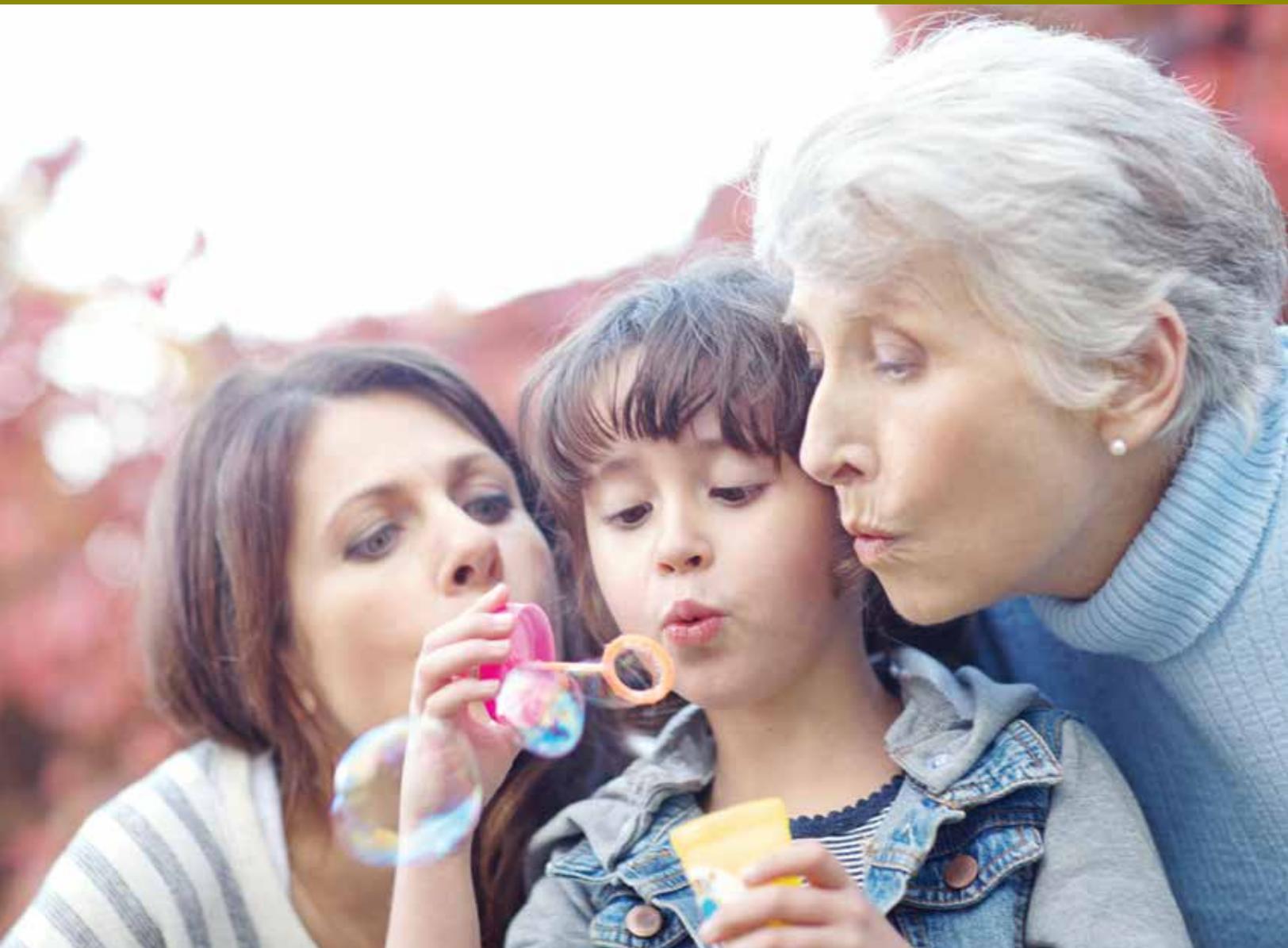


Protect the people you love
with coverage you can trust.



Get simple, competitively-priced group Term Life insurance—exclusively for PERS of Mississippi retirees.

Call 800-634-0168 to enroll. >

Your death could cause your family financial hardship in a time of great emotional loss. While this is hardly a pleasant thought, it could become a real situation.

Life insurance is one way to help plan for the unexpected and protect your family.

Secure their tomorrow

with Term Life coverage from Transamerica Premier Life Insurance Company.

Group Term Life insurance from Transamerica Premier pays your family or beneficiary a lump sum cash benefit in the event of your death. Competitive group rates are available.

