverage. Give the letter to the employee.
Employer checklist - anytime coverage

☐ Give the employee a certificate of insurance

☐ The Standard will send the employee a letter verifying denied coverage. The employee will receive this letter at the mailing address on the enrollment form. You do not have to do anything for denied coverage.

☐ If denied, tell employees they can contact The Standard to appeal a denial of coverage.

☐ Provide an Optional Group Life Insurance Reduction or Cancellation form (KPERS-79) to employees who want to decrease or cancel coverage.

Behind the Scenes

1. The Standard receives enrollment form
2. If needed, they send employee underwriting form for health questions
3. Approve or decline application based on form(s)
4. Request more information like medical records or paramedical exam (The Standard covers cost for exams)

The Standard will send the employee a reminder letter if information is not received within 14 days. They will close the employee's file if information if not received within 45 days from the date of request.

New Employees

Guaranteed Coverage

New employees are eligible for guaranteed coverage for employee, spouse and child optional life insurance. Employees are eligible the first day they are actively at work and have 31 days to apply.

An employee cannot be insured as both a member and as a spouse, and only one parent may have child coverage if both are KPERS members.

- **Employee** guaranteed coverage is available up to $250,000 in $5,000 increments. (During annual open enrollment, employee can increase by up to $50,000 in $5,000 increments ($250,000 max for guaranteed coverage).
- **Spouse** guaranteed coverage is available up to $25,000 in $5,000 increments.
- **Child** guaranteed coverage is available in $10,000 or $20,000 amounts.

The Standard must receive the completed enrollment form postmarked within 30 days of hire date to approve guaranteed coverage. Employees and spouses previously declined for coverage are not eligible for guaranteed coverage.
Coverage Over Guaranteed Max

Beyond guaranteed amounts, the employee coverage maximum is $400,000 and spouse coverage maximum is $100,000 in $5,000 increments. Employees will go through the medical underwriting process for amounts over the guaranteed coverage maximum.

Did you know? With proof of good health, employees can apply anytime for up to the maximum coverage amount for them and/or their spouses. If dependent child coverage is not elected when newly hired or during a family status change, dependent child coverage can only be added during the annual open enrollment. Proof of good health is never required for a child.

Employer checklist - new employees

☐ On employee's first day, talk to him about employee, spouse and child OGLI.

☐ For employees interested in coverage, complete the Employer Information section of the enrollment form and give them the enrollment form and Optional Life Insurance Booklet.

☐ Tell employees who decide to apply to complete the enrollment form and send to The Standard (online enrollment is only available during fall annual open enrollment).

☐ The Standard will send an underwriting (anytime coverage) form to employees, if needed.

☐ Check your “Changes since last report” list on the employer portal to confirmed status of newly enrolled employees.

☐ Give employee a certificate of insurance

☐ The Standard will send the employee a letter verifying denied coverage. The employee will receive this letter at the mailing address on the enrollment form. You do not have to do anything for denied coverage.

☐ Order printed Optional Life Insurance booklet, as needed.

Family Status Change

Within 31 days of a family status change, such as marriage, divorce, birth, adoption, an employee's change from full-time to part-time employment or if the spouse's employment ends, employees are eligible for new or increased guaranteed coverage (no health questions).

The Standard must receive completed enrollment form postmarked within 31 days of the family status change to approve guaranteed coverage. Employees and spouses previously declined for coverage are not eligible for guaranteed coverage.
Employee
- New or increase coverage up to **$50,000** in $5,000 increments (no health questions)
- **$250,000** max for guaranteed coverage (no health questions)
- $400,000 plan maximum (with health questions)

Spouse
- New or increase coverage up to **$25,000** in $5,000 increments (no health questions)
- **$25,000** max for guaranteed coverage (no health questions)
- $100,000 plan maximum (with health questions)

Child
- **$10,000** or **$20,000** guaranteed coverage

Employees can reduce or cancel coverage anytime.

Annual Open Enrollment

During open enrollment each fall, most employees are eligible for guaranteed coverage for employee, spouse and child optional life insurance.

