

# CAPS RETIREMENT APPLICATION

## AUTHORIZATION TO CONTINUE SUPPLEMENTAL CAPS INSURANCE COVERAGE INTO RETIREMENT

By my signature below, I hereby state that I wish to continue my CAPS membership as a Retired Member, and that I authorize the Public Employees' Retirement System (PERS) to deduct membership dues from my monthly PERS retirement check, as well as any monthly insurance premiums I currently have in effect for supplemental insurance coverage I have elected to purchase.

I understand that supplemental insurance is coverage I have elected to purchase in addition to the Basic Life Insurance coverage I receive automatically as a CAPS member membership benefit at no cost to myself (Basic Life coverage of \$10,000 and Accidental Death and Dismemberment [AD&D] coverage of \$15,000 — both of which reduce to 65% coverage at age 70).

### PLEASE PRINT LEGIBLY:

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_