



FEGLI PROGRAM BOOKLET

For Federal Employees

50TH ANNIVERSARY EDITION

Federal Employees' Group Life Insurance Program

BASIC LIFE +

OPTION A

Standard

OPTION B

Additional

OPTION C

Family

Administered by the
United States Office of Personnel Management



FE 76-21
Revised August 2004
Previous versions (RI 76-21) not usable

This Booklet provides general information for employees about the Federal Employees' Group Life Insurance (FEGLI) Program. You can get detailed information in the FEGLI Handbook (RI 76-26), which is available only in electronic format, at www.opm.gov/insure/life. While some information for annuitants is provided here, annuitants can visit www.opm.gov/retire for more information about FEGLI benefits in retirement.



OFFICE OF THE DIRECTOR

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, DC 20415-1000

Dear Federal Employee,

I am pleased to present the 50 Anniversary Edition of the Federal Employees' Group Life Insurance (FEGLI) Program Booklet. Please take this opportunity to become informed about the life insurance coverage available to Federal employees and your opportunities to make changes to that coverage, especially in connection with life events such as marriage or the birth of a child.

FEGLI offers Basic life insurance and three types of Optional life insurance at attractive group rates. Newly eligible employees may obtain coverage without having a physical or furnishing proof of insurability. Most employees are eligible to continue their FEGLI coverage when they retire.

This Booklet incorporates changes and clarifications since the last version was printed. Among the changes are new premiums that went into effect in January 2003 for certain types of coverage.

Security and protection are important to the peace of mind of the Federal family. I urge you to take the time to read this Booklet and become familiar with the FEGLI Program. I suggest you also visit our website at www.opm.gov/insure/life.

Sincerely,

A handwritten signature in blue ink that reads "Kay C. James".

Kay Coles James
Director

THIS PAGE WAS LEFT BLANK INTENTIONALLY.

TABLE OF CONTENTS

INTRODUCTION	
Life Insurance Means Peace of Mind for You and Your Family	4
FEGLI Service Standards	4
How Do I Choose the Right Amount of Life Insurance?	5
GENERAL INFORMATION	
Who Is Eligible?	6
When Does My Coverage Begin?	6
What Is Basic Insurance and How Much Does it Cost?	6
What If I Want Optional Insurance and How Much Does it Cost?	7
Option A— Standard.....	7
Option B— Additional.....	8
Option C— Family.....	9
What Is Accidental Death and Dismemberment (AD&D) Insurance?	10
AD&D Schedule of Losses.....	10
What If I Want to Change My Life Insurance Coverage?	11
Open Season.....	11
Providing Medical Information.....	11
Life Event.....	12
When Will My Life Insurance Stop?	13
Will I Be Entitled to a Temporary Extension of My Life Insurance?	14
Can I Voluntarily Cancel My Life Insurance?	14
What Happens to My Life Insurance Coverage When I Retire?	14
Miscellaneous Provisions	18
Assignment.....	18
Break in Service.....	18
Conversion.....	19
Direct Payment of Premiums.....	19
Incontestability.....	20
Living Benefits.....	20
Nonpay Status.....	20
Reconsideration.....	20
Workers' Compensation.....	20
Who Gets the Money after I Die?	21
How Should Someone File a Claim?	22
How Are Benefits Paid?	23
SUMMARY	24
LIFE INSURANCE WORKSHEET	25
SAMPLE ELECTION FORM	26
CHANGES AND CLARIFICATIONS	27
LIFE INSURANCE FORMS	29

Life Insurance Means Peace of Mind for You and Your Family

Almost everyone needs life insurance; how much is for you to decide. Through the Federal Employees' Group Life Insurance (FEGLI) Program, you have several choices in selecting the amount of life insurance that's right for you. FEGLI offers:

Basic insurance: equal to your salary rounded up to the next even thousand, plus two thousand dollars, and

Three types of **Optional insurance:**

Option A—Standard, in the amount of \$10,000;

Option B—Additional, in an amount from one to five times your annual rate of basic pay after rounding your salary up to the next even \$1,000;

Option C—Family, one to five multiples of coverage for your spouse and your eligible dependent children. Each multiple is equal to \$5,000 for the death of your spouse and \$2,500 for the death of each eligible dependent child.

Some important points to keep in mind:

- *If eligible, you are automatically covered under Basic life insurance, unless you waive it.*
- *You must take action, within strict time limits, to elect Optional insurance. If you elect it when you are first eligible, you can get it without having to provide medical information to prove insurability.*
- *The FEGLI Program offers group rates and convenient payroll deductions.*
- *The Government pays one-third of the cost of your Basic life insurance. You pay 100% of the cost of Optional insurance.*
- *FEGLI is group term insurance. It does not have any cash or paid-up value. You cannot get a loan by borrowing from this insurance.*
- *The amount of life insurance one needs varies by individual. Some general guidelines to help you calculate your needs are on [page 5](#).*

FEGLI Service Standards

- When you use material published about the FEGLI Program, you will find that it is clear, factual, and gives you the information you need.
- Once a claim for benefits is fully documented, the Office of Federal Employees' Group Life Insurance (OFEGLI) will generally pay it within 10 working days.
- OFEGLI will respond to correspondence within 30 days of receipt of your letter. If we need more information before giving you an answer, we will send you an interim response.
- We will assist you and your beneficiaries in a prompt, accurate, and courteous manner.

How Do I Choose the Right Amount of Life Insurance?

Purchasing life insurance is a personal decision that only you can make. You should first consider the funds your survivors will need for immediate expenses, such as: uninsured medical costs, funeral expenses, lawyers' fees to settle an estate, debts, and taxes. Young single people, who often don't buy life insurance because they have no dependents, should consider that funeral expenses can amount to thousands of dollars and should be provided for in some way.

Here are some very general guidelines that may help you. Not everyone will need the same amount of life insurance. Fill in the blanks to estimate your family's needs. If a particular line doesn't apply, or you think it is too much coverage, just skip it. These results are just rules of thumb. For a complete analysis of your needs, you may want to consult a financial planner.

How Much Do I Need?

So you've decided that life insurance is a good idea. Now you'll want to determine how much you'll need. This simple chart can help you come up with an estimate. Fill in the blanks to estimate your family's needs.

LIFE INSURANCE...HOW MUCH DO I NEED?		
1. Multiple of your annual income (in dollars) that you wish to provide your family if something were to happen to you*	\$ _____	(1)
2. Annual expenses above and beyond daily living costs for you and your dependents (e.g., tuition, care for a disabled child or parent)	+ _____	(2)
3. Emergency funds (3 to 6 months of living expenses)	+ _____	(3)
4. Estimated amount for your funeral expenses (U.S. average is \$5,000 to \$10,000)†	+ _____	(4)
5. Total the estimate of your family's needs (add lines 1 through 4)	= _____	(5)
6. Your total liquid assets (e.g., savings accounts, CDs, money market funds, existing life insurance)	- _____	(6)
7. Subtract line 6 from line 5 and enter the difference here:	= \$ _____	(7)

The net result (line 7) is an estimate of the shortfall your family could face upon your death. Remember, these results are just rules of thumb. For a complete analysis of your needs, you may want to consult a financial planner. The maximum coverage on your life available through FEGLI is about six times your salary (or about seven times for enrollees age 35 or under), through a combination of Basic, the Extra Benefit, Option A (\$10,000), and Option B (maximum of 5 times your salary). See the rest of this Booklet for details.

