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to

MCO P1741.8D undtd

Government Life Insurance Manual

1. On the signature page of the basic order and the locator sheet please insert the date 17 Dec 98. The date was inadvertently left off after signature.

PCN 10202440080

**Headquarters, U.S.
Marine Corps**

**MCO P1741.8
PCN 10202440000**



**U.S. MARINE CORPS GOVERNMENT LIFE
INSURANCE MANUAL**

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DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
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MCO P1741.8D
MRC
17 Dec 98

MARINE CORPS ORDER P1741.8D

From: Commandant of the Marine Corps
To: Distribution List

Subj: GOVERNMENT LIFE INSURANCE MANUAL

Ref: (a) Servicemen's and Veterans Group Life Insurance
Handbook (VA Handbook 29-75-1 Revised)

Encl: (1) LOCATOR SHEET

1. Purpose. To publish information and establish standard operating procedures for the administration of Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) within the Marine Corps.
2. Cancellation. MCO P1741.8C.
3. Summary of Revision. This Manual has been reformatted, contains a substantial number of changes, and must be completely reviewed.
4. Privacy Act Statement. Public Law 93-579 (Privacy Act of 1974) applies to all forms contained in this Manual. Commanders will ensure a Privacy Act Statement is completed by each Marine executing the forms contained in paragraph 2003 of this Manual.
5. Recommendations. Recommendations concerning this Manual are invited and should be submitted to the CMC (MRC) via the appropriate chain of command.
6. Certification. Reviewed and approved this date.

J. W. KLIMP
Deputy Chief of Staff for
Manpower and Reserve Affairs

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ENCLOSURE (1)

GOVERNMENT LIFE INSURANCE MANUAL

RECORD OF CHANGES

Log completed change action as indicated

Change Number	Date of Change	Date Received	Date Entered	Signature of Person Entering Change

GOVERNMENT LIFE INSURANCE MANUAL

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GOVERNMENT LIFE INSURANCE MANUAL

CHAPTER 1

SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)

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GOVERNMENT LIFE INSURANCE MANUAL

CHAPTER 1

SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)

1000. STATUTORY AUTHORITY. The SGLI Program became effective on 29 September 1965 with the enactment of Public Law 89-214. Effective 1 April 1996, each Marine serving on active duty, performing active duty for training, or performing inactive duty for training is automatically insured for \$200,000 of group life insurance under Public Law 104-106. These laws are under Title 38, United States Code, Chapter 19. The Prudential Insurance Company is the primary SGLI insurer under a contract with the Department of Veterans Affairs (DoVA). Although the program is operated under an arrangement with Prudential it is administered through the Office of Servicemembers' Group Life Insurance (OSGLI).

1001. PERIODS OF COVERAGE

1. Full-time Coverage

a. Regular Marines, and candidates in the Platoon Leadership Classes (PLC) are automatically granted full-time coverage. These members must be performing active duty or active duty for training under a call or orders that do not specify periods of less than 31 days. NROTC midshipmen are also granted full-time coverage while attending field training or practice cruises.

b. Selected Marine Corps Reserves (SMCR) and Individual Mobilization Augmentee's (IMA's) assigned to a unit or position may be required to perform periods of active duty or active, duty for training are eligible for full-time coverage. These members are required to perform twelve periods of inactive duty for training.

c. Poolees who volunteer to enlist in the Delayed Entry Program for assignment to Category P are required to attend regularly scheduled inactive duty training (IDT) periods while awaiting assignment to initial active duty for training (IADT). These individuals are automatically granted free SGLI coverage until IADT.

d. Marines are automatically covered free of charge for 120 days after separation or release from active duty or reserve status; or 1 year if totally disabled (see paragraph 1004).

2. Part-time Coverage. Part-time coverage is granted to Reserve members who would not otherwise qualify for full-time coverage while performing active duty or active duty for training, under orders which specify a period of duty less than 31 days. Members of the IRR during a 1 day call-up, NROTC midshipmen while attending a field training or practice cruise, and reservists who travel to and from place of duty are also covered part-time.

1002. AMOUNTS OF COVERAGE. Marines on active duty, in the SMCR or in the IRR and executing orders for inactive duty or active duty for training are automatically covered for the maximum amount of \$200,000. These members may elect reduced coverage in increments of \$10,000; or no coverage (see paragraph 1005).

