

# 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 <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

Please refer to your Optional Life Booklet for detailed information about the coverage available to you:  
[https://www.standard.com/eforms/10391d\\_753781b.pdf](https://www.standard.com/eforms/10391d_753781b.pdf)

### 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.**

<b>Current Coverage</b>	+	<b>Coverage Increase</b>	=	<b>Total New Coverage Amount</b>
	+		=	

### 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 <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

Not offered currently

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. I understand that I must be actively at work the day before my coverage effective date in order for my coverage to become effective. Otherwise, my coverage will not become effective until the day after I complete one full day of active work as an active member.

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  Open Enrollment  KPERs  KP&F

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