



GTLI Continuation Form While On Leave WithOut Pay- ERS Members

GENERAL INSTRUCTIONS

A. Print or type clearly. B. Please read the instructions on the back before completing this form. C. Changes are not valid until received by ERSGA.

SECTION 1 - MEMBER INFORMATION

Name: _____ SSN:
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Daytime Phone No: (____) _____ E-mail : _____

SECTION 2 - TERMS FOR CONTINUATION OF GTLI

I choose to continue Group Term Life Insurance (GTLI) coverage for any period during which I am on Leave WithOut Pay (LWOP). I understand that the following conditions apply:

- **I must have one (1) year of continuous service before I can continue my GTLI coverage while on LWOP**
- **Premiums of one percent (1%) of the monthly salary immediately prior to my period of LWOP will accrue for each month I am on LWOP**
- **The accrued premiums will be paid to the Employees' Retirement System as follows:**
 - **At termination of state employment and on application for a refund of my contributions and interest, the premiums will be deducted from my refund**
 - **Or at my retirement, the premiums will be deducted from my monthly benefit**
 - **Or at my death, the premiums will be deducted from the GTLI payment to my beneficiaries**

NOTE: If I have eighteen years of creditable service and terminate state employment and do not get a refund of my contributions and interest, GTLI coverage will continue until the ERS receives my written notification declining coverage. Any premiums accrued up until that time will be payable to the ERS by the applicable method described above.

SECTION 3 - SIGNATURE & ACKNOWLEDGEMENT

I have read and I understand the instructions and provisions listed above.

Signature _____ Date _____