1003. TERMINATION OF INSURANCE

1. Full-time Coverage

a. Full-time coverage will terminate for members on active duty or active duty for training under a call or order that does not specify a period of less than 31 days when:

(1) at the end of the 120th day after separation from duty which qualified the Marine for full-time coverage (there is a limited extension of coverage beyond 120 days for Marines who are totally disabled at the time of separation (see paragraph 1004));

(2) on the 31st day of a continuous period of:

(a) unauthorized absence;

(b) confinement by civil authorities under a sentence adjudged by a civilian court; or

(c) confinement by military authorities under a court-martial sentence involving total forfeiture of pay and allowances.

b. Ready Reservists who qualify for full-time coverage, will terminate that coverage at the end of 120 days after separation or release from duty unless the member is totally disabled for insurance purposes then the SGLI coverage will for 1 year after date of separation (see paragraph 1004).

2. Part-time Coverage

a. Coverage terminates temporarily at the end of each period of duty, to include travel to and from that duty, and resumes at the commencement of the next covered period of duty or travel.

b. Coverage terminates completely on the last day of duty, including travel time, if written notice to discontinue coverage is submitted by the Marine.

c. Coverage terminates at the end of the 120th day following a disability which was incurred or aggravated while a reservist was active or in an active period (See paragraph 1004.2).

3. SGLI is forfeited when a Marine is guilty of mutiny, treason, spying, desertion, or refuses because of conscientious objections to perform service in the Armed Forces of the United States, or refuses to wear the uniform. SGLI is also forfeited when a Marine is executed as a lawful punishment for a crime or for a military courts-martial, except when inflicted by an enemy of the United States.

1004. EXTENSION OF COVERAGE

1. Full-time coverage is continued without charge for 120 days following the termination of the duty which gave the entitlement. Coverage may be extended for 1 year if a Marine is totally disabled at the time of separation as indicated on the member's DD Form 214. Servicemembers must make application directly to OSGLI. On approval from OSGLI coverage will be extended for 1 year from the date of separation or the date the insured ceases to be totally disabled, whichever is earlier, but in no case prior to 120 days after separation.

2. Part-time coverage is in effect during the period of duty qualifying for the coverage. This includes travel directly to or from the place of duty. Part-time coverage may be extended for 1 year following separation when the Marine has a disability which was incurred or aggravated during the coverage period. During such an extension, a Marine may convert to VGLI. Application must be made to the OSGLI (see Chapter 5).

1005. COST AND PAYMENTS OF INSURANCE PREMIUMS

1. Payments for full-time coverage are automatically deducted from the Marine's pay account. Failure to make the correct SGLI deduction does not affect the coverage elected by the Marine.

2. The monthly contribution by members on active duty will be \$16.00 for \$200,000 coverage and \$.80 per \$10,000 for lesser amounts (see Appendix A). Ready Reserve members who qualify for full-time coverage will pay the same rates as a members on active duty. The premium for part-time SGLI coverage will be \$20.00 per year for \$200,000 insurance. Members of the IRR will be charged a premium of \$1.00 for \$200,000 insurance for 1 day call-ups (see Appendix B). Rates are subject to change based on changes in the law.

3. Reservists earning retirement credits, but not entitled to pay (e.g., IMA's), who want SGLI coverage must make advance premium payments by check or money order to the United States Marine Corps. Advance payments may be made on a quarterly, semiannual, or fiscal year basis.

a. The quarterly SGLI payment cycle is January-March, April-June, July-September, and October-December. Reservists entering a status that automatically entitles them to full-time coverage are liable for SGLI payments from the first of the month, if entry was not on the first of the month. The initial payment should include all amounts due, including payment for the remainder of the quarter which payment was made. For example, a reservist electing maximum coverage, entering a fully covered status during December, and making the initial payment in January would pay \$64. This is \$48 for December, January, and February, and \$16 for March which is the last month of the quarter. The initial payment should also be sufficient to bring the payments within the quarterly payment cycle. For example, if the initial payment for basic coverage was in February, it should be for \$32 for February and March. In both examples, the next premium payment would be due 1 April.

