



SURVIVING SPOUSE BENEFIT APPLICATION – ACTIVE

For security reasons, do not submit application by email.

■ **Important** – As part of your spouse’s death benefit, you can begin receiving a monthly benefit or choose to have your spouse’s account balance paid to you. Please read the *Important Tax Information* booklet and the *Surviving Spouse Benefit Options* information sheet before completing this form. Review all your options carefully. The decision about which option to take is crucial, because once you make a choice, you cannot change it.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
email: kpers@kpers.org • web site: kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ **Part A – Member Information**

- 1. Social Security Number: XXX-XX-XXXX
- 2. Name:

■ **Part B – Spouse Information**

- 1. Social Security Number: _____
- 2. Name (First, MI, Last): _____
- 3. Mailing Address: _____
- 4. Telephone Number: _____
- City, State, Zip: _____
- 5. Personal Email: _____

■ **Part C – Payment Options** – You can choose to have the accumulated contributions and interest paid directly to you or rolled over to an eligible retirement plan. Instead of receiving the returned contributions, you can choose to receive a monthly retirement benefit or a reduced monthly benefit combined with a partial lump sum. Please select **one** of the following payment options.

- 1. **Return the account balance of \$67,797.03** to me. Advance to Part E.
Interest is credited annually on June 30 based on the account balance as of the preceding December 31. You may submit your application on or after June 30 to receive this additional interest. Interest is only credited once following the member’s death.

- 2. **Pay a monthly retirement benefit** to me beginning **February 1, 2023**.
Select one of the following four benefit options. Advance to Part D.

Lifetime Benefit Option

- a. Lifetime Benefit

Fixed Period Options

- b. 5-Year Fixed Period Option
- c. 10-Year Fixed Period Option
- d. 15-Year Fixed Period Option

■ **Part D – Partial Lump-Sum Option (PLSO)** – If you choose a monthly benefit, you can take part of your benefit in an up-front partial lump sum. This lump sum is then combined with the monthly benefit option you choose to provide reduced, regular monthly payments. Estimates for monthly and lump-sum benefit amounts are enclosed.

- 1. I elect the PLSO. Yes No
If you chose “No,” advance to Part F. If you chose “Yes,” advance to Part E.
- 2. I elect to receive a reduced monthly benefit and the following lump-sum payment as a percentage of my monthly benefit.
 10% 20% 30% 40%* 50%*

*Spouses of KPERS Tier 2 members can only choose a 10, 20 or 30 percent option.

Spouse Social Security Number: _____ - _____ - _____

Spouse Name (First, MI, Last): _____

■ **Part E – PLSO or Account Balance Payment Options** – If you chose a return of accumulated contributions or a PLSO, you need to choose how you want the lump sum to be paid. This benefit is subject to federal income tax and will be reported to the Internal Revenue Service. Please read the *Important Tax Information* booklet before completing this section.

Taxable Portion – Choose **one** payment option.

1. Pay the entire *taxable* amount to me. *Federal law requires a 20 percent federal tax withholding.*
2. Rollover the entire *taxable* amount to an eligible employer plan, traditional IRA or Roth IRA.
3. Rollover \$ _____ to an eligible employer plan, traditional IRA or Roth IRA and pay the remainder to me. *Federal law requires a 20 percent federal tax withholding on the money paid directly to you.*
4. If you chose a rollover, please complete the following payment information for the rollover plan.
Check payable to: _____ Check mailed to: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Account Number: _____
Select Plan Type: Eligible employer plan Traditional IRA Roth IRA

Nontaxable Portion – Choose **one** payment option.

5. Pay the entire *nontaxable* amount to me.
6. Rollover the entire *nontaxable* amount to an eligible employer plan, traditional IRA or Roth IRA.
7. If you chose a rollover, please complete the following payment information for the rollover plan.
Check payable to: _____ Check mailed to: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Account Number: _____
Select Plan Type: Eligible employer plan Traditional IRA Roth IRA

■ **Part F – Direct Deposit Information** – The payment must be direct deposited into your checking or savings account. Pre-paid cards are not accepted. If you have chosen a Partial Lump-Sum Option to be paid directly to you, it will be deposited into the same account.