All Public Employees' Retirement System of Mississippi (PERS) retirees and their spouses ages 44 to 90 can participate in the Term Life insurance plan.

This voluntary coverage is now available in amounts from \$2,500 to a maximum of \$20,000. You can enroll for coverage without having to complete any medical forms. Spouse coverage is also available. Your spouse can be covered for an amount equal to or less than your coverage without any medical forms.

Transamerica Premier Term Life coverage is dependable coverage.

- Get up to \$20,000 in coverage for just a few dollars a month
- Guaranteed acceptance
- No medical exams or questions
- Rates won't increase as you age
- Provided by a PERS of Mississippi-approved, A+ rated company



Enroll by December 1, 2015, for a January 1, 2016, Effective Date.

**Call 800-634-0168
and sign up today.**

Provide peace of mind for your loved ones. That's all part of the plan.

Introducing Term Life coverage from Transamerica Premier Life Insurance Company.

Term Life insurance gives you so much for so little.

Term Life insurance is coverage for a particular term or period of time that pays a fixed amount of money if the insured dies during the term of the policy. The premiums are lower based on your age when coverage begins. Your rate may change only if the rates for the entire group are changed. The policies do not build up cash value like whole life insurance.

Double coverage for accidents.

You are insured for any covered accidental death from day one. And you're covered for double the amount of protection you choose.

There is a two-year limited benefit period. If death due to a non-accidental cause occurs in the first year of coverage, 125% of your initial annual premium will be paid. In the second year, 250% of the initial premium will be paid. After that, DOUBLE BENEFITS will be paid for death from any covered accident.

Your acceptance is guaranteed. No medical history needed.

Retirees can increase their life insurance coverage during annual Open Enrollment. The total coverage for the retiree cannot exceed \$20,000. The retiree's spouse may enroll for a total benefit amount equal to or less than the retiree's total coverage amount.

You can't be cancelled because of age or health.

If you enroll in the Group Term Life Insurance Plan between the ages of 44 and 90, your plan will continue to renew until you reach age 120. It cannot be cancelled because of your age or any changes in your health, subject to the limited benefit period end at age 120.

About this booklet.

This booklet is designed to answer some common questions about the Public Employees' Retirement System of Mississippi Group Term Life Insurance coverage being offered to eligible retirees. It is not intended to provide a detailed description of the coverage.

When you become insured, you will receive a certificate containing a detailed description of the insurance, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provision will be in the group policy. Neither this booklet nor the certificate modifies the group policy or the insurance coverage in any way.



You and your spouse can be covered.

All Public Employees' Retirement System of Mississippi retirees and their spouses ages 44 to 90 can participate in the Term Life insurance plan.

However, if you have coverage as an insured or retiree, you cannot become insured as the spouse of another insured (retiree).

Expanding coverage is easy.

Retirees can increase their life insurance coverage during this enrollment period. The total coverage for the retiree cannot exceed \$20,000. The retiree's spouse may enroll for a total benefit amount equal to or less than the retiree's total coverage amount. This new coverage is subject to two years of limited benefits, full benefits are available after two years.

Automatic deductions simplify payment.

Term Life premiums are deducted directly from your retirement benefit payment, so you can be confident that you've done your best to protect your family.

Term Life Coverage ¹	
	Primary Insured Coverage
No medical exam needed	\$2,500 to \$20,000
Double benefits for covered accidents	\$5,000 to \$40,000

Transamerica Premier plan holders can continue their coverage.

If you are currently insured in the Transamerica Premier plan and do not want to change your coverage amount, your coverage will automatically continue at the same level subject to your continued payment of premiums due.

If you are currently insured, but want to change your coverage amount, you must request the change during this enrollment period.

¹If death occurs for reasons other than those listed under the exclusions, the plan will pay 125% of the initial annual premium the first year and 250% of the initial annual premium the second year. After that, the full benefit amount will be paid for death from any cause.

Life Insurance designed with you in mind.

A Company you can count on.

The Transamerica Premier Life Insurance Company has been operating in the United States for more than 150 years, providing insurance products since 1858. Transamerica Premier has grown over time, but has always maintained a commitment to quality products and service.

We have the experience and dedication needed to provide reliable coverage for the retirement system of our state.

Don't miss this opportunity to protect your family.

Approved by PERS, and backed by one of the nation's most financially reliable institutions*, group Term Life insurance from Transamerica Premier is a smart, simple, affordable way to plan for the unexpected.

Enroll in this great coverage now.

