



OPTIONAL GROUP LIFE INSURANCE RETURN TO PAYROLL

■ **Important** – Employers must complete this form for employees who are enrolled in the optional group life insurance program when they return from Leave without Pay.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
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■ Part A – Employee Information

1. Social Security Number: _____ - ____ - _____
2. Name (First, MI, Last): _____
3. Last Date Actively at Work: ____/____/____
4. Date Returned to Work: ____/____/____
5. Optional Group Life Insurance Coverage Amount - Employee: \$ _____
6. Optional Group Life Insurance Coverage Amount - Spouse: \$ _____
7. Optional Group Life Insurance Coverage Amount - Child: \$ _____
8. Reason for leaving payroll: Check all that apply.
 - Disability claim: Return to work in the first 90 days
 - Disability claim: Return to work during day 91 to 180
 - Non-FMLA Events: sabbaticals, funeral leave, short-term minor illness not requiring hospitalization and other nonmedical reasons
 - FMLA for Family Illness: spouse, parents, children under age 18, and children over age 18 with a disability that prevents them from caring for themselves
 - Military Leave

■ Part B – Employer Certification

1. Employer Name: _____
 2. Employer Number: _____
- Designated Agent Signature: _____ Month/Day/Year: ____/____/____