

# Optional Life Insurance Enrollment Form



Standard Insurance Company

Group Number 753781

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

## Applicant Information

|  |   |
|--|---|
| Your Social Security Number  | Your Name (First, MI, Last)   |
| Mailing Address  | Telephone Number  |
| City, State, Zip   | Email Address   |
| Date of Birth  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Former Name (First, MI, Last) <i>Complete only if you've had a name change</i> |   |

## Coverage Information

### Member Life Insurance

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

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

| Current Coverage | + | Coverage Increase | = | Total New Coverage Amount |
|------------------|---|-------------------|---|---------------------------|
|                  | + |                   | = |                           |

### Spouse Life Insurance

In \$5,000 increments up to plan max \$100,000

Spouse Life requested amount \$ \_\_\_\_\_

|   |   |
|---|---|
| Spouse Social Security Number   | Spouse Name (First, MI, Last)   |
| Spouse Date of Birth  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Spouse Former Name (First, MI, Last) <i>Complete only if you've had a name change</i> |   |

### Child Life Insurance

Total Coverage Amount Requested (check one)     \$10,000     \$20,000

One premium provides coverage for all eligible children in your family. **Only one member may cover child(ren) if member and spouse work for KPERs.** Children eligible until age 26. No age limit for disabled dependents.

**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.

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                       KPERs     KP&F

|                      |  |          |            |
|----------------------|--|----------|------------|
| <b>For KPERs Use</b> | <input type="checkbox"/> GI <input type="checkbox"/> U/W | By _____ | Date _____ |
|----------------------|--|----------|------------|

*Fax completed form to The Standard at 971-321-5033 or mail to address above.*