Optional Life Insurance Enrollment Form

KPERS

Group Number 753781

Standard Insurance Company

844-289-2306
800 SW Jackson, Suite 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 ☐ Male ☐ Female
Former Name (First, MI, Last) *Complete only if you've had a name change*	

Coverage Information

Member Life Insurance

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

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

Spouse Life Insurance

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

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

Spouse Social Security Number	Spouse Name (First, MI, Last)
Spouse Date of Birth	Gender ☐ Male ☐ Female
Spouse Former Name (First, MI, Last) *Complete only if you've had a name change*	

Child Life Insurance

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

One premium provides coverage for all eligible children in your family. 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 _____ Employer Number _____

☐ New Hire ☐ Family Status Change ☐ Increase ☐ KPERS ☐ KP&F

For KPERS Use	☐ GI ☐ U/W	By	Date

Fax completed form to The Standard at 971-321-5033 or email to kpersadmin@standard.com.