b. Unit commanders will collect SGLI payments and submit them to the Commanding General, Marine Corps Reserve Support Command (MCRSC)(DRD), 15303 Andrews Road, Kansas City, MO 64147-1207. The CG, MCRSC will complete a Cash Collection Voucher, [NavCompt Form 2277](#). The [NavCompt Form 2277](#) must identify all payments with each member's name, grade, social security number, unit, coverage selected, and the period covered. The CG, MCRSC will hand carry the NavCompt along with the

payments to the DFAS-KCC/PV, Directorate for Military Pay, Disbursing Division. Collections will be credited to appropriation data 17*1108.2731, OC 007, BCN 000000/0, AAA 00027, TT 3C, PAA 000000000000098004. When completed, a copy of the [NavCompt Form 2277](#) will be forwarded to DFAS-KC/FPR, Reserve Pay Division, for data entry into the Marine Corps Total Force System (MCTFS)(see Chapter 4 for Termination of SGLI).

4. Reserve Marines entitled to part-time coverage will have SGLI premium payments collected from their pay due for the first training period of the fiscal year. Reservists in a non-pay status and covered under SGLI will make a premium payment by check or money order to the United States Marine Corps upon execution of orders directly to the MCRSC.

1006. THE GROUP POLICY. SGLI is a group policy purchased from a commercial life insurance company by the DoVA in accordance with the SGLI provisions of Title 38, United States Code. The insurance issued under the group policy is term insurance. Insured Marines are not given individual policies; but are given a [SGLV 8286](#), Certificate of Coverage. This certificate contains an explanation, in general terms, of the rights and benefits available to insured Marines. The OSGLI is the administrative office established by the insurance company.

1007. LIMITATIONS ON COMBINED COVERAGE UNDER SGLI AND VGLI

1. Marines who were eligible to obtain VGLI at the end of a period of service may have both VGLI and SGLI when they enter another period of service, or are assigned to the Ready Reserve and a drilling unit if, at that time, the member is entitled to either full-time or part-time SGLI coverage.

2. If a member dies while covered by both VGLI and SGLI, only \$200,000 may be paid even if the member was paying premiums or having pay reduced for both SGLI and VGLI which totaled more than \$200,000. It is extremely important when planning the insurance estate that the Marine is aware of this limitation. If desired, the Marine may convert VGLI--WITHIN 60 DAYS AFTER SGLI COMMENCES--to an individual policy with a participating company, or the member may also continue the full \$200,000 SGLI coverage.

1008. BENEFICIARY PRECEDENCE

1. If a Marine has SGLI at the time of death and is not survived by a designated beneficiary, SGLI will be paid in the following order of precedence:

- a. surviving spouse of the Marine at the time of death;
- b. surviving child(ren) and the descendants of deceased children of the Marine;
- c. surviving parents of the Marine in equal shares or all to the surviving parent;
- d. a duly appointed executor or administrator of the insured Marine's estate; or
- e. other surviving next of kin, per the law of the state wherein the insured Marine was domiciled on the date of death.

2. Child

- a. a legitimate or legally adopted child;
- b. a child(ren) out of wedlock of its alleged mother or father, a Marine, but only if:
 - (1) he/she acknowledged the child(ren) in writing;
 - (2) he/she was judicially ordered to contribute to the child's support;
 - (3) he/she was, before his/her death, judicially decreed to be the parent;
 - (4) birth records, the informant as to which was the parent, show him/her as the parent; or
 - (5) school, welfare, service department, or other public records, of which the parent was cognizant, show him/her to be the parent.

3. Parent. Father and or mother of a child as defined in paragraph 1008.2.

4. No person who abandoned or willfully failed to support a child during their minority, or consented to their adoption, may be recognized as a parent.

5. No duplicate payments are authorized if payment to an otherwise eligible parent is made before the OSGLI learns that the parent is not qualified to receive payment because of abandonment of nonsupport, or because he or she consented to the adoption of the deceased Marine.

1009. METHOD OF SETTLEMENT

1. Active duty members and Reserve members covered by full-time and part-time coverage must use form [SGLV 8286](#) (Servicemembers' Group Life Insurance Election and Certificate) to elect a method of payment or to change a previous election. The payment option under the "Beneficiary and Payment Option" part of this form must show lump sum or 36 payments.

