



Certification of Death

Life Insurance Company Name

It is hereby certified that **Member Name**, social security number **XXXXXXXXXX**, was a member of the Kansas Public Employees Retirement System and was covered by the insurance plan on the date of death. The following is in accordance with our records.

Date of Death: 01/01/2024

Date of Birth: 01/01/1970

Age at Death: 54Y

Basic Life Insurance: \$XX,XXX

Optional Group Life Insurance: \$XXX,XXX

Name and address of beneficiary or beneficiaries:

Beneficiary Name (Relationship)
Street Address
City ST Zip

Kansas Public Employees Retirement System

Date

KPERS Name, KPERS Chief Benefits Officer