1. Financial Institution: _____
2. Location (City, State): _____
3. Telephone Number: _____
4. Type of Account: Checking Savings
5. Routing Number for Electronic Transfers: _____
6. Bank Account Number: _____

■ **Part G – Spouse Statement** – This section must be completed regardless of which payment option you chose. Your signature must be notarized.

“I hereby attest that I am the spouse of the deceased member. I fully understand that when the KPERS office receives this completed and signed form, if my decision is to withdraw the account balance, it is irrevocable. By receiving the account balance, I forfeit any right to retirement benefits in the future.”

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

Notary Public: State of _____ County of _____

Signed or attested before me on (date) _____ by (name of spouse) _____

Notary Public Signature: _____ My appointment expires (month/day/year) ____/____/____.

(SEAL)

INSTRUCTIONS FOR SURVIVING SPOUSE BENEFIT APPLICATION

■ **Important** – As part of your spouse’s death benefit, you can begin receiving a monthly benefit or choose to have your spouse’s account balance paid to you. Please read the Important Tax Information booklet and the Surviving Spouse Benefit Options information sheet before completing this form. Review all your options carefully. The decision about which option to take is crucial, because once you make a choice, you cannot change it.

■ **Part A – Member Information**

This section has been completed for you.

■ **Part B – Spouse Information**

1. Enter your Social Security number.
2. Enter your first name, middle initial, and last name.
3. Enter the mailing address to which the Retirement System should direct all communications on your behalf.
4. Enter your area code and telephone number.

■ **Part C – Payment Options** – You can choose to have the accumulated contributions and interest paid directly to you or rolled over to an eligible retirement plan. Instead of receiving the returned contributions, you can choose to receive a monthly retirement benefit or a reduced monthly benefit combined with a partial lump sum.

1. Mark this box to have the account balance paid to you. This benefit is subject to federal income tax and will be reported to the Internal Revenue Service. Please read the *Important Tax Information* booklet before completing this section. You can defer taxes by completing a rollover to an eligible retirement plan. KPERS will send you a 1099-R form the following January for your federal tax return. Advance to Part E.
2. Mark this box to have a monthly retirement benefit paid to you. Select one of the four benefit options, which are explained in the enclosed *Surviving Spouse Benefit Options* information sheet. Advance to Part D.

■ **Part D – Partial Lump-Sum Option** – If you choose a monthly benefit, you can take part of your benefit in an up-front lump sum. This lump sum is then combined with the monthly benefit option you choose to provide reduced, regular monthly payments. Estimates for monthly and lump-sum benefit amounts are enclosed.

1. Mark the corresponding box to indicate whether you wish to choose the Partial Lump-Sum Option. You must indicate whether you are electing the PLSO. If you choose “yes,” complete the rest of Part D. If you choose “no,” advance to Part F.
2. Mark the corresponding box to indicate your choice of lump-sum payment percentage. The 40 percent and 50 percent option are not available if your spouse was a KPERS Tier 2 member.

■ **Part E – PLSO or Account Balance Payment Options** – If you chose a return of accumulated contributions or a PLSO, you need to choose how you want the lump sum to be paid. This benefit is subject to federal income tax and will be reported to the Internal Revenue Service. Please read the Important Tax Information booklet before completing this section.

Select one payment option for taxable portion and one payment option for nontaxable portion (if any).

Note on Receiving Account Balance: Interest is credited annually on June 30 based on the account balance as of the preceding December 31. You may choose to submit your application to the Retirement System on or after June 30 to receive this additional interest. Interest is only credited once following the member’s death.

