MainePERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

P.O. Box 349
Augusta, ME 04332-0349
Telephone: (207) 512-3100
Toll-free: 1-800-451-9800
Fax: (207) 512- 3101
Maine Relay: 711

REQUEST FOR BASIC AND/OR ADDITIONAL INSURANCE COVERAGE REQUIRING EVIDENCE OF INSURABILITY

Employee Name: _____ _____ _____ _____
(First) (MI) (Last) (Suffix)

Social Security Number: _____ Date of Birth: _____ _____ _____
(mm) (dd) (yyyy)

Email Address: _____ Phone: _____

Mailing Address: _____ _____ _____ _____
(Street/PO Box) (City) (State) (ZIP)

Date of Hire: _____ _____ _____ Annual Salary: _____
(mm) (dd) (yyyy)

Employer Name: _____

Please indicate the coverage you are requesting:

☑ BASIC — Equals my gross salary rounded up to the next highest $1,000

☐ SUPPLEMENTAL (check one)
- ☐ One (doubles your Basic)
- ☐ Two (triples your Basic)
- ☐ Three (quadruples your Basic)

☐ DEPENDENT PLAN A
(select who you want to cover)
- ☐ Spouse
- ☐ Children
- ☐ Spouse and Children

Spouse	$5,000
* Full-time, unmarried student to age 22	$5,000
* Children, 6 months to age 19	$5,000
* Children, 0 to 6 months	$1,000

☐ DEPENDENT PLAN B
(select who you want to cover)
- ☐ Spouse
- ☐ Children
- ☐ Spouse and Children

Spouse	$10,000
* Full-time, unmarried student to age 22	$ 5,000
* Children, 6 months to age 19	$ 5,000
* Children, 0 to 6 months	$ 2,500

NOTE:

A spouse or child insured under the Group Life Insurance Program as an employee or a retiree cannot be insured as a dependent of a participant. If both parents of a child are insured under the Program, only one parent may purchase dependent coverage for that child. Stepchildren may not be covered as dependents.

Please return the completed form to Survivor Services at the address printed at the top of this form. To receive the coverages requested above, you must produce an Evidence of Insurability at your own expense and in accordance with the requirements of the insurance underwriter. Increased coverage becomes effective as of the first day of the first month following the completion of one month of employment after the date of approval.

Employee's Signature:_____ Date: _____