

# National Guard Insurance Program



Administered by:  
National Guard Association of Kansas  
125 SE Airport Drive  
Topeka, KS 66619  
316-288-9496  
[Insurance@ngaks.net](mailto:Insurance@ngaks.net)

## Welcome to the Kansas National Guard!

The National Guard Association of Kansas (NGAKS) is proud to offer you a death benefit of \$10,000 paid for by NGAKS for the first 12 months of your enrollment.

**Eligibility:** All Active Members of the Kansas National Guard including Prior Service and New Enlistees who enroll within 90 days of enlistment.

## How to Apply

- Fill out the enrollment form.
- Be sure to include your current date of enlistment and sign and date the bottom of the enrollment form.
- Fill out the blocks 1, 2, 3, 4, 5, 6, 21, 22 on the included authorization for an allotment, DD2558.

Your coverage will begin the day you sign up. After you have been enrolled in the benefit for 12 months, your monthly allotment for \$3.66 will begin. You may choose to authorize NGAKS to start your military payroll deduction or you may elect to receive a paper bill.

Please return the enrollment form and the allotment form to the NGAKS today.

**DD FORM 2558 must accompany the application.**

## Learn More about this death benefit

**Is a medical exam required?** No, this benefit is guaranteed issue.

**Are there any exclusions to my coverage?** There are no exclusions for war, aviation, hazardous duty or civilian occupation restrictions.

**Are there any reductions to my coverage?**

Yes. Member's Supplemental life Benefit reduces to 50% at Age 60, 25% at Age 70, and 12.5% at Age 75.

**When do benefits terminate?**

The Supplemental Life contributory coverage ends the earlier of the date the group policy ends or the first day you do not make any required premium payment.

**Are there any additional plan benefits?** Yes. **Grief Counseling**<sup>1</sup> provides you and your dependents up to five private counseling sessions with a professional grief counselor – per event – to help cope with a loss, no matter what the circumstances, whether it's a death, an illness or divorce. Sessions may also be held over the phone. **Funeral Planning Assistance**<sup>1</sup>: services designed to simplify the funeral planning process for your loved ones and beneficiaries to assist them with organizing an event that will honor a loved one's life from a self-paced funeral planning guide to services such as locating funeral homes, florists and local support groups. **Will Preparation Services**<sup>2</sup> offers you and your spouse unlimited face-to-face or telephone meetings with an attorney from MetLife Legal Plans' network of over 18,500 participating attorneys, to prepare or update a will, living will and Power of Attorney. **Estate Resolution Services**<sup>2</sup> estate representatives and beneficiaries may receive unlimited face-to-face legal assistance with probating your and your spouse's estate. Beneficiaries can also consult an attorney, from MetLife Legal Plans' network of over 18,500 participating attorneys, for general questions about the probate process. **Conversion Privilege**: if life insurance ceases because of termination of membership in the classes eligible for insurance, coverage may be converted to individual coverage.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association for these and/or other costs.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator National Guard Association of Kansas at 316-288-9496 for costs and complete details.

MetLife Group Term Life insurance is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166, under Policy Form GPN99/G2130-S. Policy number 251888-1-G

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1. Grief Counseling and Funeral Assistance services are provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife, and the services TELUS Health provides are separate and apart from the insurance provided by MetLife. TELUS Health has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
  2. Will preparation and MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York situated or principally located cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax planning and preparation of living trusts are not covered by the will preparation service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

**ENROLLMENT • FORM****GROUP CUSTOMER INFORMATION**Name of Policyholder: **Patriots Insurance Trust**Customer #: **251888**Group/Report #: **260990****YOUR ENROLLMENT INFORMATION (To be Completed by the Member)**

Rank/Title:

NG Unit:

Unit Location:

Member's Name (First, Middle, Last)

☐ Male ☐ Female

Member's SSN #: - -

DOB:

Mailing Address (Street, City, State, Zip Code):

Home/Cell Phone #:

Email:

Are you an Active Member of the Kansas National Guard? ☐ Yes ☐ No

Date of Enlistment:

**I have read my enrollment materials and I request coverage for this non-contributory Basic Life benefit. After 12 months of coverage, I understand I may continue this Basic Life benefit on a contributory basis.****Term Life Insurance**☒ Basic Life - \$10,000 (Non-contributory coverage ends 12 months after enrollment)GEF02-1  
ADM**FRAUD WARNINGS**

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued. **Kansas:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law. **Missouri:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GEF09-1  
FW**BENEFICIARY DESIGNATION FOR MEMBER INSURANCE**

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked. I understand I have the right to change this designation at any time.