Taxable Portion

1. Mark this box to have the entire taxable amount paid directly to you. The Retirement System will withhold a required 20 percent for federal taxes. Advance to *Nontaxable Portion*.
2. Mark this box to have the entire taxable amount paid to an eligible employer plan, traditional IRA or Roth IRA. Advance to #4.
3. Mark this box to have part of the taxable amount paid to an eligible employer plan, traditional IRA or Roth IRA and the remainder to you. Enter the rollover amount in the space provided. The minimum rollover is \$500. The Retirement System will withhold a required 20 percent for federal taxes from the portion paid to you. Advance to #4.
4. If you marked #2 or #3, indicate the name, mailing address, account number and plan type of rollover plan. If different, provide address where check should be mailed. Verify with your financial institution or rollover plan exactly how your rollover check should be made payable.

Nontaxable Portion

5. Mark this box to have the entire nontaxable amount paid to you. Advance to Part F.
6. Mark this box to have the entire nontaxable amount paid to an eligible employer plan, traditional IRA or Roth IRA. Advance to #7.
7. If you marked #6, indicate the name, address, account number and plan type of the rollover plan. If different, provide address where check should be mailed. Verify with your financial institution or rollover plan exactly how your rollover check should be made payable.

■ **Part F – Direct Deposit Information** – The payment must be direct deposited into your checking or savings account. Pre-paid cards are not accepted. If you have chosen a Partial Lump-Sum Option to be paid directly to you, it will be deposited into the same account.

1. Enter the name of the financial institution.
2. Enter the city and state where the financial institution is located.
3. Enter the telephone number of the financial institution.
4. Indicate the type of account.
5. Enter the routing number for electronic transfers. This may be different from the routing number for the branch bank where the account is held.
6. Enter the account number to receive the payment.

■ **Part G – Spouse Statement**

1. Read and understand the statement, then sign and date the form. By signing, you are confirming that you are the spouse of the deceased member and that all of the information you have provided on this form is correct to the best of your knowledge.

If you are **receiving** the account balance, you are also certifying that you understand the decision to withdraw is irrevocable. Withdrawing means you give up any right to retirement benefits. Your signature must be notarized.



December 19, 2022

Agency ID: S123-1

DA Name
Sunflower City
500 S Cottonwood Ave
Sunflower KS 66600

Dear DA Name:

Our records are updated monthly with Optional Group Life Insurance enrollment information provided by the Standard Insurance Company. Enclosed is a list of your employees who were processed in the last month. The list includes both employees who enrolled online and those who enrolled by paper. Only employees who enrolled by paper will have a letter in this packet. Online enrollment employees received their confirmation online.

This is your notification of the employees who have been approved. The list is also available on the employer web portal (EWP). Under OGLI, click Coverage Report. Please make payroll changes as needed.

Keep in mind, employees must be actively at work (able to perform normal job duties) on the day before the scheduled effective date for coverage to be effective. If they are not actively at work the day before the scheduled effective date, coverage will not become effective until the day after they complete one full day at work as an eligible member.

For questions about the status of an employee's enrollment form, please call the Standard's Topeka branch office at 1-844-289-2306.