They do not need to answer health questions unless they’re applying for more than the guaranteed amounts.

- **Employee** guaranteed coverage is available up to **$50,000** ($5,000 increments) subject to the $250,000 guaranteed coverage maximum. Employees not currently enrolled may elect coverage up to $50,000. Proof of good health is required for amounts that exceed $50,000. Employees currently enrolled may increase their coverage by up to $50,000 each year until they reach $250,000 of coverage. Once $250,000 has been reached, proof of good health will be required for all increases.

- **Spouse** guaranteed coverage is available for up to **$25,000** ($5,000 increments) to spouses not currently covered. Proof of good health required for amounts above $25,000. Spouses who have coverage less than $25,000 may increase their coverage by additional $5,000, up to $25,000 total coverage amount. Any coverage amounts above $25,000, proof of good health will be required.

- **Child** guaranteed coverage is available for **$10,000** or **$20,000**.

Employees should login to their online KPERS account to enroll. Paper enrollment forms are also available (KBOR paper enrollment only). Employees and spouses previously declined for coverage are not eligible for guaranteed coverage.
Optional Life Insurance

Coverage at a Glance

<table>
<thead>
<tr>
<th>Can enroll...</th>
<th>Employee</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anytime</td>
<td>Up to $400,000 ($5K increments)</td>
<td>Up to $100,000 ($5K increments)</td>
<td>only available with new hire, open enrollment or family status change</td>
</tr>
<tr>
<td>New hire (within 31 days)</td>
<td>Up to $250,000 ($5K increments)</td>
<td>Up to $25,000 ($5K increments)</td>
<td>$10,000 $20,000</td>
</tr>
<tr>
<td>Family status change (within 31 days)</td>
<td>New or increase by up to $50,000 ($5K increments)</td>
<td>New or increase by up to $25,000 ($5K increments)</td>
<td>$10,000 $20,000</td>
</tr>
<tr>
<td>Annual open enrollment</td>
<td>New or increase by up to $50,000 ($5K increments)</td>
<td>New or increase by up to $25,000 ($5K increments)</td>
<td>$10,000 $20,000</td>
</tr>
</tbody>
</table>

Reducing or Canceling Coverage

Employees may reduce or cancel coverage anytime by completing an Optional Group Life Insurance Reduction or Cancellation form (KPERS-79).

The employee completes Sections A and B of the form. You and the employee must sign and date the form before sending it to KPERS.

The reduction or cancellation may not become effective in the month they're submitted. Depending on when they're received and when the premium report is processed, reductions and cancellations may appear on the following month's report.

Changes to Coverage

On the EWP, you'll see changes to coverage that happened since your last premium report. You can export this table to Excel. You can also do a lookup by entering an employees SSN. (State employers will not see this list on the portal)
Changes since last report

<table>
<thead>
<tr>
<th>SSN</th>
<th>First Name</th>
<th>Last Name</th>
<th>New Premium</th>
<th>Effective Date</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-00-0000</td>
<td>John</td>
<td>Doe</td>
<td>$0.00</td>
<td>01/04/2018</td>
<td>Termination</td>
</tr>
<tr>
<td>000-00-0000</td>
<td>Jane</td>
<td>Doe</td>
<td>$2.03</td>
<td>01/08/2018</td>
<td>Increase Requested</td>
</tr>
<tr>
<td>000-00-0000</td>
<td>Bill</td>
<td>Doe</td>
<td>$5.75</td>
<td>1/17/2018</td>
<td>New Enrollment</td>
</tr>
</tbody>
</table>

Premiums

The system automatically calculates premiums on monthly reports. Employee and spouse premiums are determined by age as of January 1 of that year and increase each January if they enter an older age bracket.

- Employee Coverage Rate Chart
- Spouse Coverage Rate Chart
- Child Coverage Rate Chart

**Example:** An employee born July 5, 1978, is age 39 on January 1, 2018. Even though the employee turns 40 on July 5, 2018, the correct age bracket to use is “35-39.” The employee’s rate will change to the “40-44” age bracket on January 1, 2019.

