



Notification of Dependent Death

(Dependent Optional Group Life Insurance)

Life Insurance Company Name

You are hereby notified that **Dependent Name**, social security number **XXXXXXXXXX**, was the dependent 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

Membership Date: 01/01/1996

OGLI Amount: \$XX,XXX

Child Initial OGLI Effective Date: 01/01/2020

Name and address of beneficiary or beneficiaries:

Member Name (Member)
Street Address
City ST Zip

Kansas Public Employees Retirement System

Date

Name, KPERS Chief Benefits Officer