* Most life insurance consultants recommend at least five times your annual income. Source: Kiplinger's (Kiplinger.com, Jan., 2003).

† Source: AARP, Funeral and Burial Costs, 2002.

Consider the Way Things Are...

In addition to completing the calculation above, there are some other situations you might want to consider when determining how much life insurance you need. Remember to take into account whether you have:

- a spouse and/or dependent children;
- an aging parent and/or a disabled relative who depends on you for support;
- savings and/or accumulated debt;
- a sizable estate and/or a business.

Be sure to reevaluate your life insurance needs periodically. If you think you need more coverage, see [page 11](#) for more information.

GENERAL INFORMATION

Who Is Eligible?

Most Federal employees, including part-time employees, are eligible for Federal Employees' Group Life Insurance (FEGLI). If you have a question about eligibility, see your human resources office. Participation is entirely voluntary. However, if you are eligible, you are automatically covered under Basic insurance, unless you waive this coverage. You will have Optional insurance only if you elect it. **Remember, there are strict time limits to elect Optional insurance.**

When Does My Coverage Begin?

Basic life insurance coverage for new employees is effective on the first day you are in a pay and duty status in an eligible position, unless you waive this coverage before the end of your first pay period. After your first pay period, you may cancel Basic at any time; the cancellation will be effective at the end of the last day of the pay period in which your human resources office receives your cancellation.

Optional insurance for new employees is effective on the first day you are in a pay and duty status in an eligible position on or after the day your human resources office receives your election. **You only have 31 days from the date of your appointment to an eligible position to elect Optional insurance.** Your opportunities to enroll in Optional insurance after those 31 days are limited. See [page 11](#).

Pay and duty status means you are not on annual leave, sick leave, donated leave, excused absence, or otherwise absent from duty.

New employees must complete a *Life Insurance Election (SF 2817)* to cancel Basic insurance or to elect Optional insurance. If you do not complete an election form, you will automatically be covered under Basic insurance only, and your agency will withhold premiums from your pay.

What Is Basic Insurance and How Much Does it Cost?

Basic insurance provides term life insurance at group rates. The Federal Government pays one-third of the cost of your Basic insurance. **If you are eligible, you are automatically covered under Basic insurance, unless you waive this coverage.**

Your Basic Insurance Amount (BIA) is equal to the greater of (a) your annual rate of basic pay rounded up to the next even \$1,000 plus \$2,000, or (b) \$10,000.

Basic insurance also provides an **Extra Benefit** to employees under age 45, at no additional cost. This Extra Benefit doubles the amount of Basic insurance payable if you die when you are age 35 or younger. The Extra Benefit decreases 10% each year until there is no Extra Benefit if you die at age 45 or older.

You may use the life insurance worksheet on [page 25](#) to compute your BIA and, if applicable, your Extra Benefit.

HOW MUCH DO I PAY FOR BASIC INSURANCE?*

PAYROLL METHOD	WITHHOLDING FOR EACH \$1,000 INSURANCE
Biweekly	\$0.150
Monthly	\$0.325

What if I Want Optional Insurance and How Much Does it Cost?

While Basic insurance may be enough coverage for some people, many others want more protection. That's why the Federal Employees' Group Life Insurance (FEGLI) Program also offers Optional insurance: Option A—Standard, Option B—Additional, and Option C—Family. **You must have or elect Basic in order to elect any Optional insurance coverage.** You pay the full cost for all Optional insurance.

Enrollment in Optional insurance is not automatic. If you want Optional insurance as a new employee, you must submit a completed *Life Insurance Election* (SF 2817) to your human resources office within 31 days from the date of your appointment to an eligible position. Your opportunities to enroll in Optional insurance after those 31 days are limited. See [page 11](#).

OPTION A Standard

You may elect **Option A—Standard** in the amount of \$10,000.

HOW MUCH DOES OPTION A COST?*

Your Age Group**	WITHHOLDING FOR \$10,000 INSURANCE	
	Biweekly	Monthly
Under 35	\$ 0.30	\$ 0.65
35 – 39	0.40	0.87
40 – 44	0.60	1.30
45 – 49	0.90	1.95
50 – 54	1.40	3.03
55 – 59	2.70	5.85
60 and over	6.00	13.00

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at www.opm.gov/insure/life.

** For insurance withholding purposes, we assume you reach these ages on the first day of the pay period that starts after your birthday.

GENERAL INFORMATION

OPTION B Additional

You may elect **Option B—Additional** in an amount equal to one, two, three, four or five times your annual rate of basic pay (after rounding up to the next even \$1,000).

HOW MUCH DOES OPTION B COST?*

Your Age Group**	WITHHOLDING FOR EACH \$1,000 INSURANCE			
	2004		2005	
	Biweekly	Monthly	Biweekly	Monthly
Under 35	\$0.03	\$0.065	\$0.03	\$0.065
35 – 39	0.04	0.087	0.04	0.087
40 – 44	0.06	0.130	0.06	0.130
45 – 49	0.09	0.195	0.09	0.195
50 – 54	0.14	0.303	0.14	0.303
55 – 59	0.28	0.607	0.28	0.607
60 – 64	0.60	1.300	0.60	1.300
65 – 69	0.71	1.538	0.72	1.560
70 – 74	1.03	2.232	1.20	2.600
75 – 79	1.43	3.098	1.80	3.900
80 and over	1.83	3.965	2.40	5.200

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at www.opm.gov/insure/life.

** For insurance withholding purposes, we assume you reach these ages on the first day of the pay period that starts after your birthday.

Consider this example

Bob, a 38-year-old Federal employee, is married with three children. He wants to get the maximum amount of Option B he can. He chooses five times his annual pay of \$39,500 (rounded to \$40,000), which totals \$200,000. He is paid on a biweekly basis. Therefore, his cost is \$8.00 biweekly ($\0.04×200). Refer to the worksheet on [page 25](#) for more information, or see the FEGLI Calculator at www.opm.gov/insure/life.

OPTION C Family

You may elect **Option C—Family** to insure your spouse and your eligible dependent children. When you elect Option C, all of your eligible family members are automatically covered. You may elect either one, two, three, four, or five multiples of coverage. Each multiple is equal to \$5,000 for your spouse and \$2,500 for each of your eligible dependent children.

For example, if you elect three multiples, that means that if your spouse dies, you would receive \$15,000 (3 times \$5,000). If one of your eligible dependent children dies, you would receive \$7,500 (3 times \$2,500).

Each multiple is a unit. For example, if you elect two multiples, that means you have two multiples on your spouse and two multiples on your eligible dependent children. You cannot elect a number of multiples for your spouse that is different from the number of multiples for your eligible dependent children.

To be eligible, dependent children must be unmarried and under age 22, or if age 22 or over, incapable of self-support because of a mental or physical disability that existed before the child reached age 22. Eligible dependent children include your natural children, adopted children, stepchildren (if they live with you in a regular parent-child relationship), recognized natural children, and foster children (if they live with you in a regular parent-child relationship). Grandchildren are not covered unless they qualify as foster children. Stillborn children are not covered.

