



Certification Of Insured Employee's Retired Status

(See instructions on reverse side)

1. Name of retired employee (<i>last, first, middle</i>)	2. Date of birth (<i>mo., day, yr.</i>)	3. Social security number
4. Mailing address (<i>number, street, City, State and ZIP Code</i>)	5. Plan or System under which retired	6. Retirement claim number (if any)
9. Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date? <input type="checkbox"/> Yes If "Yes" check appropriate box →	7. Effective date of annuity (<i>mo. day, yr.</i>)	8. Did employee retire on an immediate annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 75% Reduction <input type="checkbox"/> 50% Reduction <input type="checkbox"/> No Reduction	10. Did employee have Standard Optional Insurance (Option A) from the first opportunity or the 5 years immediately preceding the annuity commencing date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did employee have Additional Optional Insurance (Option B) from the first opportunity or the 5 years immediately preceding the annuity commencing date? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Did employee have Family Optional Insurance (Option C) from the first opportunity or the 5 years immediately preceding the annuity commencing date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. I hereby certify that the above information, except for periods of unverified service alleged by the retired employee, has been obtained from official records and is correct.		
14. Name and mailing address of agency (<i>include ZIP Code</i>)	15. Signature of authorized agency official	
	16. Typed name of authorized agency official	17. Date (<i>mo., day, yr.</i>)
	18. Title	

Certification of Office of Personnel Management, Boyers, PA 16017

1. <input type="checkbox"/> Individual named above has Basic Life Insurance as a retired employee under the Federal Employees' Group Life Insurance Program. <input type="checkbox"/> Individual named above does not have Basic Life Insurance as a retired employee because: <input type="checkbox"/> Not enrolled in FEGLI Basic from first opportunity or the 5 years immediately preceding the annuity commencing date. <input type="checkbox"/> Not retired on an immediate annuity.	2. Check the box(es) that apply in line A below if the retired employee has Option A, Option B, or Option C. If Option B is checked, enter the correct multiple. If the individual does not have Option A, Option B or Option C, check the reason in lines B1, B2, B3 or B4.																																							
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Agency Report of Termination of Retired Status

1. Reason for termination	2. Insurance coverage at time of termination <input type="checkbox"/> Basic Life <input type="checkbox"/> Opt. A <input type="checkbox"/> Opt. B <input type="checkbox"/> Opt. C <input type="checkbox"/> 75% Reduction Multiple <input type="checkbox"/> 3 <input type="checkbox"/> 50% Reduction <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> No Reduction <input type="checkbox"/> 2 <input type="checkbox"/> 5
3. If reason for termination is death, give name and address of next of kin, executor of estate or other contact	4. Signature of authorized official
	5. Typed name of authorized official
6. Date annuity terminated (<i>mo., day, yr.</i>)	7. Date signed (<i>mo., day, yr.</i>)
	8. Telephone number

Instructions to Agency or Office Administering the Retirement System

Completion of Certification - Prepare this certification for each insured employee who has retired under any Federal system other than the Civil Service Retirement System or Federal Employees' Retirement System and who submits a completed Agency Certification of Insurance Status (SF 2821).

Disposition of Certification - Send Part 1 and Part 2 of this certification and all life insurance election forms together with SF 2821 to the Office of Personnel Management, Boyers, PA 16017. Retain Part 3 in your file. Part 2 will be returned for your records indicating whether the retired employee is insured.

Immediate Annuity - Referred to in item 8, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise cease. (This date is shown in item 6 of the Agency Certification of Insurance Status [SF 2821], submitted to you by the retiring employee.)

Reduction or Cancellation of Optional Insurance - An annuitant under age 65 desiring to reduce or cancel his or her optional insurance should be instructed to submit a SF 2817 reducing or declining (canceling) the optional insurance to his or her retirement system so deductions can be stopped. The retirement system should send the original of the form to the Office of Personnel Management and retain Part 2.

Changing Post-Retirement Basic Life Insurance to 75% Reduction - An annuitant who wants to change his or her Basic Life Insurance from No Reduction or 50% Reduction to the 75% Reduction may do so at any time. The change is effective at the beginning of the month following the month in which the request is received.

Reporting Terminations of Annuity - Upon death of an insured annuitant or upon termination of an annuity, complete the appropriate box on Part 2 of the SF 2820 and send it to the Office of Personnel Management, Boyers, PA 16017. If you are in contact with the family of a deceased annuitant and obtain a completed claim for death benefits (Form FE-6), it should be sent to the Office of Personnel Management together with Part 2 of the SF 2820 and other documents to support the claim.



Certification Of Insured Employee's Retired Status

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1. Name of retired employee (<i>last, first, middle</i>)	2. Date of birth (<i>mo., day, yr.</i>)	3. Social security number
4. Mailing address (<i>number, street, City, State and ZIP Code</i>)	5. Plan or System under which retired	6. Retirement claim number (if any)
9. Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date? <input type="checkbox"/> Yes If "Yes" check appropriate box →	7. Effective date of annuity (<i>mo. day, yr.</i>)	8. Did employee retire on an immediate annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 75% Reduction <input type="checkbox"/> 50% Reduction <input type="checkbox"/> No Reduction	10. Did employee have Standard Optional Insurance (Option A) from the first opportunity or the 5 years immediately preceding the annuity commencing date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Certification of Office of Personnel Management, Boyers, PA 16017

1. Individual named above has Basic Life Insurance as a retired employee under the Federal Employees' Group Life Insurance Program. <input type="checkbox"/> Individual named above does not have Basic Life Insurance as a retired employee because: <input type="checkbox"/> Not enrolled in FEGLI Basic from first opportunity or the 5 years immediately preceding the annuity commencing date. <input type="checkbox"/> Not retired on an immediate annuity.	2. Check the box(es) that apply in line A below if the retired employee has Option A, Option B, or Option C. If Option B is checked, enter the correct multiple. If the individual does not have Option A, Option B or Option C, check the reason in lines B1, B2, B3 or B4.																																																																
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