

## SECTION I: PERSONAL INFORMATION

---

Retiree's Full Name	First	M.I.	Last	OSU Employee ID Number
Email Address				Daytime Phone Number

## SECTION II: REASON FOR COMPLETING FORM

---

Date of Retirement (return form with 30 days of retirement)

- Election in the university's Retiree Group Term Life Insurance (RGTLI) program.
- Waive the university's Retiree Group Term Life Insurance (RGTLI) program.

**NOTE:** Following election in the RGTLI, a premium invoice will be mailed to the address on file. Payment is required to complete your RGTLI enrollment.

## SECTION III: AUTHORIZATION

I have read and understand the materials describing the terms and conditions of the Retiree Group Term Life Insurance program and agree to be bound by such terms and conditions. I certify that the information I have provided on this Enrollment Form is complete and correct. I understand that I will receive a quarterly premium invoice and am responsible for submitting timely payment as indicated on the invoice. I acknowledge that premium rates for this program are subject to change. I understand that this coverage will continue until I reach age 70, missed premiums or termination of master contract. I understand that, if premiums are not paid in full, the benefit will be terminated for lack of payment. I understand I may cancel this benefit at any time with 30 days written notice. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

---

Signature of Retiree

Date Signed

Please return the **original** copy of this form to HR Connection and retain a copy for your records.

If you have additional questions about this benefit, contact HR Connection Suite 300, 1590 North High Street, Columbus, OH 43201-2190, [hrconnection@osu.edu](mailto:hrconnection@osu.edu), 614-247-6947.