If you have any questions about eligible family members, please consult your human resources office. That office is responsible for determining eligibility.

Option C benefits are paid to you; you cannot designate a beneficiary.

HOW MUCH DOES OPTION C COST?*

Your Age Group**	WITHHOLDING FOR EACH MULTIPLE	
	Biweekly	Monthly
Under 35	\$ 0.27	\$0.59
35 – 39	0.34	0.74
40 – 44	0.46	1.00
45 – 49	0.60	1.30
50 – 54	0.90	1.95
55 – 59	1.45	3.14
60 – 64	2.60	5.63
65 – 69	3.00	6.50
70 – 74	3.40	7.37
75 – 79	4.50	9.75
80 and over	6.00	13.00

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at www.opm.gov/insure/life.

** For insurance withholding purposes, we assume you reach these ages on the first day of the pay period that starts after your birthday.

What Is Accidental Death and Dismemberment (AD&D) Insurance?

Accidental Death and Dismemberment (AD&D) insurance provides funds in the event of a fatal accident or an accident that results in the loss of a limb or eyesight. For benefits to be paid, the death or loss must occur not more than one year from the date of the accident and be a direct result of bodily injury sustained from that accident, independent of all other causes.

AD&D insurance is automatically included in Basic insurance at no additional cost. It is equal to your Basic Insurance Amount (BIA), and does not include the Extra Benefit. AD&D insurance is also automatically included in Option A in the amount of \$10,000 at no additional cost. Option B and Option C do not include AD&D insurance. Accidental death benefits are paid **in addition** to other FEGLI benefits that may be payable. **AD&D coverage stops when your employment ends. It does not carry into retirement.**

The following is a list of covered losses under AD&D insurance and the corresponding amounts payable:

AD&D SCHEDULE OF LOSSES	
For the Loss of	The Amount Payable is
Life	Full amount
Two or more Members*	Full amount
One Member*	50% of Full amount

* *A Member is a hand, foot, or the sight in one eye.*

Note: For all losses resulting from any one accident, no more than the Full amount is payable.

The Office of Federal Employees' Group Life Insurance (OFEGLI) will not pay AD&D benefits if your death or loss in any way results from, is caused by, or is contributed to by:

- physical or mental illness;
- the diagnosis of or treatment of physical or mental illness;
- ptomaine or bacterial infection (however, OFEGLI will pay AD&D benefits if the loss is caused by an accidentally sustained external wound);
- a war (declared or undeclared), any act of war, or any armed aggression against the United States in which nuclear weapons are actually being used;
- a war (declared or undeclared), any act of war, or any armed aggression or insurrection in which you are in actual combat at the time bodily injuries are sustained;
- suicide or attempted suicide;
- injuring yourself on purpose;
- illegal or illegally obtained drugs that you administer to yourself;
- driving a vehicle while intoxicated, as defined by the laws of the jurisdiction in which you were operating the vehicle.

What If I Want to Change My Life Insurance Coverage?

If you waived Basic insurance or did not elect Optional insurance when you were first hired, or you simply want different coverage than you have now, you have three opportunities to make changes: during an Open Season, by providing medical information, or by experiencing a life event.

Open Season

An Open Season is relatively rare. Your human resources office will give you more details about any upcoming Open Seasons whenever they're scheduled. The 1999 and 2004 Open Seasons are the most recent.

Providing Medical Information

As long as at least one year has passed since the effective date of your last waiver of life insurance coverage, you may provide satisfactory medical information at your own expense using the *Request for Life Insurance (SF 2822)*. The [SF 2822](#) is available *only* on the FEGLI website. You can download the form at www.opm.gov/insure/life. You and your agency must complete part of the form. Then you take the form to your physician or other medical professional. He or she will examine you, complete the rest of the form, and send the form to the Office of Federal Employees' Group Life Insurance (OFEGLI). If OFEGLI approves your request, you will automatically get Basic insurance (unless, of course, you already have Basic). You will have 31 days from the approval date to elect Option A and/or elect Option B or increase your Option B multiples (up to a total of 5) by completing a *Life Insurance Election (SF 2817)* and submitting it to your human resources office.

You cannot elect Option C or increase your Option C multiples by providing medical information—you can get Option C based on a life event, as described on [page 12](#).

However, even if you previously elected Option C—Family and are changing other Optional coverage, you must sign for Option C again in order to keep it. If you do not sign for it, you have waived/cancelled it. For example, let's assume you already have Basic and three multiples of Option C and you want Option A. You complete the [SF 2822](#) and provide medical information, and OFEGLI approves your request. Then you complete the [SF 2817](#). You must sign for Basic, Option A, and ALSO three multiples of Option C even though you're not newly electing Option C. If you don't sign for your current Option C coverage again, you have waived/cancelled it.

Your Basic insurance coverage will be effective on the first day you are in a pay and duty status, on or after the date OFEGLI approves your request. Your Option A and/or Option B coverage will be effective on the first day you are in a pay and duty status, on or after the date OFEGLI approves your request and your human resources office receives your *Life Insurance Election (SF 2817)* electing such coverage. You must be in a pay and duty status within 31 days after OFEGLI approves your request for the coverage to be effective; otherwise, OFEGLI's approval is void, and you will have to start over.

GENERAL INFORMATION

Life Event

If you already have Basic, you may elect Option B and/or Option C, or increase your multiples of Option B and/or Option C, within 60 days of experiencing a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. You must complete a *Life Insurance Election (SF 2817)* and submit it to your human resources office. The charts below show the types and amounts of coverage you can elect based on life events. You cannot elect Basic or Option A based on a life event.

If you waived your Basic coverage and subsequently experience a qualifying life event less than a year after the waiver took effect, you must still wait a year from the effective date of your previous waiver before you can provide satisfactory medical information to elect Basic insurance. If approved, you automatically are enrolled in Basic, and you have 31 days to elect Option B and/or Option C.

OPTION B—ADDITIONAL MULTIPLES YOU MAY ELECT WITH A LIFE EVENT			
LIFE EVENT	NUMBER OF MULTIPLES YOU MAY ELECT (BUT NO MORE THAN 5 TOTAL)	EFFECTIVE DATE OF COVERAGE WHEN SF 2817 IS SUBMITTED:	
		Before the Event	On or Within 60 Days After the Event
Marriage	The number of additional family members (spouse and eligible children) you gain from the marriage.	The 1st date you are in a pay and duty status, on or after the event.	The date your human resources office receives the form AND you are in a pay and duty status.
Divorce	The total number of your eligible children.		
Death of Spouse	The total number of your eligible children.		
Birth or Adoption of Children	The total number of eligible children* born or adopted in this event.		

* Acquiring a foster child does not count as a life event. See [page 9](#) of this Booklet for more information about eligible children.