Monthly Premium Reports and Deducting Premiums

State employers

Premiums and monthly reports are handled centrally for state employers. State employers don't need to do anything.

School and local employers

Every month, KPERS posts a premium report on the employer web portal (EWP). This report, calculated by KPERS, summarizes employee coverage and premium amounts due.

**Submitting monthly premium reports**

Monthly premium reports are due each month. All coverage and premium information is listed like a pay report, except you cannot change the premium amounts. These amounts are calculated by KPERS and your total premium amount must match KPERS' total.
Leaving employment
If an employee leaves employment, you can enter an employment end date on the report. This end date will populate the entire system. The Standard will bill employees for future premiums if they continue coverage. See Leaving Employment for more information.

Employer checklist (premium reports)
A new monthly premium report is available as soon as the previous report has been submitted.

- Login to the EWP and process the report. Reports are due to KPERS by the end of the first week of each month. This will generate an invoice.
- Deduct premiums on a post-tax basis from employee pay once a month and in the month of the coverage (e.g. May’s coverage is paid for in May).
- Pay premiums based on the invoice. Your payment should match your submitted monthly premium report. See Quick Vid: Optional Life.

Schools and the Summer
Special situations may apply during the summer when school is out. If an employee receives a paycheck nine months of the year (when school is in session), create summer pay pay details on the premium report and deduct premiums in advance.

If an employee ends employment during the summer and premiums were deducted in advance, the employee has coverage through the end of the month he or she ended employment. Refund remaining premiums.

School employees on contract have coverage through the end of the contract if the premiums are prepaid. If an employee retires during the summer, his or her coverage ends at retirement.

Transfers From Another Employer
When an employee transfers from another Retirement System employer, coverage will transfer automatically when you submit an enrollment on the web portal. The transfer of coverage is effective beginning the first month the employee is reported on your payroll.

Example: A member ends employment with a previous Retirement System employer on June 17, and begins working at your employer on June 20. The transfer of coverage is effective July 1 at your employer.
Employees who previously worked for an optional life-affiliated employer but did not participate, can apply for coverage any time with proof of good health.

Employees who have been off the payroll of a Retirement System employer for more than 31 days, or whose former employer was not affiliated for optional life coverage, have 30 days to apply for $250,000 of guaranteed coverage.

Group coverage ends when employees transfer from an optional life-affiliated agency to a non-affiliated agency. To continue this coverage, they would need to port or convert their coverage.

Continuing Coverage During a Leave of Absence

Employees on an extended unpaid leave of absence may continue coverage. Employees send a completed Optional Group Life Continuation form (KPERS-79C) to KPERS. The Standard will bill the employee for future premiums. The length of time employees can continue coverage varies by the type of leave.

Enter an end date in the monthly premium report and select Leave of Absence as the termination reason. This will take the employee off the premium report at the right time and will populate in the employee's record.

If an employee returns to work, look up the employee’s member record and click on End Date link and enter Return to Payroll. This will put the employee back on the premium report (and pay report). Begin deducting premiums again from the employee’s pay according to the monthly premium report.

KPERS will notify The Standard to cancel direct billing. The Standard will refund prepaid premiums. Employees who choose not to continue coverage while on a leave of absence will need to provide proof of good health to reinstate coverage.

Leave of Absence Chart for Life Insurance

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Basic Coverage</th>
<th>Optional Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILITARY</td>
<td>Continued during active military duty, paid from KPERS fund</td>
<td>Can choose direct-pay* and continue coverage for 16 months during military leave</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After 16 months, must convert or port to keep coverage</td>
</tr>
<tr>
<td>return to work</td>
<td>Reinstated</td>
<td>If employee returns w/in 5 years, coverage is reinstated, even if did not elect continuation</td>
</tr>
</tbody>
</table>
### Type of Leave