ORG-9002-XXXXXXXXXXXX

December 19, 2022

Agency ID: S123-1

New Coverage

| Enrollment Type | Coverage Type | Member Name | Member SSN | Spouse Name | Spouse SSN | New Coverage | Effective | Premium | Type of Change |
|-----------------|---------------|-------------|------------|-------------|------------|--------------|------------|---------|-----------------|
| Online | Member | Member Name | 9999 | | | \$50,000.00 | 01/01/2023 | \$8.00 | Open Enrollment |
| Online | Spouse | Member Name | 9999 | Spouse Name | 9999 | \$20,000.00 | 01/01/2023 | \$2.20 | Open Enrollment |
| Online | Member | Member Name | 9999 | | | \$50,000.00 | 01/01/2023 | \$3.40 | Open Enrollment |
| Online | Member | Member Name | 9999 | | | \$150,000.00 | 01/01/2023 | \$8.45 | Open Enrollment |
| Online | Member | Member Name | 9999 | | | \$250,000.00 | 01/01/2023 | \$18.45 | Open Enrollment |
| Online | Member | Member Name | 9999 | | | \$10,000.00 | 01/01/2023 | \$1.30 | Open Enrollment |
| Online | Child | Member Name | 9999 | | | \$10,000.00 | 01/01/2023 | \$1.20 | Open Enrollment |
| Online | Member | Member Name | 9999 | | | \$125,000.00 | 01/01/2023 | \$58.58 | Open Enrollment |
| Online | Member | Member Name | 9999 | | | \$90,000.00 | 01/01/2023 | \$6.77 | Open Enrollment |
| Online | Child | Member Name | 9999 | | | \$20,000.00 | 01/01/2023 | \$2.20 | Open Enrollment |
| Online | Child | Member Name | 9999 | | | \$20,000.00 | 01/01/2023 | \$2.20 | Open Enrollment |

Pending, Denied, or Closed Coverage

| Enrollment | Coverage | Member Name | Member SSN | Spouse Name | Spouse SSN | Coverage | Coverage Pending | Action |
|------------|----------|-------------|------------|-------------|------------|----------|------------------|--------|
|------------|----------|-------------|------------|-------------|------------|----------|------------------|--------|

| Type | Type | | | | | Applied for | | |
|--------|--------|-------------|------|--|--|--------------|-------------|---------|
| Online | Member | Member Name | 9999 | | | \$200,000.00 | \$50,000.00 | Pending |

Action Codes:

Pending: This amount reflects coverage over guaranteed issue amount which is pending. Additional information has been requested from the employee or their physician.

Denied: Coverage applied for was denied. If employee is a new hire, the insurance coverage was increased by the guaranteed issue amount.

Closed: The Standard Insurance Company's file on this application was closed due to non-receipt of additional information required. If employee is a new hire, the insurance coverage was increased by the guaranteed issue amount.

**For questions about the status of an employee's enrollment form,
please call the Standard's Topeka branch office at 1-888-456-3505.**



January 04, 2023

Agency ID: S123-1

DA Name
KPERS Employer
Somewhere KS 61234-5678

Dear DA Name:

Our records are updated with Optional Group Life Insurance enrollment information and/or KPERS enrollment data. Enclosed is a list of your employees who were processed recently.

This will be your only notification of the employees that have been approved. Please retain the enclosed list of your records.

| Coverage Type | Member Name | Member SSN (last 4) | Spouse Name | Spouse SSN (last 4) | New Coverage | Effective | Premium | Type of Change |
|---------------|-------------|---------------------|-------------|---------------------|--------------|------------|---------|------------------|
| Child | Member Name | 9999 | | | \$0.00 | 02/01/2023 | \$0.00 | Voluntary Cancel |

Keep in mind, employees must be actively at work (able to perform normal job duties) on the day before the scheduled effective date for coverage to be effective. If they are not actively at work the day before the scheduled effective date, coverage will not become effective until the day after they complete one full day at work as an eligible member.

Questions regarding the status of an employee’s enrollment form not yet processed should be directed to the Standard Topeka Branch office by calling 1-844-289-2306.

ORG-9006-XXXXXXXXXX



January 04, 2023

Agency ID: S999-1

Member Name
C/O DA Name
Dept for Help
320 S Sunshine St
James KS 66666

Dear Member:

We have received your new beneficiary designations and have updated our records as follows:

| Name | Beneficiary Type | Benefit Type |
|------------------|-------------------------|------------------------|
| Beneficiary Name | Primary Beneficiary | Retirement & Insurance |
| Beneficiary Name | Contingent Beneficiary | Insurance |
| Beneficiary Name | Contingent Beneficiary | Retirement & Insurance |

If you have more than one primary beneficiary, each will share the benefits equally. A contingent beneficiary will receive benefits if no primary beneficiary is living. For the future, keep in mind it is important to review your beneficiary designation after a significant life event like marriage, divorce, or a birth or death in your family. *Also, keep in mind you can update your beneficiary online anytime. Login to your account at kpers.org.*

If this information is *incorrect* or if you have any questions, please contact us.