Just call 800-634-0168.

You can also complete and mail the enclosed enrollment form in the reply envelope we have provided.

Please respond soon.

You have been pre-qualified for this coverage.

The effective date of your coverage depends on when you meet the eligibility requirements, when you enroll, and when your premium deductions start. If you enroll and agree to pay premiums, your Term Life Coverage becomes effective the month after the premium is deducted.

Respond by December 1, 2015, for a January 1, 2016, effective date. Start your new year with peace of mind.

Questions?

We've provided many answers on the back of this brochure.



We're always here to help.

Call one of our friendly, knowledgeable Transamerica Premier Life Insurance Customer Service Representatives toll-free at 800-634-0168.

Frequently Asked Questions

Does my coverage under the group policy have cash value?

No. Group Term Life insurance does not accrue cash value or dividends.

How are benefits paid?

For all benefit amounts, Transamerica Premier will issue a check to the designated beneficiaries.

Are there any exclusions?

Accidental Death Exclusions

The loss must occur as a direct result of an injury; and the loss must occur within 365 days of the accident causing the injury. We will not pay a benefit for a loss which is caused or contributed by: suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri and Colorado while sane); declared or undeclared war or any act of war; full-time military service; sickness or its medical or surgical treatment, including diagnosis; bacterial infection except through a wound accidentally sustained; participating in a riot, committing an assault or felony; alcohol intoxication, as defined in the state where the accident occurred; of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician; operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight or as a passenger in a transport plane operated by the Military Airlift Command (MAC) of the United States; voluntary gas inhalation or poison voluntarily taken, administered or inhaled; riding or driving as a professional in any kind of race for prize money or profit. Exclusions may differ in your state. See your Certificate of Insurance for details.

Life Exclusions

The only situation not covered is suicide within two years (one year in North Dakota and Colorado) after the effective date of this coverage. There will be a refund of premiums paid. In Missouri during the first two years of coverage benefits for suicide are limited to return of premiums paid without interest if we show suicide was intended at the time of application.

When does my coverage end?

Term Life coverage ends automatically on the earliest of the following: 1) the date the Term Life insurance ends upon your reaching age 120; 2) the last day of the last period for which you paid a premium contribution.

Spouse coverage will automatically end on the earliest of the following: 1) the date the spouse Term Life insurance ends upon the spouse reaching age 120; 2) the date the group policy terminates; 3) the date the last period ends for which a premium was paid for your spouse's Term Life insurance; 4) when the spouse ceases to be an eligible dependent.

The requirements listed above are in addition to the plan requirements listed elsewhere in this brochure.

Your plan may also be terminated when: 1) the group master policy is terminated; 2) you do not make the required premium payment and the policy grace period (31 days) expires; or 3) you cease to be an eligible member of the group.

If your Term Life insurance ends or reduces, you may be eligible to convert the terminated coverage to certain types of individual life insurance policies without providing evidence of insurability.

You may have life insurance under the State of Mississippi Life Insurance Plan and the PERS Group Term Life Plan; however you cannot have more than one Transamerica Premier Life Insurance Company policy. If you and your spouse are both PERS retirees, you can only be covered for yourself and not as a dependent of your spouse.

*This Group Term Life Insurance Plan is offered through Transamerica Premier Life Company Insurance, Cedar Rapids, IA. Transamerica Premier has been operating in the United States for 150 years and is rated A+ (2nd out of 16 ratings) by A.M. Best and Company as of July 15, 2015, for financial strength.

Note: Coverage for this product may not always be available to residents of some states as a result of individual state insurance department regulations.

STATE OF MISSISSIPPI

PUBLIC EMPLOYEES' RETIREMENT SYSTEM GROUP TERM LIFE INSURANCE PLAN ENROLLMENT/CHANGE REQUEST FORM

Underwritten by Transamerica Premier Life Insurance Company

PLEASE PRINT LEGIBLY

Transamerica Premier POLICY # TL1000GPM

SECTION A: Complete or correct this information.

New Enrollment Change

Retiree Last Name:	Retiree First Name:	MI:	Social Security No.:	Birthdate (MM/DD/YY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Retiree Home Address:			System You Retired From: <input type="checkbox"/> PERS <input type="checkbox"/> Municipal Plan <input type="checkbox"/> Mississippi Highway Safety Patrol <input type="checkbox"/> Supplemental Legislative Plan		
Retiree Home Telephone No.:			Date of Retirement: ____/____/____ (MM/DD/YY)		
Retired From Public Employee's Retirement System of Mississippi:					

Spouse Information: Check here to cover your spouse.