<table>
<thead>
<tr>
<th>EMPLOYEE ILLNESS</th>
<th>Basic Coverage</th>
<th>Optional Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>under age 65</td>
<td>Employer pays premium if employee on payroll (using sick leave, short-term disability, etc.)&lt;br&gt;Employee off payroll, employer stops paying, employee still covered for first 180 days&lt;br&gt;Move out of insured plan into self-funded plan after 180-day waiting period for eligibility under the KPERS Long-term Disability Plan (LTD)</td>
<td>Can choose direct-pay and continue coverage until the earliest of the following: recovery, retirement, reach age 65, withdraw</td>
</tr>
<tr>
<td>Including KPERS long-term disability</td>
<td>Reinstated</td>
<td>If employee returns w/in 3 months, coverage is reinstated, even if did not elect continuation. If returns after 3 months, employee can apply for coverage, but must answer health questions</td>
</tr>
</tbody>
</table>

| return to work | Must convert or port to continue coverage                                         |

<table>
<thead>
<tr>
<th>EMPLOYEE ILLNESS</th>
<th>Continue employer-paid coverage if employee on payroll&lt;br&gt;Employee off payroll, employer stops paying, employee still covered for 180 days&lt;br&gt;Move out of insured plan into self-funded plan after 180-day waiting period for eligibility under the KPERS Long-term Disability Plan (LTD)</th>
<th>Must convert or port to continue coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>age 65 &amp; over</td>
<td>Reinstated</td>
<td>If employee returns w/in 3 months, coverage is reinstated, even if did not elect continuation. If returns after 3 months, employee can apply for coverage, but must answer health questions</td>
</tr>
<tr>
<td>Including KPERS long-term disability</td>
<td>Reinstated</td>
<td></td>
</tr>
</tbody>
</table>

| return to work | Can choose direct-pay and continue coverage for 12 months<br>After 12 months, must convert or port to keep coverage |

<table>
<thead>
<tr>
<th>FAMILY ILLNESS</th>
<th>Terminated</th>
<th>If employee returns w/in 3 months, coverage is reinstated, even if did not elect continuation. If returns after 3 months, employee can apply for coverage but must answer health questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>return to work</td>
<td>Reinstated</td>
<td>If continued, employer deducts premium in advance of summer</td>
</tr>
</tbody>
</table>

| SCHOOL EMPLOYEE during summer | Continued                                                                         | If not continued, can apply for new coverage, but must answer health question |

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### QUICK VIDS

- Pay Reports
- Enrollments
- Optional Life
Optional Life Insurance

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Basic Coverage</th>
<th>Optional Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE EMPLOYEE on furlough</td>
<td>Employer continues paying up to 12 months</td>
<td>Can choose direct-pay and continue coverage for 12 months After 12 months, must convert or port to keep coverage</td>
</tr>
<tr>
<td>return to work</td>
<td>Reinstated</td>
<td>If employee returns w/in 3 months, coverage is reinstated, even if did not elect continuation If returns after 3 months, employee can apply for coverage but must answer health questions</td>
</tr>
<tr>
<td>KBOR EMPLOYEE non-medical leave</td>
<td>Can choose direct-pay and continue coverage</td>
<td>Can choose direct-pay and continue coverage up to 3 years</td>
</tr>
<tr>
<td>return to work</td>
<td>Reinstated</td>
<td>If employee returns w/in 3 months, coverage is reinstated, even if did not elect continuation If returns after 3 months, employee can apply for coverage but must answer health questions</td>
</tr>
<tr>
<td>OTHER LEAVE</td>
<td>Terminated</td>
<td>Can choose direct-pay and continue coverage for 12 months After 12 months, must convert or port to keep coverage</td>
</tr>
<tr>
<td>return to work</td>
<td>Reinstated</td>
<td>If employee returns w/in 3 months, coverage is reinstated, even if did not elect continuation If returns after 3 months, employee can apply for coverage but must answer health questions</td>
</tr>
</tbody>
</table>

When Coverage Ends

Life insurance coverage ends when an employee:
- Changes jobs to a position not covered by KPERS.
- Leaves employment.
- Retires.

Basic life insurance coverage ends the last day of the pay period in which the employee goes off the payroll. Process an end date in the monthly premium report.

Optional life coverage continues until the last day of the month in which the premium is deducted. Employees have two options for continuing coverage, conversion and portability. Explain both options to each employee.
Conversion rights

Kansas law requires that you give employees notice of their life insurance conversion rights at least 15 days before the policy expires.

