

**Virginia Retirement System
Retiree Optional Life Continuation - VRS-39R**



Securian Life Insurance Company • Minnesota Life Insurance Company

Richmond Branch Office • PO Box 1193, Richmond, VA 23218-1193

1-800-441-2258 • Fax 804-644-2460

1. EMPLOYEE INFORMATION

Name (last, first, middle initial)		Social Security number	Date of birth
Address (street, city, state, zip)			Annual salary
Current coverage amount <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4		Termination date	Coverage to continue <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2

You must have been an insured with Optional life for the previous 60 months. Additionally, the amount of Optional coverage eligible for continuation as a retiree may not be (1) more than the level of coverage as an active employee, (2) an option higher than Option 2, and (3) exceed an amount of insurance equal to \$300,000.

Your retiree coverage amount will be reduced by 25% upon the member's milestone birthdays at ages 65, 70 and 75. This Optional life policy will terminate at age 80. Reductions apply to your minimum and maximum amounts elected.

2. SPOUSE INFORMATION

Name (last, first, middle initial)		Social Security number	Date of birth
Current coverage amount <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4		Spouse coverage will equal 50% of the amount of continued employee coverage.	
The retiree amount continued will reduce 25% upon member's milestone birthdays of 65 (75%), 70 (50%), 75 (25%).		Do you currently have spouse coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you want to continue it? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. DEPENDENT INFORMATION

Coverage to continue <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4		
Dependent name (last, first, middle initial)	Social Security number	Date of birth
Dependent name (last, first, middle initial)	Social Security number	Date of birth
Dependent name (last, first, middle initial)	Social Security number	Date of birth

Please indicate how you would like to be billed:

Quarterly Semi-Annually Annually

Do not send a premium payment in with this completed form. We will bill you for the premium payment after receiving your completed election form. You will have the option of a monthly EFT draft after your initial payment is received and processed.

4. SIGNATURE

Employee's signature X	Date signed
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You may fax the completed forms to Securian Financial, Richmond Branch Office at 804-644-2460 or mail to:

Securian Financial, PO Box 1193, Richmond, VA 23218.

If you have questions, please call us toll-free at 1-800-441-2258.



Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.