☐ Check if you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

|                                    |                   |                             |              |         |
|------------------------------------|-------------------|-----------------------------|--------------|---------|
| Full Name (First, Middle, Last)    | Social Security # | Date of Birth (Mo./Day/Yr.) | Relationship | Share % |
| Address (Street, City, State, Zip) |                   |                             | Phone #      |         |
| Full Name (First, Middle, Last)    | Social Security # | Date of Birth (Mo./Day/Yr.) | Relationship | Share % |
| Address (Street, City, State, Zip) |                   |                             | Phone #      |         |

**Payment will be made in equal shares or all to the survivor unless otherwise indicated.****TOTAL:** 100%**DECLARATIONS AND SIGNATURE**

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief. 2. I declare that I am able to perform the normal activities of a person of such age and sex with a like occupation or retired status on the date I am enrolling. I understand that if I am unable to perform such normal activities on the scheduled effective date of insurance, such insurance will not take effect until I am able to resume performing such activities. 3. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose. 4. I have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign Here

Signature of Member

Print Name

Date Signed (MM/DD/YYYY)

GEF09-1  
DEC**SUBMISSION INSTRUCTIONS**

After completion, **sign and date the form on the last page where indicated.** Return the original to  
National Guard Association of Kansas, 125 SE Airport Drive, Topeka, KS 66619,  
Phone: 316-288-9496, Email address: Insurance@ngaks.net.

# AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** 37 U.S.C. Section 701, E.O. 9397.

**PRINCIPAL PURPOSE:** To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

## TO BE COMPLETED BY ALLOTTER

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| <b>1. BRANCH OF SERVICE</b> (X One)<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> AIR FORCE<br/> <input type="checkbox"/> ARMY         </div> <div style="width: 45%;"> <input type="checkbox"/> MARINE CORPS<br/> <input type="checkbox"/> NAVY         </div> </div> |  | <b>2. NAME OF ALLOTTER</b> (Last, First, Middle Initial)<br>(Print or Type)  |  | <b>3. SSN</b>   |  | <b>4. PAY GRADE</b>  |  |
| <b>5. ADDRESS OF ALLOTTER</b> (Street or Box Number, City, State, Zip Code)   |  | <b>6. DAYTIME TELEPHONE NUMBER</b> (Include Area Code)   |  | <b>7. EFFECTIVE DATE</b> (YYYYMM)                                     |  | <b>8. MONTHLY AMOUNT OF ALLOTMENT</b><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">\$ 3.66</div> |  |
| <b>9. NAME OF ALLOTTEE</b> (First, Middle Initial, Last)<br><div style="text-align: center; font-weight: bold;">NGAKS</div>   |  | <b>10. ALLOTMENT ACTION</b> (X One)<br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> START           <input type="checkbox"/> STOP           <input type="checkbox"/> CHANGE         </div>  |  |   |  | <b>11. TERMS IN MONTHS</b>   |  |
| <b>12. CREDIT LINE</b> (If Applicable)  |  | <b>13. ALLOTMENT OF CLASS AUTHORIZED</b> (X One)<br><div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> C - CHARITY/CFC<br/> <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2))<br/> <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION<br/> <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only)<br/> <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM<br/> <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES<br/> <input type="checkbox"/> - OTHER (Specify)         </div> |  |   |  |  |  |
| <b>14. ALLOTTEE'S MAILING ADDRESS</b> (Street or Box Number, City, State, Zip Code)<br><div style="text-align: center; font-weight: bold; font-size: 1.1em;">125 SE AIRPORT DRIVE<br/>TOPEKA, KS 66619</div>  |  |  |  |   |  |  |  |
| <b>15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS</b> (Province, Country)   |  |  |  |   |  |  |  |
| <b>16. REMARKS</b>  |  |  |  |   |  |  |  |
| <b>17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER</b><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">101100728    2003627</div>  |  | <b>18. ACCOUNT NUMBER/POLICY NUMBER</b>  |  | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS |  |  |  |
|   |  | <b>19. TOTAL CLASS L AMOUNT</b><br>\$  |  | <b>20. TOTAL CLASS T AMOUNT</b><br>\$                                 |  |  |  |

## STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct;
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

Under penalty of the Uniform Code of Military Justice, I certify that this allotment is NOT for the purchase, lease, or rental of personal property or payment toward personal property.

|                                  |                            |
|----------------------------------|----------------------------|
| <b>21. SIGNATURE OF ALLOTTER</b> | <b>22. DATE</b> (YYYYMMDD) |
|----------------------------------|----------------------------|

**NOTE 1.** Must be different address than allotter. Each Dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.  
**NOTE 2.** This is a voluntary allotment and can be to any payee you desire.