Continuing Coverage

When employees leave KPERS-covered employment, they can choose to:

• **Convert** (change) their KPERS group life policy into an individual whole-life policy.

  or

• **Port** (make portable) their KPERS group term life and take it with them.

Spouse coverage

Employees can continue any current coverage for their spouse. Spouse and child coverage can only be ported if they also port some of their own coverage. Spouse and child coverage may be converted to a whole-life policy regardless of whether employees convert or port their own coverage.

Conversion

Direct employees to the [Standard Group Conversion Packet](#) anytime they become ineligible for coverage. You can provide information in person or by mail to their last known address. Employees can also download the form at [kpers.org](http://kpers.org).

Converting to an individual policy

An employee can convert his or her coverage to an individual policy within:

• **(Basic) 60 days from the last day of the pay period in which the employee goes off payroll.**

• **(Optional) 60 days from the last day of the month in which the premium was paid.**

This will change the employee’s group term insurance to an individual whole-life policy.

The employee can convert up to the full amount of his or her current insurance coverage without proof of good health but cannot convert anymore than he or she already has. The employee can convert spouse and child coverage regardless of whether they convert his or her own.

Completing the life insurance conversion form

The conversion form will not be accepted without the employee's signature and the first premium payment. You will complete the Conversion Form Section: “To Be Completed By Former Employer.”
Portability

When leaving KPERS-covered employment, members have the option to port their term life insurance coverage by completing The Standard Group Life Portability Insurance application. You do not need to sign the form.

- Portability allows employees to continue part or all of their current basic and optional group life insurance coverage as term insurance.
- Employees can port any spousal and child coverage if they also port their own coverage.
- The cost is generally less.
- Employees must "port" their basic and optional coverage within 60 days of the last day of the pay period in which the employee goes off payroll.
- All employees who are under age 80 may port their coverage.
- Employees do not have to provide proof of good health.
- Employees are not eligible to port coverage if they were not actively at work on their last day due to sickness or injury. To continue, these employees must convert coverage.
- The coverage reduces to 65% at age 65; to 50% at age 70; and to 35% at age 75.
- Coverage must be elected prior to age 80. Insurance will remain in force as long as the insured keeps premiums current.
- Premiums increase as the employee gets older.

Accelerated Death Benefit

Employees diagnosed as terminally ill with a life expectancy of 24 months or less can receive up to 100% of their basic and optional life insurance instead of having the death benefit paid to their beneficiary. An employee can apply to “accelerate” all or part of his or her benefit.

Accelerated Benefit Claim Packet

Any remaining coverage not accelerated stays in effect as long as the employee is a Retirement System member and pays the premiums. Any remaining coverage will be paid to the employee's beneficiary.

If an Employee Dies

Report an employee’s deaths in the employer portal. Open up the employee’s record and then click on the Report Death link. KPERS will verify the life insurance information and send a Certification of Death to The Standard. Direct any inquiries

Note: Please complete all information on the conversion form, including all dates. Forward the form to The Standard for processing. The Standard will contact the employee directly with any questions.
about pending claims to KPERS. After payment has been sent to the employee's beneficiary, The Standard will notify you that payment has been issued and that the claim is closed.

**Paper forms still required**

**Optional Life Enrollment Form:** Employee completes this form to apply for or increase employee, spouse and/or child optional coverage and submits to The Standard.

**KPERS-79 Form:** Employee and designated agent complete this form to reduce or cancel optional coverage and submit to KPERS.

**KPERS-79C Form:** Employee and designated agent complete this form to continue optional coverage based on certain criteria and submit to KPERS.

**Conversion** and **Portability** forms: Employee and designated agent complete one of these forms to continue optional coverage once the employee is no longer eligible under the group plan. Form should be submitted to The Standard.

**Frequently Asked Questions**

**Q** Why was a new employee's optional life insurance application denied when the employee completed the enrollment form within 30 days of his eligibility date?

**A** Completed enrollment forms received by The Standard must be postmarked within the 30-day period to be approved for the $250,000 guaranteed coverage. Employees who miss the deadline can still apply for coverage with proof of good health.

