



The Standard[®]

Standard Insurance Company
Continued Benefits Department 800.242.1888 Tel 800.331.3397 Fax
900 SW Fifth Avenue Portland OR 97204

State of Oregon Retiree Life Insurance Application (Group Policy 606814)

INSTRUCTIONS — PLEASE READ CAREFULLY

Retiree Life Insurance

Retiree Life Insurance is not permanent insurance. Your Retiree Life Insurance will end because of your becoming insured again as an active employee (regardless of any future premium payments made by you as a retiree), for non-payment of the required premium, or if the group policy terminates. Please refer to your Certificate for complete information on when insurance ends.

How To Apply

You must apply in writing and pay the first quarterly premium to us within 30 days after your employment termination date. Your application packet has two forms: one for you and one for the employer. All questions on these forms must be completed. If you have questions while completing your application, please contact our office at the phone number shown above. You are responsible for making sure all required forms are completed and returned to our office. Processing of your application will begin when all completed forms are received by us.

You may apply for an amount of insurance in increments of \$2,500, from \$2,500 to \$200,000. However, this amount may not exceed 50% of the amount of your insurance (Basic plus Optional Employee Life Insurance, if any) in effect on the day before your retirement.

As an example: If you are under age 65 and are insured for \$225,000. You may elect to continue up to \$112,500 as an eligible retiree (50% of the amount as an active employee). You also have the right to continue the remaining amount under the right to convert provision. If you have questions about conversion of your insurance, contact Standard Insurance Company at 800-242-1888, or the Public Employees' Benefit Board (PEBB).

The amount of your Life Insurance after your 65th but before your 70th birthday is 65% of the amount which would be applicable if you were under age 65.

The amount of your Life Insurance after your 70th but before your 75th birthday is 50% of the amount which would be applicable if you were under age 65.

The amount of your Life Insurance after your 75th birthday is 35% of the amount which would be applicable if you were under age 65.

The initial premium rate will be the rate from the table below for your age on the date you retire. If it is necessary to change premium rates in the future, you will be given advance notice of the change. You will be billed at your home address. Checks are to be payable to Standard Insurance Company. Please submit your first quarterly premium, equal to three times your monthly premium, with this application.

Your premium rates are determined by your age as of January 1 of each year from the table below:

Age On January 1	Quarterly Rate Per Multiple of \$1,000
Under age 49	\$0.810
50 through 54	1.215
55 through 59	1.485
60 through 64	2.025
65 through 69	4.050
70 through 74	6.750
75 through 79	10.125
80 through 84	15.390
Age 85 or over	22.140

NOTE: If your insurance is continued under the Waiver of Premium provision of the Group Policy, you may not continue your insurance as a retiree.

Keep your certificate. It is your certificate of coverage for your Retiree Life Insurance. Your Retiree Life Insurance is subject to the terms of the Group Policy.

Beneficiary Designation

Please complete the Beneficiary section of the attached application. If you do not complete the Beneficiary section of the attached application, you will not have a designated beneficiary. In that event, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

1. Retiree Information

Full Name _____ Birthdate _____
 Address _____ City _____ State _____ ZIP _____
 Social Security Number _____ Phone No. (____) _____ Sex Male Female

2. Group Policy

Name of State Agency _____
 Your occupation with State Agency _____
 Date you last worked for the State Agency _____ Date of Retirement _____
 If date you last worked and retirement date differ, please explain _____

3. Amount of Retiree Life

Amount of Retiree Life Insurance you wish to continue: \$_____ not to exceed 50% of the amount of your insurance (Basic plus Optional Employee Life Insurance, if any) in effect on the day before your retirement.

Remember the amount you select will reduce to 65% of the amount selected while you are age 65 through 69; to 50% between the ages of 70 through 74; and to 35% at age 75 or older.

Any combination of insurance you continue and insurance you convert may not exceed the amount for which you were insured on the date you retire.

Billing: If approved you will be billed quarterly (every three months), at your home address. Premiums must be received by the due date. There is a 30 day grace period for continuation of insurance.

4. Beneficiary Section

Full name of your beneficiary _____ Relationship _____
 Beneficiary's Address _____ City _____ State _____ ZIP _____
 Telephone No. _____ Social Security No. (if known) _____ Date of Birth _____
 I understand that this designation supersedes any previous beneficiary designation made with respect to my Life Insurance under Group Policy 606814.
 Your Signature _____ Date _____

5. Agreement and Signature

I hereby apply for Retiree Life Insurance available through the Standard Insurance Company. I understand that I am bound by the terms of the Group Policy and any amendments to it.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if this application is not accepted, any premium advanced by me will be refunded.

I understand that if I do not provide the beneficiary designation in the section above, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

I hereby represent that all statements on this application are complete and true to the best of my knowledge and belief. I understand that Standard Insurance Company will rely on these statements and this information, along with the Employer's Statement for continued Group Retiree Life Insurance, as the basis for approving this application. I have read and understand the information herein.

Signature of Applicant _____ Dated _____

Please keep a copy of this form for your records.

5. Agreement and Signature

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I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if this application is not accepted, any premium advanced by me will be refunded.

I understand that if I do not provide the beneficiary designation in the section above, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

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Signature of Applicant _____ Dated _____

Please keep a copy of this form for your records.

6. Agency Information

Retiree's Full Name _____ Male Female

Retiree's Social Security Number _____ Birthdate _____

State Agency Name _____

Is the employee's Life Insurance ending because of retirement? Yes No

If yes, retirement date _____ Date active coverage ends _____

Original effective date of coverage _____

Amount of Life Insurance (Basic and Optional, if any) in effect on the date of the employee's retirement \$ _____

**PLEASE ATTACH LIFE ENROLLMENT CARD OR SCREEN PRINT FROM ENROLLMENT SYSTEM.
Note: If enrollment forms are not provided, it may prevent us from approving the application.**

I hereby represent that the above information is true and complete to the best of my knowledge.

_____ Date

_____ Signature of State Agency Representative

_____ Telephone Number

_____ Title

_____ Address