OPTION C—FAMILY MULTIPLES YOU MAY ELECT WITH A LIFE EVENT			
LIFE EVENT	NUMBER OF MULTIPLES YOU MAY ELECT (BUT NO MORE THAN 5 TOTAL)	EFFECTIVE DATE OF COVERAGE WHEN SF 2817 IS SUBMITTED:	
		Before the Event	On or Within 60 Days After the Event
Marriage	From one to five multiples for any life event.	The date of the event, regardless of your pay and duty status.	The date your human resources office receives the form, regardless of your pay and duty status.
Divorce			
Death of Spouse			
Birth or Adoption of Children			

SUMMARY OF WHEN YOU CAN ADD COVERAGE

COVERAGE	OPEN SEASON	PROVIDING MEDICAL INFORMATION (SF 2822)	LIFE EVENT
Basic	Depends on details of Open Season	YES	NO
Option A*	Same as Basic	YES	NO
Option B*	Same as Basic	YES	YES
Option C*	Same as Basic	NO	YES

* You must have or elect Basic to elect Optional.

When Will My Life Insurance Stop?

Your life insurance coverage (including Accidental Death and Dismemberment [AD&D] insurance) as an employee will stop on the earliest of the following dates:

- The date you separate from Federal service (although you may be eligible to continue coverage as an annuitant or while in receipt of workers' compensation benefits).
- The date you transfer to an excluded position. Check with your human resources office; in some cases, you may be eligible to keep your coverage.
- The end of a period of 12 months in nonpay status* (although you may be eligible to continue coverage while in receipt of workers' compensation benefits). The 12 months may be continuous or broken by periods of less than four consecutive months of pay status.
- The end of the last day of the last pay period in which your agency withheld life insurance premiums from your pay, if your agency determines that for the next six months or more your pay will be insufficient to cover the withholdings, and you decide that you do not want to pay the premiums directly.
- The end of the last day of the pay period in which your human resources office receives your *Life Insurance Election (SF 2817)* on which you voluntarily waive/cancel some or all life insurance. Only the coverage you waive/cancel stops, although if you cancel Basic, you automatically cancel all forms of insurance.
- The date the Government's life insurance contract ends.

Note: You are responsible for knowing when your insurance stops.

* For military reservists who separate from service for military duty, your life insurance ends at the end of 12 months in nonpay status, or 90 days after your military service ends, whichever comes first. During this period, your coverage is free.

Will I Be Entitled to a Temporary Extension of My Life Insurance?

Yes, under certain circumstances. You will have a temporary extension of coverage for 31 days after your life insurance terminates, unless you voluntarily waive/cancel coverage, or your annuity or workers' compensation benefits terminate. This temporary extension of coverage does not include AD&D insurance. No premiums or Government contributions are required during this temporary extension. See the FEGLI Handbook (RI 76-26), which is available in electronic format only, at www.opm.gov/insure/life for more details. If you are not entitled to continue your coverage, you may convert your FEGLI coverage to an individual policy (see *Conversion* on [page 19](#)).

Can I Voluntarily Cancel My Life Insurance?

You may voluntarily waive/cancel Basic, Option A, Option B, or Option C or reduce multiples of Option B and/or Option C at any time by completing a *Life Insurance Election (SF 2817)**. Simply sign only for the insurance you wish to keep. **If you do not sign for a particular type of insurance, you have waived/cancelled it.** If you cancel Basic, you automatically cancel all forms of Optional insurance.

The life insurance coverage you cancel stops at the end of the pay period in which your human resources office receives your election form cancelling the coverage. Exception: If you cancel Option C because you no longer have any eligible family members, the effective date of the cancellation is retroactive to the end of the pay period in which you ceased to have any eligible family members. You will not have a temporary extension of coverage nor the right to convert any insurance that you voluntarily cancel (see *Conversion* on [page 19](#)).

What Happens to My Life Insurance Coverage When I Retire?

Your coverage will automatically continue when you retire if:

- You retire on an immediate annuity and had the coverage for:
 - The five years of service immediately before the starting date of your annuity or, for annuitants retiring under the Federal Employees Retirement System (FERS) who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
 - All period(s) of service during which that coverage was available to you if it's less than five years, and
- You[†] do not convert the coverage to a private policy (see *Conversion* on [page 19](#)).

If you meet the rules listed above for continuing your coverage into retirement, you will have several choices of how much insurance you wish to carry after you retire.

* Unless you have assigned your coverage, in which case only the assignee(s) may cancel your coverage. See *Assignment* on [page 18](#).

† or your assignee(s), if applicable. See *Assignment* on [page 18](#).

Basic Insurance in Retirement

The amount of your Basic insurance in retirement is your BIA (Basic Insurance Amount) at the time you separated as an employee. This amount continues until you reach age 65, after which it may reduce based on the election options described below. You will not have Accidental Death and Dismemberment coverage in retirement.

When you retire, you must choose the type of reduction you want by completing a *Continuation of Life Insurance Coverage as a Retiree or Compensation*er (SF 2818) provided by your human resources office. For Basic insurance, you must choose 75% Reduction, 50% Reduction, or No Reduction. You can change to 75% Reduction at any time; your coverage will be as if you had originally elected 75% Reduction and your “extra premium” will stop. You will not receive a refund of premiums.

- **What is 75% Reduction?**

This means your Basic insurance will reduce by 2% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 25% of the pre-retirement amount remains. Your Basic insurance is free once it starts to reduce.

- **What is 50% Reduction?**

This means your Basic insurance will reduce by 1% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 50% of the pre-retirement amount remains. When you turn 65, your “regular” premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See the chart on [page 17](#) for these premiums.

- **What is No Reduction?**

This means your Basic insurance will not reduce. When you turn 65, your “regular” premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See the chart on [page 17](#) for these premiums.

Optional Insurance in Retirement

The amount of your Optional insurance in retirement depends on the options you had at the time you separated as an employee. This amount continues until you reach age 65, unless you elect No Reduction (for Option B and Option C only.)

- **Option A — Standard:**

If you are eligible to continue Option A into retirement, it will reduce by 2% of the pre-retirement amount each month until it reaches 25% of the pre-retirement amount. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option A is free once it starts to reduce.

You cannot choose No Reduction for Option A.

GENERAL INFORMATION

If you are eligible to continue Option B and/or Option C into retirement, you must choose whether you want these options to reduce, as explained below.

- **Option B — Additional:**

If you retire before age 65, you have two choices at retirement: Full Reduction for all of your multiples or No Reduction for all of your multiples. At age 65, or at retirement, if later, you will be able to choose the number of multiples that will reduce.

If you choose Full Reduction, the value of your Full Reduction Option B multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option B Full Reduction multiples are free once the reductions start.

If you choose No Reduction, the value of your No Reduction Option B multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time.* However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

- **Option C — Family:**

If you retire before age 65, you have two choices at retirement: Full Reduction for all of your multiples or No Reduction for all of your multiples. At age 65, or at retirement, if later, you will be able to choose the number of multiples that will reduce.

If you choose Full Reduction, the value of your Full Reduction Option C multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option C Full Reduction multiples are free once the reductions start.

