



State Employees Assurance Department

ERS Use Only

M/S#

Election To Continue Group Term Life Insurance While on Leave Without Pay

I, _____, have at least one (1) year of continuous membership service, and I will be on Leave Without Pay (LWOP) from the following dates:

_____/_____/_____ through ____/____/_____.
Mo. Day Year Mo. Day Year

I choose to continue Group Term Life Insurance (GTLI) coverage during this LWOP period. I also understand that premiums in the amount of one percent (1%) of my monthly salary will accrue for each month of the LWOP period.

Signature _____ Date ____/____/_____
Mo. Day Year

Social Security Number ____/____/____ Department _____

Work Phone _(____) _____ Home Phone _(____) _____

Payment of Premiums

- **TERMINATION AND REFUND APPLICATION** – If you terminate and apply for a refund, premiums will be deducted from your employee retirement contributions refund check
- **RETIREMENT** – If you retire, we deduct premiums due from your monthly allowance check.
- **DEATH** – In the event of your death, premiums will be deducted from the life insurance payment to your beneficiaries.

Mail to:

Employees' Retirement System
Two Northside 75, Suite 300
Atlanta, Georgia 30318
(404) 352-6400