2. In the absence of an election by the deceased Marine, the beneficiary(ies) may elect settlement in a lump sum or in 36 monthly installments. However, if the Marine does elect settlement in a lump sum, the beneficiary(ies) may not elect that settlement be made in 36 monthly installments or vice versus.

1010. CONVERSIONS. Chapter 5 covers Marines' conversion rights to VGLI. VGLI will be renewable in 5-year terms with the option to convert to a commercial policy at any time.

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CHAPTER 2

ADMINISTRATION

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CHAPTER 2

ADMINISTRATION

2000. AMOUNT OF COVERAGE

1. All Marines eligible for full-time or part-time coverage are covered automatically by \$200,000 SGLI. Marines may elect a reduced amount in increments of \$10,000 or no coverage by completing, signing, dating, and submitting to their unit commander, Form [SGLV 8286](#). (See MCO P1080.40, MCTFSPRIM, for required unit diary entries.)
2. Marines expressing a desire to reduce or cancel SGLI coverage will be thoroughly counseled by their unit commander about the highly beneficial features of SGLI and strongly encouraged to maintain maximum coverage. If a Marine, after counseling desires to reduce or cancel SGLI, the unit commander will make sure he/she checks the appropriate box on the [SGLV 8286](#) and sign and date the form in the space provided.
3. Personnel should be advised to review their Leave and Earning Statement (LES) to ensure they are receiving the desired amount of SGLI coverage and that the appropriate premium is being deducted.

2001. BENEFICIARY(IES)

1. The use of "By Law" as a designation is prohibited in the Marine Corps. Marines must designate their beneficiary(ies) by name, address, and show the percentage of shares and payment option. Marines may designate any person, firm, corporation, or legal entity (including the Marine's estate), individually or as trustee, as the beneficiary(ies) to receive SGLI. Marines who desire to designate a trust or other entity should be advised to consult a military or civilian attorney.
2. The unit commander must advise a member who wishes to name a minor(s) as a beneficiary(ies), such as his or her own child(ren), nephews, nieces, etc., that the proceeds of the insurance cannot be paid directly to a minor beneficiary(ies), other than a minor surviving spouse without a court appointed guardian. The appointment of an estate guardian is often consuming and costly and, for that reason, may delay payment of proceeds. The amount of the proceeds can be materially reduced by the payment of court costs, attorney fees, and expenses

incurred by the guardian. One way to avoid such complications and expense is to designate a preappointed trustee of the minor beneficiary(ies).

3. Marines enlisting in the Marine Corps or updating their [SGLV 8286](#) must print or type beneficiary(ies) information in the "Beneficiary and Payment Options" section of this form. The member must show the principal beneficiary(ies)' first name, middle name or initial (if known), last name and complete mailing address of each beneficiary(ies)(regardless if living at same address); social security number, if known; relationship to member; indicate the amount of shares to each beneficiary(ies) by percentage, dollar amount or fraction; and show payment option by lump sum or 36 monthly installments. Naming a contingent beneficiary(ies) is encouraged, but not required. The beneficiary(ies) designation is not effective until the member signs, dates and submits the [SGLV 8286](#) to the unit commander. The unit commander will have the document witnessed by a Sergeant, GS-04 or above.

4. Marines may change or cancel SGLI beneficiary(ies) designation at any time by submitting a new [SGLV 8286](#) to their unit commander, at which time the old designation form will be destroyed. A "will" cannot change the SGLI beneficiary(ies) designated on the [SGLV 8286](#). Instructions for completing the [SGLV 8286](#) are on back of the form.

5. Unit commanders must counsel Marines wishing to designate a person other than a spouse, parent, or other dependent or close relative that the purpose of SGLI is to provide additional security for servicemembers' families. If they insist on making this designation, make the following entry (type or stamped) in any available space on the front of all copies of the [SGLV 8286](#):

"I have been counseled about designation of an unusual beneficiary.

(Marine's signature and date signed)"

2002. RESTORATION OF COVERAGE

1. Maximum basic coverage, previously declined or reduced, is automatically restored without evidence of good health when a member reenters on duty (in the same or another uniformed service), even when there is no break in service.