If you choose No Reduction, the value of your No Reduction Option C multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time. However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

* *Unless you have assigned your coverage, in which case only your assignee(s) may change from No Reduction to Full Reduction. See Assignment on [page 18](#).*

BASIC INSURANCE—ANNUITANTS*

COST FOR EACH \$1,000 OF YOUR BASIC INSURANCE AMOUNT¹ MONTHLY

YOU HAVE FULL COVERAGE TO AGE 65 THEN:	Before You Reach Age 65 You Pay the TOTAL of BOTH the Regular Premium and the Extra Premium			After You Reach Age 65; ² Continuing for Life
	Regular Premium	Extra Premium for 50% or No Reduction	Total Cost	
75% Reduction —reduces 2% of the BIA ¹ each month after you reach age 65, ³ until 25% of the amount at retirement remains.	\$0.3250	N/A	\$0.3250	N/A
50% Reduction —reduces 1% of the BIA ¹ each month after you reach age 65, ³ until 50% of the amount at retirement remains.	\$0.3250	\$0.60	\$0.9250	\$0.60
No Reduction —100% of the BIA ¹ remains for life.	\$0.3250	\$1.83	\$2.155	\$1.83

BASIC INSURANCE—COMPENSATIONERS*

COST FOR EACH \$1,000 OF YOUR BASIC INSURANCE AMOUNT¹ EVERY 28 DAYS

YOU HAVE FULL COVERAGE TO AGE 65 THEN:	Before You Reach Age 65 You Pay the TOTAL of BOTH the Regular Premium and the Extra Premium			After You Reach Age 65; ² Continuing for Life
	Regular Premium	Extra Premium for 50% or No Reduction	Total Cost	
75% Reduction —reduces 2% of the BIA ¹ each month after you reach age 65, ³ until 25% of the amount at retirement remains.	\$0.30	N/A	\$0.30	N/A
50% Reduction —reduces 1% of the BIA ¹ each month after you reach age 65, ³ until 50% of the amount at retirement remains.	\$0.30	\$0.56	\$0.86	\$0.56
No Reduction —100% of the BIA ¹ remains for life.	\$0.30	\$1.68	\$1.98	\$1.68

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at www.opm.gov/insure/life.

¹ Basic Insurance Amount (BIA)—Your final annual rate of basic pay, rounded to the next even \$1,000, plus \$2,000 (or a minimum of \$10,000) (or the post-election BIA you had after your election of a partial Living Benefit—see page 20). Your BIA does not include the Extra Benefit or Accidental Death and Dismemberment coverage.

² The regular premium automatically stops on the first day of the month after you reach age 65. If you retire after reaching 65, you do not pay the regular premium.

³ The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later.

Miscellaneous Provisions

Assignment

Assignment means that you give ownership and control of your Basic, Option A, and Option B life insurance coverage to someone else. You cannot assign Option C. The insurance is still on your life and you must continue to pay for the coverage, but someone else “owns” and controls your coverage. You may assign your life insurance coverage to an individual, a corporation, or an irrevocable trust. If you want to assign your life insurance, you can do so by completing an *Assignment, Federal Employees' Group Life Insurance (RI 76-10)*. Your decision to assign your life insurance coverage is irrevocable; you cannot cancel your assignment if you change your mind.

Only you can assign your life insurance coverage; a court-appointed guardian or someone with your power of attorney or other fiduciary may not. Your assignee(s) may reassign your life insurance coverage.

Enrollees generally assign insurance to comply with the requirements of a court order upon divorce, for inheritance tax purposes, to get money before death (such as for terminally ill and chronically ill persons), or to satisfy a debt.

If you assign your insurance, you give up your rights to convert your coverage (see *Conversion* on [page 19](#)), to designate beneficiaries, and to cancel your coverage. Only your assignee(s) may convert your coverage, designate beneficiaries, and cancel your coverage.

If you assign your life insurance coverage, neither you nor your assignee may elect Living Benefits (see [page 20](#)).

A court decree, court order, or court-approved property settlement agreement incident to your court decree of divorce, annulment, or legal separation may direct you to assign your life insurance coverage to a specified person, unless you have previously made an assignment. However, such a court decree, order, or agreement would not serve as the assignment itself. You must still complete a valid *Assignment, Federal Employees' Group Life Insurance (RI 76-10)*. If you do not, the life insurance may not be paid according to the court decree, order, or agreement.

See *Assignment, Federal Employees' Group Life Insurance (RI 76-10)* for more information, or the *FEGLI Handbook (RI 76-26)*, which is available in electronic format only, at www.opm.gov/insure/life.

Break in Service

When you return to work after a break in service of less than 180 days, your human resources office will automatically give you the same coverage that you had in your prior position. You can elect other coverage during an Open Season, by providing satisfactory medical information or by experiencing a qualifying life event as described on [pages 11 and 12](#).

When you return to work after a break in service of 180 days or more, you will automatically get Basic insurance (even if you previously waived it) and the same Optional insurance (if applicable) that you had in your prior position. In addition, you may elect Optional insurance or increase the multiples of Optional insurance (if you don't already have the maximum) within 31 days of your appointment to an eligible position. If you don't make an election regarding Optional insurance, your human resources office will automatically reinstate the same coverage you had in your prior position.

If you experienced a qualifying life event during your break in service, you will have 31 days from the date of your reinstatement or 60 days from the date of the event, whichever gives you more time, to elect or increase the multiples of Option B or Option C.

Conversion

When Federal Employees' Group Life Insurance (FEGLI) coverage as an employee stops and you are entitled to a 31-day extension of coverage (as stated on [page 14](#)), you may convert your FEGLI coverage to an individual policy. The conversion coverage is effective at the end of the 31-day extension of coverage, regardless of when you apply. You will not have to answer any medical questions. You may wish to convert your life insurance coverage if you do not qualify to carry it into retirement or compensation.

You may convert to an individual policy an amount less than or equal to the total of your Basic and Optional insurance (if applicable). However, you may not convert coverage if (1) you continue that same coverage as a retired employee or compensation, or (2) you return to Government service in a position in which you are eligible for FEGLI coverage within three calendar days after you left Government service, or (3) your insurance ends because you voluntarily waive/cancel coverage, or (4) the Government's life insurance contract ends, or (5) your annuity or compensation stops.

If you assign your insurance, you give up your right to convert your coverage. Only your assignee(s) may convert your insurance coverage.

Your agency should notify you of your conversion rights when your life insurance coverage ends. **However, you are responsible for finding out whether you qualify to convert your insurance coverage and for getting the necessary forms and information from your human resources office. You must act promptly, since you only have 31 days in which to convert your coverage.**

Direct Payment of Premiums

If your pay is too low to allow a withholding for life insurance premiums and your human resources office expects this situation to last more than six months, you will have a choice. You can choose either to terminate some or all of your insurance coverage or to continue the coverage and pay the premiums directly. Contact your human resources office for further details.

Incontestability

If your agency enrolls you in some FEGLI coverage by mistake, the Incontestability provision may apply. If your erroneous coverage and the applicable premium withholdings have been in force for at least two years in your lifetime before the error is discovered, then that erroneous coverage becomes valid. Please see your human resources office if you think that the Incontestability provision applies to you.

Living Benefits

You may elect to receive a full or partial lump sum payment of your Basic insurance (living benefits) if you are terminally ill and your treating physician provides a documented medical prognosis that your life expectancy is nine months or less. To apply for living benefits, call OFEGLI at 800-633-4542. See the *FEGLI Handbook (RI 76-26)*, which is available only in electronic format, at www.opm.gov/insure/life for more details.

