



Notification of Spouse Death

(Spouse Optional Group Life Insurance)

Life Insurance Company Name

You are hereby notified that **Spouse Name**, social security number **XXXXXXXXXX**, was the spouse of a member of the Kansas Public Employees Retirement System and may be covered by the insurance plan on the date of death. The following is in accordance with our records.

Date of Death: 01/01/2024

OGLI Amount: \$XX,XXX

Name and address of beneficiary or beneficiaries:

Member Name (Relationship)
Street Address
City ST Zip

Kansas Public Employees Retirement System

Date

Name, KPERS Chief Benefits Officer