

Report of Death of Family Member	Report Type	Branch of Service Address
	Death of Spouse ? Death of Child ?	
1. Dependent's Name (Last, First, MI)		2. Social Security Number
3. Date of Death	4. Gender Male ? Female ?	5. Date of Birth
6. <input type="checkbox"/> CIVILIAN DEATH CERTIFICATE ATTACHED <input type="checkbox"/> SEE FORM SGLV-8285A ATTACHED (if required) <input type="checkbox"/> SEE FORM SGLV-8286A ATTACHED (if required)		
Servicemember must be insured under SGLI for Family Coverage to be in effect.		
7. Family Member Was Eligible for SGLI as provided by Public Law 107-14. Dependent Child is automatically insured, by law, for \$10,000. Dependent Spouse is covered for \$ _____. Were spousal premiums collected from the member's pay? _____ Yes _____ No Amount owed: \$ _____ for the months of _____ through _____		
8. Servicemember's Duty Status (check one) ? Active Duty ? Ready Reservist		
9. Servicemember's Name (Last, First, MI)		10. Social Security Number
11. Certifying Command Location and Address		12. Servicemember's Home/Mailing Address (required)
13. Servicemember's Telephone Number Daytime: () Evening: ()		
Reporting Information		
14. Certifying Command Signature		15. Command Agency Point of Contact (please print)
		16. Telephone Number

DIRECTIONS TO MILITARY PERSONNEL OF THE UNIFORMED SERVICES FOR REPORTING DEATH OF AN INSURED DEPENDENT

1. All appropriate items on this form must be completed. All entries except the certifying signature must be typed or printed in ink.
2. The amount of the Dependent Spouse's SGLI Family Coverage should be verified to make sure the amount does not exceed that of the servicemember.
3. An authorized agent of the Uniformed Service must sign Item 14, to authenticate the information provided.
4. After form is completed in its entirety, fax a copy with attachments to OSGLI [toll-free fax number: 1-877-832-4943; if overseas fax to: 973-548-5300], and retain the original.
5. Send a copy to the appropriate Personnel Office to ensure that premium deductions for the dependent spouse are stopped.

This form should be used to report and certify the death of an insured dependent to the Office of Servicemembers' Group Life Insurance (OSGLI), 80 Livingston Avenue, Roseland, NJ 07068-1733

Toll-free Fax: (877) 832-4943, Toll-free Phone: (800) 419-1473, Overseas Phone: (973) 548-5699

Email: osgli.claims@prudential.com