- Toll-free, 1-888-275-5737
- In Topeka, 296-6166
- Email, kpers@kpers.org

Sincerely,
Benefits and Member Services Staff

PER-XXXX-XXXXXXXXXX



November 2, 2022

Agency ID: S888-1
KPERS 3
457 Plan Offered

Member Name
C/O DA Name
Kansas Commission on Happiness
123 S Kansas Ave
James KS 66666-1234

Dear Member:

Welcome to the Kansas Public Employees Retirement System.

Throughout your career, you will contribute part of your salary to the Retirement System and your employer will also contribute. KPERS then invests the funds, and when you retire, pays you a dependable retirement benefit for the rest of your life. We also provide disability benefits and life insurance to protect your income while you are still working.

When you have questions

Your employer has a “designated agent” to handle Retirement System business. Check with your HR office. You can also contact the Retirement System if you need additional help.

- Email kpers@kpers.org
- Toll-free 1-888-275-5737
- In Topeka 785-296-6166

Our web site, kpers.org, has a wealth of benefit information. It’s a great place to learn more about your membership.

Planning for your future with the KPERS 457 Plan

Experts recommend that you replace 80% of your income for retirement. Your pension benefits will be just one part of your retirement income. KPERS and Social Security probably won’t be enough so it’s important to save on your own. One of the easiest ways to save is through the KPERS 457(b) deferred compensation plan. You can get started for as little as \$12 a pay period. The sooner you start the more time your money has to grow. Check with your HR office for enrollment information today.

We’re glad you’re here!

If we can help at any point along the way, don’t hesitate to contact us. We are here to serve you and be a trusted partner in your financial future.

Sincerely,
Benefits and Member Services Staff

PER-XXXX-XXXXXXXXXX
Enclosure



January 24, 2023

Member Name
1111 123 Avenue
Buffalo City KS 61234

Dear Member:

Congratulations on your KPERS retirement and thank you for your years of public service. Because the Retirement System is a defined benefit plan, you will receive retirement benefits for the rest of your life. Your monthly benefit will be as follows:

| | |
|---------------------------|------------|
| Taxable Base Benefit | \$1,100.00 |
| Fed Withholding - Monthly | \$70.00 |
| Net Amount | \$1,030.00 |

You will receive your first monthly benefit payment by direct deposit at your financial institution on the last working day of this month. Future benefits will be paid on the last working day of each month.

The distribution of your partial lump sum payment will be made in the next seven to ten days, as follows:

| | |
|----------------------------------------|-------------|
| Deposited at The Cottonwood State Bank | \$25,000.00 |
|----------------------------------------|-------------|

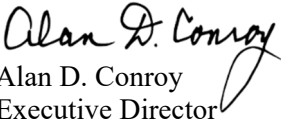
Lump-sum payments are taxable income under federal law unless directly rolled over into an eligible retirement plan.

Your monthly retirement benefit is taxable for federal income tax purposes, but not for Kansas state income taxes.

For your future tax needs, the Retirement System will mail you a 1099-R form every January 31 with information for your federal income tax return. We will also send you a letter anytime new tax laws affect your benefit.

The Board of Trustees and the staff at KPERS are committed to quality and dependability when providing your benefits. Please contact us if there are ways we can improve our service or if you have questions about your benefit. We look forward to serving you in the coming years of your retirement.

Sincerely,


Alan D. Conroy
Executive Director

PER-XXXX-XXXXXXXXXXXX



January 26, 2022

Member Name
PO Box 9999
Buffalo City KS 66666

Dear Member:

Enclosed is the estimate you requested on your KP&F account. This benefit is based on the information listed on the estimate. We have included our Retirement Options brochure for a more detailed explanation of your options.

