



**Continuation of Life Insurance Coverage**  
*As an Annuitant or Compensation*  
 Federal Employees' Group Life Insurance (FEGLI) Program

**Important:**  
 Read instructions on pages 1 - 4  
 before completing this form.

**Identifying Information**

1. Employee's name ( <i>last, first, middle</i> )	2. Date of birth ( <i>mm/dd/yyyy</i> )	3. Social Security number
4. Employing department/agency	5. Work location ( <i>city, state, ZIP code</i> )	6. Compensation claim number ( <i>if applicable</i> )

**Basic Life Insurance**

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

Yes (*If yes, complete item 8.*)       No       I received a full Living Benefit. (*skip to Item 9*)

8. What level of Basic do you want in retirement/compensation? *Check only one box.. If you received partial Living Benefit, you must check No Reduction*

75% Reduction       50% Reduction       No Reduction

**Signature (Do not print.)** Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

\_\_\_\_\_ Date (*mm/dd/yyyy*)

**Option A — Standard Optional Insurance**

9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic.

Yes       No       I don't have Option A.

**Signature (Do not print.)** Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

\_\_\_\_\_ Date (*mm/dd/yyyy*)

**Option B — Additional Optional Insurance**

10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic.

Yes (*If yes, complete items 11-12.*)       No       I don't have Option B.

11. How many multiples of Option B do you want to have in retirement/compensation? You can have up to the number of multiples you are eligible to have. See the instructions.

\_\_\_\_\_ (*number of multiples*)

12. What coverage level do you want for Option B? *Check only one box.*

Full Reduction      **or**       No Reduction

**Signature (Do not print.)** Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

\_\_\_\_\_ Date (*mm/dd/yyyy*)

**Option C — Family Optional Insurance**

13. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic.

Yes (*If yes, complete items 14-15.*)       No       I don't have Option C.

14. How many multiples of Option C do you want to have in retirement/compensation? You can have up to the number of multiples you are eligible to have. See the instructions.

\_\_\_\_\_ (*number of multiples*)

15. What coverage level do you want for Option C? *Check only one box.*

Full Reduction      **or**       No Reduction

**Signature (Do not print.)** Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

\_\_\_\_\_ Date (*mm/dd/yyyy*)