

STANDARD INSURANCE COMPANY

Regional Accounts Services
920 SW 6th Avenue
Portland Oregon 97204-1203
(503) 321-6785
(800) 378-4668 x6785

STATE OF OREGON RETIREE LIFE INSURANCE APPLICATION (Group Policy 606814 and 408045)

INSTRUCTIONS — PLEASE READ CAREFULLY

Retiree Life Insurance

Retiree Life Insurance is not permanent insurance. Your Retiree Life Insurance will end because of your becoming insured again as an active employee (regardless of any future premium payments made by you as a retiree), for non-payment of the required premium, or if the group policy terminates. Please refer to your Certificate for complete information on when insurance ends.

How To Apply

You must apply in writing and pay the first quarterly premium to us within 60 days after your coverage end date. Your application packet has two forms: one for you and one for the employer. All questions on these forms must be completed. If you have questions while completing your application, please contact our office at the phone number shown above. You are responsible for making sure all required forms are completed and returned to our office. Processing of your application will begin when both completed forms are received by us.

You may apply for an amount of insurance in increments of \$2,500, from \$2,500 to \$200,000. However, this amount may not exceed 50% of the amount of your insurance (Basic plus Optional Employee Life Insurance, if any) in effect on the day before your retirement.

As an example: If you are under age 65 and are insured for \$225,000. You may elect to continue up to \$112,500 as an eligible retiree (50% of the amount as an active employee). You also have the right to continue the remaining amount under the right to convert provision. If you have questions about conversion of your insurance, contact Standard Insurance Company at 1-800-368-2859, or the Public Employees' Benefit Board (PEBB).

The amount of your Life Insurance after your 65th but before your 70th birthday is 65% of the amount which would be applicable if you were under age 65.

The amount of your Life Insurance after your 70th but before your 75th birthday is 50% of the amount which would be applicable if you were under age 65.

The amount of your Life Insurance after your 75th birthday is 35% of the amount which would be applicable if you were under age 65.

The initial premium rate will be the rate in effect for your age group on the date you retire, and an administrative fee will be added. If it is necessary to change premium rates in the future, you will be given advance notice of the change. You will be billed at your home address. Checks are to be payable to Standard Insurance Company. Please submit your first quarterly premium, equal to three times your monthly premium, with this application.

Your premium rates are determined by your age as of January 1 of each year from the table below:

Age On January 1	Monthly Rate Per Multiple of \$1,000
Under age 49	\$0.30
50 through 54	0.45
55 through 59	0.55
60 through 64	0.75
65 through 69	1.50
70 through 74	2.50
75 through 79	3.75
80 through 84	5.70
Age 85 or over	8.20

NOTE: If your insurance is continued under the Waiver of Premium provision of the Group Policy, you may not continue your insurance as a retiree.

Keep your certificate. It is your certificate of coverage for your Retiree Life Insurance. Your Retiree Life Insurance is subject to the terms of the Group Policy.

Beneficiary Designation

Please complete the Beneficiary section of the attached application. If you do not complete the Beneficiary section of the attached application, you will not have a designated beneficiary. In that event, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

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STATE OF OREGON

**RETIREE LIFE INSURANCE APPLICATION
(Group Policy 606814 and 408045)**

Please type or print. Complete entire form.

IDENTIFICATION	Name: _____ (last) (first) (middle)
	Address: _____ (street address)
	_____ (city) (state) (zip code)
	Social Security Number: _____ Telephone No. () _____
	Birthdate: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (mo) (day) (year)

GROUP POLICY	Name of State Agency: _____
	Your occupation with the State Agency: _____
	Date you last worked for the State Agency: ____ ____ ____
	Date of Retirement: ____ ____ ____
	If date you last worked and retirement date differ, please explain: _____ _____

AMOUNT	Amount of Retiree Life Insurance you wish to continue: \$ _____ not to exceed 50% of the amount of your insurance (Basic plus Optional Employee Life Insurance, if any) in effect on the day before your retirement.
	Remember the amount you select will reduce to 65% of the amount selected while you are age 65 through 69; to 50% between the ages of 70 through 74; and to 35% at age 75 or older.
	Any combination of insurance you continue and insurance you convert may not exceed the amount for which you were insured on the date you retire.
	Billing: If approved you will be billed quarterly (every three months), at your home address. There is an administration fee associated with your continued insurance. Premiums must be received by the due date. There is a 30 day grace period for continuation of insurance.

BENEFICIARY	Full name of your beneficiary: _____ Relationship _____
	Beneficiary's Address _____
	If more than one beneficiary is named, benefits will be paid equally unless otherwise designated.
	I understand that this designation supersedes any previous beneficiary designation made with respect to my Life Insurance under Group Policies 606814 or 408045.
	Your Signature _____ Date _____

Please complete reverse side

(continued)

AGREEMENT

I hereby apply for Retiree Life Insurance available through the Standard Insurance Company. I understand that I am bound by the terms of the Group Policy and any amendments to it.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if this application is not accepted, any premium advanced by me will be refunded.

I understand that if I do not provide the beneficiary designation in the section above, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

I hereby represent that all statements on this application are complete and true to the best of my knowledge and belief. I understand that Standard Insurance Company will rely on these statements and this information, along with the Employer's Statement for continued Group Retiree Life Insurance, as the basis for approving this application. I have read and understand the information herein.

Signature of Applicant: _____

Dated _____

Please keep a copy of this form for your records.

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**STATE OF OREGON
STATE AGENCY'S STATEMENT FOR
RETIREE LIFE INSURANCE
(Group Policy 606814 and 408045)**

Please type or print. Complete entire form.

TO BE COMPLETED BY STATE AGENCY.

Retiree's Full Name: _____ Male Female

Retiree's Social Security Number: _____ Birthdate: _____

State Agency Name: _____

Is the employee's Life Insurance ending because of retirement? Yes No

If yes, retirement date: _____ Date active coverage ends: _____

Original effective date of coverage: _____

Amount of Life Insurance (Basic and Optional, if any) in effect on the date of the employee's retirement:

\$ _____

PLEASE ATTACH ORIGINAL LIFE ENROLLMENT CARD OR FORM.

I hereby represent that the above information is true and complete to the best of my knowledge.

_____	_____
Date	Signature of State Agency Representative
_____	_____
Telephone Number	Title

	Address