Spouse Last Name:	Spouse First Name:	MI:	Birthdate (MM/DD/YY):	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Age:	

SECTION B: Waiver/Request To Cancel Coverage (Only Complete This Section To Waive or Cancel Coverage)

Waiver of Coverage — I hereby decline to enroll for life insurance coverage in the Public Employees' Retirement System Group Term Life Insurance Plan. I understand that a retiree who waives coverage in the Plan may enroll for coverage at a later date. I further understand that late enrollee applicants are subject to paying a higher rate since the rate I pay will be based on my age the day coverage starts. I understand that I will not be allowed to enroll until the next Enrollment Period or after attaining the age of 90.

Cancellation of Coverage — I hereby request that my life insurance coverage in the Public Employees' Retirement System Life Insurance Plan be canceled. I understand that a retiree who cancels his coverage in the Plan may enroll for coverage at a later date so long as he continues to qualify for eligibility. I further understand that enrollee applicants may be subject to paying a higher rate since the rate you pay is based on your age the day coverage starts. I understand that a retiree who cancels his coverage in the Plan forfeits his right to participate until the next annual Enrollment Period or after the age of 90.

No action required if you do not wish to enroll in this coverage.

<u>SIGN HERE ONLY IF YOU DO NOT WANT LIFE INSURANCE COVERAGE!</u>	Retiree Signature:	Date:
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SECTION C: Select Coverage Amount (Check One)

For You: \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$20,000

For Spouse: an amount equal to or less than the Retiree amount.
 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$20,000

SECTION D: Beneficiary Information (Retiree):

1. Beneficiary Name, Address and Telephone #:		<input checked="" type="checkbox"/> Primary Beneficiary
Relationship to Insured:	Date of Birth:	Percentage of Benefit:

(OVER, PLEASE)

2. Beneficiary Name, Address and Telephone #:			<input type="checkbox"/> Primary Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary* PLEASE CHECK DESIRED BENEFICIARY TYPE
Relationship to Insured:	Date of Birth:	Percentage of Benefit:	

3. Beneficiary Name, Address and Telephone #:			<input type="checkbox"/> Primary Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary* PLEASE CHECK DESIRED BENEFICIARY TYPE
Relationship to Insured:	Date of Birth:	Percentage of Benefit:	

SECTION D: Beneficiary Information (Spouse):

1. Beneficiary Name, Address and Telephone #:			<input checked="" type="checkbox"/> Primary Beneficiary
Relationship to Insured:	Date of Birth:	Percentage of Benefit:	

2. Beneficiary Name, Address and Telephone #:			<input type="checkbox"/> Primary Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary* PLEASE CHECK DESIRED BENEFICIARY TYPE
Relationship to Insured:	Date of Birth:	Percentage of Benefit:	

3. Beneficiary Name, Address and Telephone #:			<input type="checkbox"/> Primary Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary* PLEASE CHECK DESIRED BENEFICIARY TYPE
Relationship to Insured:	Date of Birth:	Percentage of Benefit:	

***NOTE: Contingent Beneficiaries will only receive proceeds if all Primary Beneficiaries have predeceased the Insured.**

If more than one **Primary Beneficiary** is named, the Primary Beneficiaries shall share equally unless otherwise indicated above. Likewise, if more than one **Contingent Beneficiary** is named, the Contingent Beneficiaries shall share equally unless otherwise indicated above. If you are naming more than one contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc., in the **Percentage of Benefit block**, and list each in the order of precedence.

SECTION E: Please Answer For Each Person Enrolling And Sign Below.

Is this insurance intended, in whole or in part, to replace, discontinue, or change any existing life insurance or annuity now in effect with this or any other company?	YOU	SPOUSE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I/we hereby enroll and I/we confirm that I/we are retired from the Public Employees' Retirement System of Mississippi. I understand that coverage becomes effective on the effective date stated in the Certificate of Insurance provided this Enrollment Form is approved by the Insurance Company and the first premium is paid. I acknowledge that I have read the fraud warning statement below.

AR, CO, KY, LA, ME, NM, OH, OK, RI, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

DC Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: 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.

Retiree Signature (required):	Date
Spouse Signature (if enrolling):	Date

FOR PERSONNEL/PAYROLL USE ONLY			
COVERAGE AMOUNT:	REQUESTED EFFECTIVE DATE:	GROUP NUMBER:	INFORMATION VERIFIED: (INITIAL AND DATE)