

**Government of Guam Retirement Fund
DEFINED BENEFIT (DB) PLAN
424 Route 8
Maite, Guam 96910
Telephone: (671) 475-8900 / 8901**

NOTICE: Open Enrollment for LIFE INSURANCE For Retirees/Survivors

October 29, 2021

Dear **Defined Benefit (DB) Plan** Retiree/Survivor (Residing Off-Island):

Please be advised of the Life Insurance Open Enrollment Period. This is an opportunity for eligible retirees/survivors to elect supplemental life insurance and/or dependent life coverage.

Open Enrollment Period: November 1 – 19, 2021

Coverage Effective Date: December 19, 2021

1st Pay Period Deduction: December 31, 2021

Basic Coverage: No election necessary – automatic \$10,000 coverage

How to Enroll:

A. Download the following forms from the GGRF website – www.ggrf.com: 1) Life Insurance Enrollment Form and 2) Affidavit Certifying a Government of Guam Retiree/Survivor

B. Mail both original completed forms to GGRF (postdated no later than November 19, 2021) to 424 Route 8, Maite, GU 96910

RETIREES – May Elect the Following Coverages

Dependent Coverage (Spouse \$10,000 & Child(ren) \$8,000)	Semi-Monthly Rate \$5.97	Monthly Rate \$11.94
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- Eligible dependents include spouse, domestic partner, unmarried child(ren) up to age 20 or 24 if a full-time student at an accredited educational institution (natural children, legal guardianship, step children, or adoption). Children of domestic partners are not eligible for coverage.
- A notarized domestic partner affidavit must be submitted if applicable.

Supplemental Coverage (for Retirees only)	Semi-Monthly Rate	Monthly Rate
\$ 5,000 Coverage	\$14.16	\$28.32
\$10,000 Coverage	\$28.32	\$56.64
\$15,000 Coverage	\$42.48	\$84.96

SURVIVORS – May Elect Dependent Coverage

Dependent Coverage (for Child(ren) \$8,000	Semi-Monthly Rate - \$5.97	Monthly Rate - \$11.94
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- For unmarried child(ren) eligible for coverage are up to age 20 or 24 if full-time student at an accredited educational institution (natural children, legal guardianship, step children, or adoption)

Retirees and survivors are reminded to verify that premiums are accurately deducted. Erroneous or missing premiums will result in cancellation of coverage.

**Government of Guam Retirement Fund
DEFINED CONTRIBUTION (DC) PLAN
424 Route 8
Maite, Guam 96910
Telephone: (671) 475-8900 / 8901**

**NOTICE: Open Enrollment for LIFE INSURANCE
For Retirees / Survivors**

October 29, 2021

Dear **Defined Contribution (DC) Plan** Retiree/Survivor (Residing Off-Island):

Please be advised of the Life Insurance Open Enrollment Period. This is an opportunity for eligible retirees/survivors to elect supplemental life insurance and/or dependent life coverage.

- Open Enrollment Period:** November 1 – 19, 2021
- How to Enroll:** Please contact your respective Agencies as shown on the reverse page
- Coverage Effective Date:** December 19, 2021
- Basic Coverage:** No election necessary – automatic \$10,000 coverage

RETIREES – May Elect the Following Coverages

Dependent Coverage (Spouse \$10,000 & Child(ren) \$8,000)	Semi-Monthly Rate \$5.97	Monthly Rate \$11.94
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- Eligible dependents include spouse, domestic partner, unmarried child(ren) up to age 20 or 24 if a full-time student at an accredited educational institution (natural children, legal guardianship, step children, or adoption). Children of domestic partners are not eligible for coverage.
- A notarized domestic partner affidavit must be submitted if applicable.