**Q** When should I begin deducting optional life premiums?

**A** Do not withhold premiums until you receive official notice from the Retirement System. Deduct premiums on a post-tax basis in the same month of the actual coverage. Deduct optional life premiums once a month. Login to the KPERS EWP to review and submit your optional life premium report. Premium amounts for each approved employee will appear on the monthly premium report.

**Q** When will I be notified of premium increases from age changes?

**A** Age group changes take effect each January for all employees. KPERS will post the new monthly premium report on the employer web portal before January, and changes, since the last report, will appear in a table above the premium report.
Frequently Asked Questions

Q What can I change on the monthly premium report?
A End dates are the only changes you can make to detail records in the monthly premium report. You cannot change premium amounts for any other reason.

Q What should I do if my premium deductions do not match the monthly premium report?
A If you have underpaid premiums, collect the additional premiums, and remit them on the next EFT transmission in the optional life category. If you have overpaid premiums, reduce your next EFT remittance by the excess amount and refund employees if needed.

Q When does an employee’s coverage end and when do I make the adjustment on the monthly premium report?
A Coverage ends when an employee is no longer in a covered position.
   • Changes jobs to a position not covered by KPERS
   • Leaves your employer
   • Retires

See When Coverage Ends.

Optional life coverage ends on the last day of the month in which the last premium is deducted. Basic coverage ends on the last day of the pay period in which the employee goes off payroll.

Q What if an employee is on disability leave?
A Optional life coverage details will vary, depending on the employee's age. Refer to the Leaving KPERS-Covered Employment section of the Employer Manual.

Q I am a school employer and have employees who don’t receive pay during the summer. How do I report for these months?
A Create new summer pay details on your premium report to pay premiums through the summer. Quick Vid: Summer Pay
Frequently Asked Questions

- **Q** 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?
  
  **A** If an employee ends employment during the summer, and you deducted premiums in advance, the employee remains covered from the termination date through the end of that month. You should refund premiums for any later months.

**Example:** Kate leaves employment July 18. You deducted premiums in advance for June through August. She is covered until July 31. Refund the premium for August.

- **Q** What if school employees are on contract through August 31? Are they still covered, although they won’t work for us again?
  
  **A** Coverage lasts through the end of the contract if the premiums are deducted in advance. However, if an employee retires during the summer, coverage ends at retirement.

- **Q** I have an employee who transferred mid-month to another Retirement System employer. When should the new employer begin deducting optional group life premiums?
  
  **A** The current employer should collect and report for the current month. The new employer should complete a membership enrollment on the EWP. The Retirement System will inform the new employer when to begin deducting premiums by including the member on the monthly premium report.

- **Q** I have an employee who has to report for military duty. What happens to the insurance coverage?
  
  **A** Group coverage 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 The Standard.

  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](#). Coverage is reinstated if the employee returns to work in a covered position within five years, even if the employee did not previously covert or port coverage. Premiums will be based on the employer’s age when he or she returns to work.
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Q What if school employees are on contract through August 31? Are they still covered, although they won’t work for us again?

A Coverage lasts through the end of the contract if the premiums are deducted in advance. However, if an employee retires during the summer, coverage ends at retirement.

Q Can employees name different beneficiaries for their basic and optional life insurance?

A No. Employees will have the same beneficiary for both basic and optional life insurance. Employees can name a separate beneficiary for retirement benefits.

Employer’s Optional Life Insurance Checklist

- Talk with new employees about optional life insurance.
- Be sure enrollment forms are postmarked within 30 days of hire date for guaranteed coverage.
- Review monthly coverage reports.
- Compare monthly premium reports (EWP) to your payroll records for premium accuracy.
- Review and submit the Premium Report. Then pay the invoice.
- Periodically remind employees they can enroll or change coverage anytime with proof of good health.
- Talk with employees who have a family status change about their additional guaranteed coverage. They need to make changes within 30 days.
- Enter end dates on the monthly premium report when an employee leaves employment.
- Give conversion and portability information to all employees who have coverage ending.