Optional Life Insurance Enrollment Form

Standard Insurance Company

844-289-2306
800 SW Jackson, Ste 1110, Topeka, KS 66612

Group Number 753781

Applicant Information

Your Social Security Number	Your Name (First, MI, Last)
Mailing Address	Telephone Number
City, State, Zip	Email Address
Date of Birth	Gender

Coverage Information

Please refer to your Employee Benefits Guide for Optional Life coverage options available to you and evidence of insurability requirements: standard.com/eforms/20564_753781.pdf

Member Life Insurance

In $5,000 increments up to plan max $400,000

Current Coverage		Coverage Increase		Total New Coverage Amount
____________	+	____________	=	____________

Note: Member may not be insured as both a member and a dependent.

Spouse Life Insurance

In $5,000 increments up to plan max $100,000 Spouse Life requested amount $____________

Spouse Social Security Number ____________ Spouse Date of Birth ____________

Spouse Name (First, MI, Last) ____________ Gender ____________

Spouse Former Name (First, MI, Last) *Complete only if you've had a name change* ____________

Note: Spouse does not include a person who is a full-time member of the armed forces of any country.

Child Life Insurance

Requested amount (check one) ☐ $10,000 ☐ $20,000

Note: Only one member may cover child(ren) if member and spouse work for KPERS. One premium provides coverage for all eligible children in your family. Children eligible until age 26. No age limit for disabled dependents. **Child does not include a person who is a full-time member of the armed forces of any country.**

Signature

I wish to make the choices indicated on this form. I authorize deductions from my wages to cover premiums. I understand that my deduction amount will change if my coverage or costs change. I understand that I must be actively at work the day before my coverage effective date in order for my coverage to become effective. Otherwise, my coverage will not become effective until the day after I complete one full day of active work as an active member.

Employee Signature Required ____________ Date (Mo/Day/Yr) ____________

Employer Information *(to be completed by employer)*

Employer Name ____________ Date of Hire ____________ Employer Number ____________

☐ New Hire ☐ Family Status Change ☐ Increase ☐ Open Enrollment ☐ KBOR ☐ KP&F

Please return completed form to your HR department.