MainePERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

P.O. Box 349
Augusta, ME 04332-0349
Telephone: (207) 512-3100
Toll-free: 1-800-451-9800
Fax: (207) 512-3101
Maine Relay: 711

DEPENDENT INSURANCE

Use this form if:

1. You had no dependents when you were first eligible for coverage and are now acquiring your first eligible dependent; or,
2. You have Dependent Plan A coverage and are acquiring a spouse and would like to increase your coverage to Dependent Plan B.

In all other cases, evidence of insurability is required to obtain Dependent Plan A or B coverage. This form must be completed, signed and received by your employing office within 31 days of the qualifying event.

A spouse or child already insured under the Group Life Insurance Program as an employee or retiree cannot be insured as a dependent of a participant. If both parents of a child are insured under the Program, only one parent may purchase dependent coverage for that child. Stepchildren may not be covered as dependents.

Your Name: (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number:

Date of Birth: (mm) (dd) (yyyy)

Mailing Address: (Street/PO Box) (City/Town) (State) (ZIP)

Employer Location Code:

Employer Location Name:

Eligible Event: (Marriage, Birth, Adoption, etc.)

Event Date: (mm) (dd) (yyyy)

Complete this information if dependent is your spouse.

Spouse's Name: (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number:

I am electing to purchase:

☐ PLAN A:

Spouse	$ 5,000
Full-time, unmarried student to age 22	$ 5,000
Children, 6 months to age 19	$ 5,000
Children, 0 to 6 months	$ 1,000

☐ PLAN B:

Spouse	$10,000
Full-time, unmarried student to age 22	$ 5,000
Children, 6 months to age 19	$ 5,000
Children, 0 to 6 months	$ 2,500

☐ Convert to DEPENDENT PLAN B due to Marriage

Employee Signature: _____ Date: _____