



KPERS-79R Rev. 10/15

OPTIONAL GROUP LIFE INSURANCE RETURN TO PAYROLL

■ **Important** – Employers must complete this form for employees who are enrolled in the optional group life insurance program when they return from Leave without Pay.

■ **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

■ Part A – Employee Information

1. Social Security Number: _____
2. Name (First, MI, Last): _____
3. Last Date Actively at Work: _____
4. Date Returned to Work: _____
5. Optional Group Life Insurance Coverage Amount - Employee: \$ _____
6. Optional Group Life Insurance Coverage Amount - Spouse: \$ _____
7. Optional Group Life Insurance Coverage Amount - Child: \$ _____
8. Reason for leaving payroll: Check all that apply.
 - ☐ Disability claim: Return to work in the first 90 days
 - ☐ Disability claim: Return to work during day 91 to 180
 - ☐ Non-FMLA Events: sabbaticals, funeral leave, short-term minor illness not requiring hospitalization and other nonmedical reasons
 - ☐ FMLA for Family Illness: spouse, parents, children under age 18, and children over age 18 with a disability that prevents them from caring for themselves
 - ☐ Military Leave

■ Part B – Employer Certification

1. Employer Name: _____
 2. Employer Number: _____
- Designated Agent Signature: _____ Month/Day/Year: ____/____/____