Standard Insurance Company
888.288.1270 Tel

Voluntary Life Enrollment and Change Form
For Retired Employees

Check all box(es) and complete all sections that apply. Mail completed form to the address listed below.

MEMBER INFORMATION

Enrollment
☐ Initial Enrollment
☐ Late Applicant

Change
☐ Increase Coverage
☐ Reduce Coverage
☐ Terminate Coverage
☐ Address Change
☐ Name Change
☐ Other ____________

Group Name	Group Number	Division ID	Retiree Type
State of Nevada Public Employees' Benefits Program	642682-C	Retiree	☐ State ☐ Non-State

Your Name (Last, First, Middle)	If name change, what was your former name?

Your Mailing Address

City	State	Zip	Home Phone

Date of Birth	Gender	Date of Retirement	Soc. Sec. No.
	☐ Male ☐ Female		

COVERAGE SECTION

ARE YOU ENROLLED IN THE STATE OF NEVADA PEBP SPONSORED MEDICAL PLAN OR MEDICARE PLAN? ☐ **YES** ☐ **NO**

If you answered YES and you are not a reinstated retiree or a survivor, then PEBP provides you with $12,500 of Basic Life coverage. You may elect additional life insurance for yourself by indicating below. Check with your Human Resources Department about eligibility and Evidence of Insurability requirements.

VOLUNTARY LIFE INSURANCE

☐ **Retiree** *(Multiples of $5,000 to $50,000) Please note: Current Voluntary Life amount does not include Basic Life amount provided by the State.*

$ ____________ + ____________ = ____________

Current Voluntary Life Amount with **The Standard** | Additional Amount Requested | Total Amount Requested

SIGNATURE

I wish to apply for insurance under the Group Insurance Plan, or to authorize the changes noted above. I authorize deductions from my PERS retirement benefit check to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Retiree Signature Required	Date (Mo/Day/Yr)

INSTRUCTIONS

Please return completed form in the enclosed self-addressed envelope:

State of Nevada Life Insurance Team
Mestmaker Insurance Services
P.O. Box 2302
Bakersfield, CA 93303-2302

Please retain a copy for your records.