2. If coverage was terminated because of an unauthorized absence or military or civilian confinement, beneficiary(ies) designation settlement option elections which were in effect when the SGLI was terminated will be automatically reinstated on the date the Marine is restored to duty with pay.

3. Marines who previously elected reduced or no SGLI coverage must make written application for restoration of SGLI by submitting Form SGLV 8285, Request for Insurance, to their unit commander.

4. The unit commander or his or her designated representative will certify Part II of the SGLV 8285, if the servicemember answers "No" to items 11 through 13. The unit commander will make sure a unit diary is prepared to ensure pay is deducted from the servicemembers' pay account. The pay will be effected starting in the month the request for restoration was made. The unit commander will make sure an original SGLV 8285 will be retained in the member's Service Record or Officer Qualification Record (SRB or OQR).

5. If the Marine answers "Yes" to items 11 through 13, the unit commanders will mail a copy of the SGLV 8285, to the OSGLI and file the original in the member's SRB or OQR. No action will be taken to deduct the premium from the member's pay until a decision has been rendered by OSGLI. The OSGLI will review the SGLV 8285 and return it to the member's unit the copy marked "APPROVED" or "DISAPPROVED". The copy marked "APPROVED" or "DISAPPROVED" from OSGLI will be filed in the member's personnel record. If OSGLI marks the SGLV 8285 "APPROVED", the unit commander must ensure the premium deduction from the member's pay account be made effective on the date the SGLV 8285 was submitted to OSGLI. If the member dies between the time the SGLV 8285 is submitted to OSGLI and the time it is returned marked "APPROVED", the insurance will be paid. If the form is returned marked "DISAPPROVED", the insurance will not be paid. If the request for insurance is "DISAPPROVED", the member should be notified and advised that he or she may write to OSGLI for an explanation.

2003. VA AND SGLV FORMS

1. VA Form 29-8283, Claim for Death Benefits. Designated or eligible beneficiary(ies) use this form to make a claim for benefits when an insured Marine dies (figure 2-1). This form can be obtained electronically in the Marine Corps Electronic Forms System (MCEFS) utilizing "Form Flow" software. MCEFS provides

the capability to complete, save, transmit, and print forms/forms data. For additional information on MCEFS, contact your G-1/S-1 or forms management office. The CMC (MRC), or in unusual cases, OSGLI will give the eligible claimant(s) this form. It is the responsibility of the claimant(s) to mail this form directly to OSGLI, 213 Washington Street, Newark, NJ 7102-2999.

2. SGLV 8285, Request for Insurance. Marines who previously elected reduced or no coverage must use this form to increase or restore coverage (figure 2-2). This form can be obtained through local supply channels and cannot be locally reproduced. The original form will be filed in the Marine's SRB or OQR and the duplicate will be mailed to the OSGLI, 213 Washington Street, Newark, NJ 07102-2999.

3. SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate. This form is used to increase, reduce or terminate SGLI coverage; designate or change the beneficiary(ies); and to elect method of payment and percentage of shares to the beneficiary(ies) (figure 2-3). This form can be obtained electronically through the MCEFS and can be locally reproduced. Ensure proper distribution of the form as follows:

a. Copy 1 - Must be promptly filed in Marine's SRB or OQR).

b. Copy 2 - Member's copy.

c. Copy 3 - Forward to the CMC (MMSB-20), for inclusion in the member's Official Military Personnel File (OMPF). The address is CMC (MMSB-20), HQMC, 2008 Elliot Road, Room 201, Quantico, VA 22134-5030.

4. When the basic coverage of SGLI changes, only those Marines with the maximum SGLI coverage are automatically covered for the new amount. There is no requirement to prepare a new SGLI form or to alter the current one. The new coverage and deduction for payment will show on the LES. The coverage for Marines who elected reduced or no coverage will not change, and if they want to increase their coverage they will have to request additional coverage using the SGLV 8285 (see paragraph 2002).

2004. REVIEW OF SGLI FORMS

1. Each unit maintaining service records is responsible for reviewing each Marine's SGLI form at the following times:

a. upon joining;

- b. upon completion of a new RED;
- c. during the annual administrative audit of service records;
- d. upon immediate reenlistment;
- e. at the request of the individual Marine; or
- f. upon transfer.

