

PEBA Coverage Verification Notice of Group Life Insurance

Instructions for PEBA policyholder/record keeper: Complete this Notice and provide a copy when group coverage terminates or reduces. If coverage has been assigned, provide notice to assignee of coverage termination. If an accelerated benefits claim was paid on this life insurance coverage, indicate the remaining amount of coverage following claim payment.

Details and instructions for retiree/employee: Upon employment termination, retirement or reduction of group insurance, you may either continue or convert your life insurance coverage. Both options are available without medical examination (guarantee issue) if you enroll within the application period.

To continue coverage: Available to **eligible retirees** only. Complete the “Retiree Life Continuation” form and return it within 31 days of your retirement.

To convert coverage: You must call 866-486-5298 to obtain a conversion brochure. The conversion application period is time-sensitive. You must complete your conversion application and send first premium due within 31 days of loss of coverage.

Return a copy of this Coverage Verification Notice with your Election form

Eligible Person / Retiree		
Date of this notice	Date leaving employer’s active Group Life plan or date coverage reduces	
Name of insured	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street, city, state, zip)	BIN (this number is on your medical card)	
Coverage verification		
Reason for termination <input type="checkbox"/> Retirement <input type="checkbox"/> Termination of employment <input type="checkbox"/> Coverage reduction due to age		
Coverage type	Coverage amount	Options
Basic Term Life	\$	Conversion only – Call 866-486-5298
Optional Term Life	\$	Conversion or continuation
Dependent Spouse Term Life	\$	Conversion only – Call 866-486-5298
Dependent Child Term Life	\$	Conversion only – Call 866-486-5298
Date to which group premiums were paid for this individual		
I certify that the information given by this employee concerning employment and group life insurance with us is correct according to our records.		
Group policyholder South Carolina PEBA	BA address	BA phone number
Print name of authorized benefits administrator or PEBA staff	Email	
Signature of benefits administrator or PEBA staff X	Date	

Mail or fax a copy of this notice along with your completed election form to:
Securian · Group Customer Service · 400 Robert Street N · St Paul, MN 55101
Fax 651-665-4827