

# SAMPLE ELECTION FORM

When you have completed your election, submit it to your human resources office. Your confirmation of your election, plus this Booklet, serve as your certificate of insurance.


Some agencies may process life insurance elections electronically. Contact your human resources office for more information on how they will process your election.

Give your name and identifying information.

Sign for the insurance you have and wish to keep and for any new insurance you are eligible for and wish to elect (anything you don't sign for is waived/cancelled).

OR

If you do not want any insurance, you must sign here.

 <b>Life Insurance Election</b> Federal Employees' Group Life Insurance Program See Privacy Act Statement on back of Part 3		Form Approved OMB No. 3208-0230												
<b>1 General Instructions</b> By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy. • Read the back of Part 3 - Employee Copy carefully. • Assignees completing this form should read items 5 and 6 on the back of Part 3. • Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you. <b>This election supersedes all previous elections.</b>														
<b>2 Fill in identifying information concerning the employee.</b> <table border="1"> <tr> <td>Name (Last) (First) (Middle)</td> <td>Date of birth (mm/dd/yyyy)</td> <td>Social Security Number</td> </tr> <tr> <td>Your Name</td> <td>99/99/9999</td> <td>999 99 9999</td> </tr> <tr> <td>Employing department or agency</td> <td>OWCP claim number, if applicable</td> <td>Division or department or agency where employee works (City, state ZIP+4®)</td> </tr> <tr> <td>Your Agency</td> <td></td> <td>City, State 99999 (999) 999-9999</td> </tr> </table>			Name (Last) (First) (Middle)	Date of birth (mm/dd/yyyy)	Social Security Number	Your Name	99/99/9999	999 99 9999	Employing department or agency	OWCP claim number, if applicable	Division or department or agency where employee works (City, state ZIP+4®)	Your Agency		City, State 99999 (999) 999-9999
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<b>3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.</b> <table border="1"> <tr> <td> <b>Basic</b>                      I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)                      Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)                      Your Signature                 </td> <td>Date (mm/dd/yyyy) 99/99/9999</td> </tr> </table>			<b>Basic</b> I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.) Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) Your Signature	Date (mm/dd/yyyy) 99/99/9999										
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<b>4 If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the boxes below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).</b> <table border="1"> <tr> <td> <b>Option A - Standard</b>                      I want Option A. I authorize deductions to pay the full cost.                      Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)                      Your Signature                      Date (mm/dd/yyyy) 99/99/9999                 </td> <td> <b>Option B - Additional</b>                      I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.                      1 times my pay                      2 times my pay                      3 times my pay                      4 times my pay                      5 times my pay                      Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)                      Your Signature                      Date (mm/dd/yyyy) 99/99/9999                 </td> <td> <b>Option C - Family</b>                      I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.                      1 multiple                      2 multiples                      3 multiples                      4 multiples                      5 multiples                      Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)                      Your Signature                      Date (mm/dd/yyyy) 99/99/9999                 </td> </tr> </table>			<b>Option A - Standard</b> I want Option A. I authorize deductions to pay the full cost. Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) Your Signature Date (mm/dd/yyyy) 99/99/9999	<b>Option B - Additional</b> I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. 1 times my pay 2 times my pay 3 times my pay 4 times my pay 5 times my pay Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) Your Signature Date (mm/dd/yyyy) 99/99/9999	<b>Option C - Family</b> I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. 1 multiple 2 multiples 3 multiples 4 multiples 5 multiples Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) Your Signature Date (mm/dd/yyyy) 99/99/9999									
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<b>5 If you want NO life insurance coverage, sign and date below.</b> <table border="1"> <tr> <td> <b>Waiver of all life insurance coverage</b>                      I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.                      Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)                      Your Signature                 </td> <td>Date (mm/dd/yyyy) 99/99/9999</td> </tr> </table>			<b>Waiver of all life insurance coverage</b> I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree. Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) Your Signature	Date (mm/dd/yyyy) 99/99/9999										
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<b>6 Agency Remarks:</b> Use Name and address of employing office Date received in employing office (mm/dd/yyyy) Effective date of coverage (mm/dd/yyyy) I followed the instructions on the back of Part 1. Signature of authorized agency official														
The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (H 76-21 or H 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance. PART 1 - File in Official Personnel Folder U.S. Office of Personnel Management Federal Employees' Group Life Insurance Handbook (H 76-28) NSM 7549-D1-233-4280 2017-155 April 1994 edition is usable. All other editions are obsolete and unusable. Standard Form 2817 Rev. June 2003														