

# Optional Life Insurance Enrollment Form



Standard Insurance Company

Group Number 753781

800-462-6506  
6800 College Blvd, Ste 500, Overland Park, KS 66211

## 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

### Member Life Insurance

In \$5,000 increments up to plan max \$300,000

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

### Spouse Life Insurance

Total Coverage Amount Requested (check one)     \$10,000     \$25,000     \$50,000     \$100,000

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

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

<b>For KPERS Use</b>	<input type="checkbox"/> GI <input type="checkbox"/> U/W	By _____	Date _____
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*Return completed form to The Standard at the address listed above or Fax to 913-661-9243.*