Supplemental Coverage (for Retirees only)	Semi-Monthly Rate	Monthly Rate
\$ 5,000 Coverage	\$14.16	\$28.32
\$10,000 Coverage	\$28.32	\$56.64
\$15,000 Coverage	\$42.48	\$84.96

SURVIVORS – May elect Dependent Coverage

Dependent Coverage (for Child(ren) \$8,000	Semi-Monthly Rate - \$5.97	Monthly Rate - \$11.94
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- For unmarried child(ren) eligible for coverage are up to age 20 or 24 if full-time student at an accredited educational institution (natural children, legal guardianship, step children, or adoption)

Retirees and survivors are reminded to verify that premiums are accurately deducted. Erroneous or missing premiums will result in cancellation of coverage.

How to ENROLL – PLEASE CONTACT THE FOLLOWING:

<p><u>DC Plan Retiree/Survivor of Autonomous Agencies</u></p> <ul style="list-style-type: none">• Guam Economic Development Authority (671)647-4332• Guam Housing Corporation (671) 647-4143• Guam International Airport Authority (671) 646-0300• Guam Power Authority (671) 648-3130• Guam Visitors Bureau (671) 646-5278• Guam Waterworks Authority (671) 300-6074• Port Authority of Guam (671) 477-5931• Retirement Fund (671) 475-8900	<p><u>DC Plan Retiree/Survivor of Line Agencies</u></p> <ul style="list-style-type: none">• All Other Agencies Not Listed Above• Department of Administration HR Division at (671) 475-1179/1103
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To Be Completed By Human Resources

Group Number 648725	Classification Retired Employees/Survivors	Date of Retirement/Survivor
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To Be Completed By Applicant Initial Enrollment Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.*
 Coverage Change Date of change _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Mailing Address	City	State / Territory	ZIP
Employer Name Government of Guam	Check one <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor of Retiree	Phone Number	
Type of Retirement <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution	Agency/Department Number		

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence of Insurability requirements. Refer to your Coverage Highlights for semi-monthly premiums.*

Basic Life Insurance

Basic Life with AD&D \$10,000 (Employer Paid)

Additional Life Insurance

You may choose one of the following options for yourself:

Elect Additional (Optional) Life with AD&D \$5,000 \$10,000 \$15,000 (Employee Paid)

Decline Additional/Optional Life with AD&D

Dependents Life Insurance

Elect Spouse Life \$10,000 / Child(ren) Life \$8,000 (Employee Paid)

Decline Spouse Life / Child(ren) Life

Beneficiary *This designation applies to Basic Life with AD&D or Additional Life Insurance available through your Employer, if any. Separate beneficiaries may be selected for each coverage. Check the appropriate box below for each beneficiary. If a minor (a person not of legal age) is a beneficiary, please include the name, address and phone number of the minor's guardian, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

Life Plan	Primary - Full Name	Mailing Address	Phone Number	Soc. Sec. No./DOB	Relationship	% of Benefit
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						

Life Plan	Contingent - Full Name	Mailing Address	Phone Number	Soc. Sec. No./DOB	Relationship	% of Benefit
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						
<input type="checkbox"/> Basic <input type="checkbox"/> Add'l						

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.

Member/Employee Signature Required _____

Date (Mo/Day/Yr) _____

EMPLOYER USE ONLY		AUDIT PURPOSE ONLY		
Validated GovGuam/The Standard Agent	Date	Audit Date	Pay Period	Amount Deducted

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

AFFIDAVIT
CERTIFYING A GOVERNMENT OF GUAM
ACTIVE EMPLOYEE/RETIREE/SURVIVOR
Government of Guam Group Life Insurance

I _____, being duly sworn under oath;
Name of Enrolled Employee

State that:

- 1) I am an eligible Government of Guam active employee, retiree, and/or survivor; and
- 2) I am not able to complete my life insurance form at a Government office at this time;
- 3) Therefore, I am submitting a copy of the form and notary via mail to the respective HR office.

Therefore it is my intent to elect life insurance coverage with the Government of Guam Group Life Insurance plan as indicated on the enrollment form date _____.
Date of enrollment form

I also understand that should the original form not reach the respective HR office, the benefits may be subject to declination.

Subscribed and witnessed before me this _____ day of _____, 20_____.

Signature _____

SS# _____

Notary Public

My commission expires: _____

(Seal)