Nonpay Status

Your life insurance coverage continues automatically at no cost to you for the first 12 months in nonpay status. Exception: If you are receiving workers' compensation benefits during these first 12 months, your continued coverage will not be free. The U.S. Department of Labor will withhold premiums from your workers' compensation payments. Your coverage as an employee will terminate after 12 months of nonpay status, or when you separate from your agency, if earlier. The 12 months may be continuous or broken by periods of less than four consecutive months of pay status. When your coverage terminates, you will have the right to convert your coverage to an individual policy or continue coverage as a compensationeer, if eligible.

For military reservists who separate from service for military duty, your life insurance ends at the end of 12 months in nonpay status, or 90 days after your military service ends, whichever comes first. During this period, your coverage is free.

Please see your human resources office for more details. **It is your responsibility to know when your coverage terminates.**

Reconsideration

You are entitled to reconsideration of an agency decision to deny your election of one or more life insurance coverages or the opportunity to change coverage multiples. The reconsideration process applies only to enrollment issues. You have 30 days from the date of your agency's initial decision in which to request reconsideration.

You should send your request for reconsideration to the agency address shown in the initial decision letter you receive from your human resources office.

Workers' Compensation

You may be eligible to continue your group coverage while receiving workers' compensation payments from the U.S. Department of Labor, under certain conditions.

These conditions are:

- You had the coverage for:
 - The five years of service immediately before the date **your workers' compensation benefits started** (Note: You do not start counting the five years from when you began leave without pay), or
 - All periods of service during which that coverage was available to you if it's less than five years, and
- You did not convert the coverage to a private policy (see *Conversion* on [page 19](#)).

If you meet the rules for continuing coverage while in receipt of workers' compensation benefits, you will have several choices of how much insurance you wish to carry after you are age 65. Please see your human resources office if you are receiving workers' compensation benefits.

Who Gets the Money after I Die?

When you die, the Office of Federal Employees' Group Life Insurance (OFEGLI) will pay life insurance benefits in a particular order, set by law:

- If you assigned ownership of your life insurance by filing an *Assignment, Federal Employees' Group Life Insurance (RI 76-10)*, OFEGLI will pay benefits:
 - First*, to the beneficiary(ies) designated by your assignee(s), if any;
 - Second*, if there is no such beneficiary, to your assignee(s).
- If you did *not* assign ownership and there *is* a valid court order (see [page 22](#)) on file, OFEGLI will pay benefits in accordance with that court order.
- If you did *not* assign ownership and there is *no* valid court order (see [page 22](#)) on file, OFEGLI will pay benefits:
 - First*, to the beneficiary(ies) you designated;
 - Second*, if there is no such beneficiary, to your widow or widower;
 - Third*, if none of the above, to your child or children, with the share of any deceased child distributed among descendants of that child (a court will usually have to appoint a guardian to receive payment for a minor child);
 - Fourth*, if none of the above, to your parents in equal shares or the entire amount to your surviving parent;
 - Fifth*, if none of the above, to the executor or administrator of your estate;
 - Sixth*, if none of the above, to your other next of kin as determined under the laws of the state where you lived.

If you want payment to be made differently from the order listed above, and you have not assigned your life insurance and a valid court order is not on file, you must designate a beneficiary. A court-appointed guardian, or someone with your power of attorney, or other fiduciary may not designate a beneficiary for your insurance. However, if you are satisfied with the order of payment listed above, you do not need to do anything.

GENERAL INFORMATION

If there is a valid court order on file, you may not change or submit a designation of beneficiary unless the person(s) named in the decree, order, or agreement agrees in writing, or unless the decree, order, or agreement is modified.

A *valid court order* refers to a certified court decree, court order, or court-approved property settlement agreement incident to your court decree of divorce, annulment, or legal separation that your human resources office receives on or after July 22, 1998, and before your death (if you are an employee, or a compensationner during the first 12 months of nonpay status) or the Office of Personnel Management receives on or after July 22, 1998, and before your death (if you are an annuitant, or a compensationner after the first 12 months of nonpay status). Such an order must expressly provide for someone to receive your FEGLI benefits. *If a valid court order is on file, it takes precedence over previously filed designations, and you cannot file subsequent designations.*

You cannot designate beneficiaries if you have assigned your insurance. Only the assignee(s) may designate beneficiaries.

If you wish to make a designation for your Federal Employees' Group Life Insurance (FEGLI), you should complete a *Designation of Beneficiary* (SF 2823) and submit it to your human resources office. Your human resources office must receive the form before you die.

A designation made in any other document is valid only if the document specifies your FEGLI benefits, is signed by you, and otherwise meets the requirements of a valid FEGLI designation of beneficiary.

If you decide to file a designation, be sure it remains accurate and reflects your intentions. You should review your designation periodically, and file a new designation whenever a beneficiary's address changes. Failure to do so may mean that the Office of Federal Employees' Group Life Insurance (OFEGLI) may not be able to locate your beneficiaries and therefore cannot pay them the death benefits.

How Should Someone File a Claim?

Your beneficiary or other survivor should contact your human resources office for a *Claim for Death Benefits* (FE-6), or download a copy from the FEGLI website at www.opm.gov/insure/life. The completed claim form should be submitted along with a certified death certificate to your human resources office or, if instructed, directly to OFEGLI.

If you have Option C and an insured family member dies, contact your human resources office for a *Statement of Claim-Option C, Family Life Insurance* (FE-6 DEP) which contains further instructions, or download a copy from the FEGLI website.

How Are Benefits Paid?

As the insured person, you receive any living benefits or accidental dismemberment benefits that may be payable. You cannot designate a beneficiary(ies) for these benefits.

If an insured family member dies, you receive any Option C benefits that may be payable. You cannot designate a beneficiary(ies) for Option C.

If you die while insured, your beneficiary(ies) or other survivors will receive your Basic, Option A and/or Option B benefits. Depending on the amount, the Office of Federal Employees' Group Life Insurance (OFEGLI) will either send them a check or create a Total Control Account (money market option) in their name. This account, like a regular money market account with a checkbook, earns interest from the day it is opened. The payee(s) may close the account immediately or write checks for any amount at any time (from \$250 up to the entire balance), with no charge. You needn't take any action—OFEGLI will automatically send your beneficiary(ies) or other survivors detailed information about the form of payment when benefits are payable.

Someone who wrongfully causes your death cannot receive payment of death benefits. In addition, please refer to the list of exclusions on [page 10](#) for Accidental Death and Dismemberment benefits.

