



KPERS-78 Rev. 1/17

AFFILIATION FOR OPTIONAL GROUP LIFE INSURANCE

■ **Important** – This affiliation is **irrevocable**. Once approved, your affiliation cannot be cancelled. Please include a copy of the **minutes** from the meeting where this resolution was approved.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
email: kpers@kspers.gov • **web:** kspers.gov • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

Resolution No. _____

Be it resolved, by (legal title of governing body) _____

that (legal name of entity) _____, a participating employer,

or an applicant to become a participating employer, in the: ☐ Kansas Public Employees Retirement System
☐ Kansas Police and Firemen's Retirement System

hereby makes application in accordance with K.S.A. 74-4927(6) and (7) for the inclusion of all its eligible employees in optional life insurance under the Kansas Public Employees Retirement System effective ☐ January 1, _____. ☐ July 1, _____.

Adopted this _____ day of _____ (month), _____ (year).

Attested to by

Name (print): _____

Title: _____

Signature: _____

State of Kansas _____)

) S S

County of _____)

I, _____, do hereby affirm that I am the duly elected or appointed _____ of the organization known as _____, and I further affirm that the above Resolution is a true and correct copy of the Resolution adopted by such organization, and that said Resolution was adopted by a vote of two-thirds or more of the members-elect of the governing body of the organization.

Signature: _____