RETIREMENT BENEFIT OPTIONS

Must enroll in options within 30 days of when benefits end as an active employee.

Life Insurance

As a retiree, you are eligible to elect life insurance to take into retirement. You can select one of the two options below. Once elected, you will not be able to change the amount.

Option 1: $5,000 of Life Insurance
Monthly Premium: $8.15

Option 2: 1x annual salary
($10,000 minimum; $50,000 maximum)
Monthly Premium: $1.63 per $1,000 of coverage

Age Reduction: None

This is a group term life policy attached to the Twiggs County Public Schools' life insurance policy. The rates for this plan will renew at the same time as the active employee population. Should any rates change in the future, you will receive notification.

Steps to Elect

Review Options

Review the benefit options. This will be your only opportunity to add the retiree life insurance.

Complete the Enrollment Form

Complete the enclosed form and submit it to the Benefits Department at Twiggs County Public Schools.
Email to: mfloyd@twiggs.k12.ga.us

Have questions?

Need assistance with the plans, please contact Campus Benefits.
Phone: 866-433-7661, opt. 5
Email: mybenefits@campusbenefits.com

Enrollment Form: Next page

2025-2026 Retiree Life Enrollment Form (7.1.25 Plan Year)				
Group: Twiggs County Public Schools		**Carrier: Mutual of Omaha**		
Benefit Effective Date (First of the month after benefits end as an active employee)				
Name				
Social Security Number				
Home Address				
Date of Birth				
Phone Number				
Personal Email Address				
Beneficiaries *Primary beneficiary percentages must total 100%.* *Secondary beneficiary percentages must total 100%.*				
Type	**Percentage**	**Full Name**	**Date of Birth**	**Relationship**
☐ Primary ☐ Secondary				
☐ Primary ☐ Secondary				
☐ Primary ☐ Secondary				
☐ Primary ☐ Secondary				
☐ Primary ☐ Secondary				
☐ Primary ☐ Secondary				
☐ Primary ☐ Secondary				
Election				
Life amount *Benefits can be paid either monthly or annually. Annual Plan year is July 1st – June 30th*	☐ Option 1: $5,000 benefit – Monthly Premium = $8.15 ☐ Option 2: 1x Annual Salary benefit (minimum $10,000; maximum $50,000 benefit) – $1.63 per $1,000 – Monthly Premium = _____ (price may vary based on 1x annual salary)			
Primary Insured Signature				
Date				