SUMMARY

- If eligible, you are automatically enrolled in *Basic insurance*, unless you waive it.
- You must elect *Optional insurance*, within strict time limits, if you want it.
- You must be *enrolled in or elect Basic insurance* in order to elect Optional insurance.
- The Government pays *one-third of the cost* of your Basic life insurance. You pay *100% of the cost* of Optional insurance.
- You can voluntarily *waive/cancel insurance coverage* at any time unless you have assigned your coverage. If you cancel Basic insurance, you automatically cancel all forms of Optional insurance.
- For some types of coverage, you can elect *more coverage* by submitting satisfactory medical information or by experiencing a qualifying life event.
- Open Seasons are held infrequently. The 1999 and 2004 Open Seasons are the most recent.
- **It is your responsibility to know the amount of your coverage, when it starts, when it stops, and who is entitled to payment of the death benefits.**

TABLE OF EFFECTIVE DATES – NEWLY ELIGIBLE FEDERAL EMPLOYEES

BASIC COVERAGE

	If You Do Nothing	If You WAIVE* it DURING Your First Pay Period	If You WAIVE* it AFTER Your First Pay Period
Coverage	Begins on the first day you're in a pay and duty status.	Your coverage is voided.	Ends on the last day of the pay period in which your agency receives your waiver.
Deductions	Begin the first pay period you're in a pay and duty status.	No deductions.	End after the last day of the pay period in which your agency receives your waiver.

OPTIONAL COVERAGE

	If You Do Nothing	If You Elect* it Within the 31 Days After Your Appointment to an Eligible Position	If You Want it After Those 31 Days
Coverage	No Coverage	Begins on the first day you're in a pay and duty status on or after the date your agency receives your election.	Your Opportunities to Elect Optional Coverage After Those 31 Days are Limited. See pages 11 – 12
Deductions	No Deductions	Begin the first pay period you're in a pay and duty status after your agency receives your election.	

* "Elect it" and "Waive it" means your agency received a properly completed [SF 2817](#) "Life Insurance Election" from you.

LIFE INSURANCE WORKSHEET

Instructions	How much insurance you have	Instructions	How much it costs
BASIC			
1. Enter your annual rate of basic pay.	\$	7a. Divide the amount in line 5 by \$1,000.	
2. If not an even thousand, round up to the next even thousand.	\$	7b. If you are paid biweekly, multiply line 7a by \$0.150. If you are paid monthly, multiply line 7a by \$0.325. This is how much you pay for Basic (the Extra Benefit based on your age at death is provided at no additional cost to you).	\$
3. Add \$2,000.	+\$2,000		
4. Add the amounts in lines 2 and 3.	\$	Your Age	Age Multiplication Factor
5. Enter the amount in line 4, or \$10,000, whichever is greater.	\$	35 or under	2.0
6. Enter the Age Multiplication Factor* (from the table at the right).		36	1.9
7. Multiply the amount in line 5 times the amount in line 6. This is the total amount of Basic you have at your present age.*	\$	37	1.8
		38	1.7
		39	1.6
		40	1.5
		41	1.4
		42	1.3
		43	1.2
		44	1.1
		45 and over	1.0
			There is no additional cost to you for the Extra Benefit.
OPTION A—STANDARD			
8. Enter \$10,000.	\$	8a. Enter the Option A cost for your age group from page 7 . This is how much you pay for Option A.	\$
OPTION B—ADDITIONAL			
9. Enter the amount in line 2.	\$	11a. Divide the amount in line 11 by \$1,000.	
10. Enter the number of multiples you elect (1, 2, 3, 4, or 5).		11b. Enter the Option B cost for your age group from page 8 .	\$
11. Multiply the amount in line 9 times the amount in line 10. This is the amount of your Option B coverage.	\$	11c. Multiply the amount in line 11a times the amount in line 11b. This is how much you pay for Option B.	\$
OPTION C—FAMILY			
12. You may choose from 1 to 5 multiples of Family Coverage. Each multiple is equal to \$5,000 for your spouse and \$2,500 for each of your eligible children.		12a. Enter the Option C cost for your age group from page 9 . \$ _____ Enter the number of multiples you want (from 1 to 5). x _____ Multiply the cost by the number of multiples and enter that amount at right.	\$
13. Add the amounts in lines 7, 8, and 11. This is the total amount of insurance on your life.	\$	13a. Add the amounts in lines 7b, 8a, 11c, and 12a. This is the total withholding for the life insurance you have on your life and your family.	\$

* The age multiplication factor that is used to calculate death benefits corresponds to your age at the time of your death. You are calculating the amount of insurance that you have at your present age.

Note: Refer to [pages 7, 8, and 9](#) for the withholding rates for Option A, Option B and Option C insurance, respectively. You may refer to the FEGLI Calculator at www.opm.gov/insure/life. With this online calculator you can rapidly and conveniently:

- Determine the face value of various combinations of FEGLI coverage.
- Calculate the premiums for the various combinations of FEGLI coverage, and see how choosing different Options can change the amount of life insurance and the premiums.
- See how the life insurance carried into retirement will change over time.

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.