When you decide to retire, please submit a retirement application and related forms to KPERS at least 60 to 90 days prior to your selected retirement date. These documents can be obtained by contacting our office or by downloading them from our website at www.kpers.org. Your application *must* be received in our office prior to your selected retirement date. These forms may be faxed or mailed to our office.

If you have any questions, please contact this office.

Sincerely,
Member Services Staff

Enclosure

PER-XXXX-XXXXXXXXXX

KP&F Benefit Estimate

January 10, 2023

Retirement Date: July 1, 2023

Last Day on Payroll: June 10, 2023

Member: Member Name

Date of Birth: September 10, 1958

Tier II Coverage Group

Final Average Salary: \$107,850.00

Years of Service:

| | Rate | Years | Salary |
|----------------------------------|-------|-------|--------|
| Participating | 2.50% | 32.00 | \$0.00 |
| Participating (Not Yet Reported) | 2.50% | 1.00 | \$0.00 |

Comments: You are eligible for full benefits.

Disclaimer: The accuracy of the estimate is based upon the information available. You should not make irreversible decisions based upon this estimate. Final calculations will be made at the time of your retirement based upon the information provided by your employer.

Benefit Payable to Member

| | No Lump Sum | 10% Lump Sum | 20% Lump Sum | 30% Lump Sum | 40% Lump Sum | 50% Lump Sum |
|-------------------------|-------------|--------------|--------------|--------------|--------------|--------------|
| Partial Lump Sum Option | \$0.00 | \$87,610.50 | \$175,221.00 | \$262,831.50 | \$350,442.00 | \$438,052.50 |
| Maximum | \$7,414.70 | \$6,673.23 | \$5,931.76 | \$5,190.29 | \$4,448.82 | \$3,707.35 |
| 5-Year Life-Certain | \$7,340.56 | \$6,606.50 | \$5,872.44 | \$5,138.39 | \$4,404.33 | \$3,670.28 |
| 10-Year Life-Certain | \$7,266.41 | \$6,539.77 | \$5,813.13 | \$5,086.49 | \$4,359.85 | \$3,633.20 |
| 15-Year Life-Certain | \$6,821.53 | \$6,139.37 | \$5,457.22 | \$4,775.07 | \$4,092.92 | \$3,410.76 |

Calc ID: XXXXX

PER-XXXX-XXXXXXXXXX



January 04, 2023

Member Name
123 E 7th St
James KS 66666-1234

Dear Member:

It has been almost five years since you were in a position covered by Retirement System benefits. During your past public service you contributed money to the System. Interest crediting stops two plan years after your last day on the payroll. For this reason, you need to withdraw your contributions at this time.

If you went from a KPERS covered position to a non-KPERS covered position with the same employer, or if you are now employed in a position covered by the Board of Regents Retirement Plans, the following information does not apply to you. Please contact our office if either of the above employment situations apply to you.

When you withdraw you have two options on how you may receive your money, as follows:

- You may roll your contributions over into an eligible retirement plan like a 457(b) deferred compensation plan, 403(b) annuity, 401(k) plan, individual retirement account (IRA), Roth IRA or a qualified retirement plan. Except for the Roth IRA, this option allows you to defer paying taxes until a later date.
- You may have your contributions paid directly to you. KPERS is required to withhold 20% for federal taxes. You may owe additional federal taxes and possibly a 10% federal penalty if you are under age 59 ½. If you want to withhold more, enter the rate on line 2 of the W-4R form (Withholding Certificate for Nonperiodic Payments). But you cannot choose to withhold less than 20%.

To withdraw your contributions you will need to complete a withdrawal application. You can receive one by contacting our office or downloading one at www.kpers.org/forms.htm. This form may be faxed or mailed to our office. After we receive your form, the withdrawal process takes approximately four weeks.

Thank you very much for your attention to this matter. If you have any questions, please contact this office.

Sincerely,
Benefits and Member Services Staff

PER-XXXX-XXXXXXXX