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM		Form Approved OMB No. 3208-0230																	
Life Insurance Election Federal Employees' Group Life Insurance Program See Privacy Act Statement on back of Part 3																			
<p>1 General Instructions 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.</p> <ul style="list-style-type: none"> 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. <p style="text-align: center;">This election supersedes all previous elections.</p>																			
<p>2 Fill in identifying information concerning the employee.</p> <table border="1"> <tr> <td>Name (Last) (First) (Middle)</td> <td>Date of birth (mm/dd/yyyy)</td> <td colspan="2">Social Security Number</td> </tr> <tr> <td>Your Name</td> <td>99/99/9999</td> <td colspan="2">999 99 9999</td> </tr> <tr> <td>Employing department or agency</td> <td>OWCP claim number, if applicable</td> <td>Location of department or agency where employee works (City, state ZIP+4®)</td> <td>Daytime telephone number (including area code)</td> </tr> <tr> <td>Your Agency</td> <td></td> <td>City, State 99999</td> <td>(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	Location of department or agency where employee works (City, state ZIP+4®)	Daytime telephone number (including area code)	Your Agency		City, State 99999	(999) 999-9999
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	Location of department or agency where employee works (City, state ZIP+4®)	Daytime telephone number (including area code)																
Your Agency		City, State 99999	(999) 999-9999																
<p>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.</p> <table border="1"> <tr> <td> <p>Basic I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td colspan="3"> <p>4 Optional 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).</p> <table border="1"> <thead> <tr> <th>Option A - Standard</th> <th>Option B - Additional</th> <th>Option C - Family</th> </tr> </thead> <tbody> <tr> <td> <p>I want Option A. I authorize deductions to pay the full cost.</p> <p>1 times my pay</p> <p>2 times my pay</p> <p>3 times my pay</p> <p>4 times my pay</p> <p>5 times my pay</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td> <p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td> <p>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.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> </tr> </tbody> </table> </td> </tr> </table>				<p>Basic I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>4 Optional 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).</p> <table border="1"> <thead> <tr> <th>Option A - Standard</th> <th>Option B - Additional</th> <th>Option C - Family</th> </tr> </thead> <tbody> <tr> <td> <p>I want Option A. I authorize deductions to pay the full cost.</p> <p>1 times my pay</p> <p>2 times my pay</p> <p>3 times my pay</p> <p>4 times my pay</p> <p>5 times my pay</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td> <p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td> <p>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.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> </tr> </tbody> </table>			Option A - Standard	Option B - Additional	Option C - Family	<p>I want Option A. I authorize deductions to pay the full cost.</p> <p>1 times my pay</p> <p>2 times my pay</p> <p>3 times my pay</p> <p>4 times my pay</p> <p>5 times my pay</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>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.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>						
<p>Basic I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>4 Optional 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).</p> <table border="1"> <thead> <tr> <th>Option A - Standard</th> <th>Option B - Additional</th> <th>Option C - Family</th> </tr> </thead> <tbody> <tr> <td> <p>I want Option A. I authorize deductions to pay the full cost.</p> <p>1 times my pay</p> <p>2 times my pay</p> <p>3 times my pay</p> <p>4 times my pay</p> <p>5 times my pay</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td> <p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td> <p>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.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> </tr> </tbody> </table>			Option A - Standard	Option B - Additional	Option C - Family	<p>I want Option A. I authorize deductions to pay the full cost.</p> <p>1 times my pay</p> <p>2 times my pay</p> <p>3 times my pay</p> <p>4 times my pay</p> <p>5 times my pay</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>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.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>										
Option A - Standard	Option B - Additional	Option C - Family																	
<p>I want Option A. I authorize deductions to pay the full cost.</p> <p>1 times my pay</p> <p>2 times my pay</p> <p>3 times my pay</p> <p>4 times my pay</p> <p>5 times my pay</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>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.</p> <p>1 multiple</p> <p>2 multiples</p> <p>3 multiples</p> <p>4 multiples</p> <p>5 multiples</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>																	
<p>5 If you want NO life insurance coverage, sign and date below.</p> <table border="1"> <tr> <td> <p>Waiver of all life insurance coverage 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.</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p> </td> <td colspan="3"> <p>6 Agency Remarks:</p> <p>Use</p> <p>Name and address of employing office</p> <p>Date received in employing office (mm/dd/yyyy)</p> <p>Effective date of coverage (mm/dd/yyyy)</p> <p>I followed the instructions on the back of Part 1.</p> <p>Signature of authorized agency official</p> </td> </tr> </table>				<p>Waiver of all life insurance coverage 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.</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>6 Agency Remarks:</p> <p>Use</p> <p>Name and address of employing office</p> <p>Date received in employing office (mm/dd/yyyy)</p> <p>Effective date of coverage (mm/dd/yyyy)</p> <p>I followed the instructions on the back of Part 1.</p> <p>Signature of authorized agency official</p>														
<p>Waiver of all life insurance coverage 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.</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Your Signature</p> <p>Date (mm/dd/yyyy)</p> <p>99/99/9999</p>	<p>6 Agency Remarks:</p> <p>Use</p> <p>Name and address of employing office</p> <p>Date received in employing office (mm/dd/yyyy)</p> <p>Effective date of coverage (mm/dd/yyyy)</p> <p>I followed the instructions on the back of Part 1.</p> <p>Signature of authorized agency official</p>																		

CHANGES AND CLARIFICATIONS

This Booklet differs from the previous version (RI 76-21 dated January 2001) in the following ways:

Revised Premiums and Age Groups effective January 1, 2003:

- This Booklet reflects reduced premiums for Basic insurance and for several of the Option B age bands, effective January 1, 2003. In addition, we added additional age bands and premiums for Option B. The previous upper age group was “60 and over.” We added five new age groups: 60-64, 65-69, 70-74, 75-79, and 80 and over. The Option B premiums are being phased in over a three-year period from 2003-2005, as described in the chart on [page 8](#).
- This Booklet reflects additional age bands and premiums for Option C, effective January 1, 2003. The previous upper age group was “70 and over.” We added three new age groups: 70-74, 75-79, and 80 and over. The Option C age bands and premiums are described in the chart on [page 9](#).

Changes due to Public Law 105-311, enacted October 30, 1998:

- We revised the life events chart on [page 12](#) to clarify changes to the number of multiples of Option C.
- We clarified the number of Option C multiples you can elect in the case of a life event. You can elect any number of multiples up to the total allowable (which is five multiples), regardless of the number of family members you have or acquired.
- We deleted language explaining Portability. The provision of the law that authorized Portability coverage expired April 24, 2002. Portability of Option B for employees whose life insurance terminated is no longer available.

Other Clarifications and Revisions:

- We revised the list of exclusions for payment of Accidental Death and Dismemberment (AD&D) benefits as follows:
 - We included driving a vehicle while intoxicated as defined by the laws of the jurisdiction in which you were operating the vehicle;
 - We deleted hernia.
- We amended the timeframe for an employee to file a claim for Accidental Death and Dismemberment based on the date of injury from 90 days to “not more than one year from the date of the accident.”
- We added a footnote for “When Will My Insurance Stop?” on [page 13](#) to clarify the FEGLI termination date for employees separated for military duty as reservists.

- We added more information under “[What Happens to My Life Insurance Coverage When I Retire?](#)”, including a brief description of the choices you will have if you qualify to carry FEGLI coverage into retirement.
- This Booklet reflects our continued emphasis on the time limits for electing Optional insurance, converting your insurance, and otherwise making changes in your coverage.
- This Booklet reflects our continued emphasis on reminding employees that **any coverage not signed for is considered waived/cancelled**. You are responsible for knowing what your insurance coverage is, its cost, when it terminates, and who is entitled to payment of the death benefits.
- This Booklet reflects our continued emphasis on clarity and plain language.

LIFE INSURANCE FORMS

Unless otherwise noted, the following life insurance forms and publications are available at www.opm.gov/insure/life. You may also wish to check with your human resources office. Some agencies have automated versions of some of these forms.

Standard Forms

SF 2817	Life Insurance Election
SF 2818	Continuation of Life Insurance Coverage As an Annuitant or Compensation
SF 2819	Notice of Conversion Privilege
SF 2820	Certification of Insured Employee's Retired Status
SF 2821	Agency Certification of Insurance Status
SF 2822*	Request for Insurance
SF 2823	Designation of Beneficiary

Office of Personnel Management Forms

OPM 1482	Agency Certification of Status of Reemployed Annuitants
RI 76-10	Assignment, Federal Employees' Group Life Insurance

Office of Federal Employees' Group Life Insurance Forms

FE-6	Claim for Death Benefits
FE-6DEP	Statement of Claim—Option C
FE-7	Claim for Accidental Dismemberment
FE-8†	Claim for Living Benefits

Booklets, Pamphlets, and Handbooks

RI 76-12	FEGLI Pamphlet for Retirees
FE 76-20	FEGLI Program Booklet (U.S. Postal Service)
FE 76-21	FEGLI Program Booklet (Federal)
RI 76-26*	FEGLI Handbook

* Available in electronic format only at www.opm.gov/insure/life.

† Available only from the Office of Federal Employees' Group Life Insurance (OFEGLI) by calling **1-800-633-4542**.

FOR MORE INFORMATION

- Visit the FEGLI website at www.opm.gov/insure/life
- Read the FEGLI Handbook (RI 76-26) at www.opm.gov/insure/life
- Visit your human resources office
- Send an email message to the Office of Personnel Management (OPM) at fegli@opm.gov*

**Please note: OPM does not have any information about whether you are enrolled in the FEGLI Program and what types of coverage, if any, you currently have. It also does not have any information about your designation of beneficiary. If you need any of that information, you must contact your human resources office directly.*



Place
Proper
Postage