2. Marines found to have previously declined or elected reduced SGLI will be immediately counseled by the unit commander per paragraph 2000.2.

3. If a Marine does not have a [SGLV 8286](#) dated during the current period of continuous service in the SRB or OQR, a new form will be completed. There is no requirement to redo a [SGLV 8286](#) upon immediate reenlistment unless a Marine previously declined or elected reduced SGLI, in which case a new [SGLV 8286](#) must be effected along with a SGLV 8285 (see paragraph 2002).

4. If the Marine desires to change any beneficiary election of SGLI, a new form must be completed.

2005. RESPONSIBILITY FOR COUNSELING

1. The unit commander or their designated representative will thoroughly counsel all personnel being processed for enlistment, induction, assignment to active duty, active duty for training, or active duty training that was scheduled in advance by a competent authority; and all personnel carried on the rolls of their unit on the provisions of SGLI. This counseling will include, but is not limited to:

- a. the automatic provisions for starting or stopping SGLI coverage (see paragraphs 1001 and 1003);
- b. the automatic collection of premiums from Marine's pay accounts or the requirement to make advance payments if voluntarily performing duty without pay (see paragraph 1005);
- c. methods of settlement upon death (see paragraph 1009);
- d. how to elect reduced or no coverage (See paragraph 2000);

e. who may be their beneficiary(ies), how they are designated and how to change them (see paragraph 2001);

f. how to increase or restore coverage for Marines who elected reduced or no coverage (see paragraph 2002);

g. automatic provisions pertaining to forfeiture of SGLI (see paragraph 1003); and

h. that SGLI coverage is a supplement to, and not a substitute for, any other insurance.

2. When a Marine is separated because of a disability and transferred to a VA or other civilian medical facility, the unit commander will make sure the Marine (or next of kin or court appointed guardian, if the Marine is incapacitated) is counseled on the following:

a. the automatic extension of coverage (See paragraph 1004);

b. the option to convert SGLI to VGLI following separation for Marines with full-time coverage (see paragraph 4002.1);

c. the option to convert part-time SGLI to VGLI within 120 days following separation if the VA determines the Marine suffered a service-connected disability (see paragraph 5002.1);

d. the VA acceptance of the Report of Separation (DD Form 214) as verification of coverage. The local VA office should be contacted for additional information on converting SGLI to VGLI and the Disabled Veterans NSLI; and

e. when other than the Marine is counseled, the unit commander will make sure the individual is given the Marine's separation date and unit identification.

3. Unit commanders will make sure that, prior to separation, Marines are given a VA pamphlet, Information About VGLI, and are counseled on their rights to convert to VGLI (see Chapter 5).

4. Unit commanders will make sure that Reserve and Regular Marines who are eligible for retirement are counseled on their right to apply for continued SGLI coverage or convert to a commercial insurance policy within 120 days of separation (see Chapter 5). Advise eligible Marines to contact their local VA office or OSGLI for further information.

5. Additional requirements for counseling may be found in paragraphs 2000.2, 2001.1, and 2001.3.

GOVERNMENT LIFE INSURANCE MAUAL

Form Approved
OMR No. 76-80537

FOR OS&LI USE ONLY		CLAIM FOR DEATH BENEFITS (Serviceemen's Group Life Insurance) (Veterans' Group Life Insurance)		RETURN COMPLETED FORM TO: OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE 212 Washington Street Newark, New Jersey 07102	
NOTE: THIS FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSURANCE (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR and JS or UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI) Policy Numbers Prefixed by K					
1. NAME OF DECEASED (First, middle, last)		2. SOCIAL SECURITY NO.		3. DATE OF DEATH	
4. BRANCH OF SERVICE		5. DUTY STATUS ON DATE OF DEATH (If known) <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> DISCHARGED OR SEPARATED <input type="checkbox"/> RESERVIST		6. IF DISCHARGED OR SEPARATED, GIVE DATE (If known) (Month, day, year)	
PLEASE READ THE IMPORTANT INFORMATION AND INSTRUCTIONS ON REVERSE BEFORE COMPLETING.					
PART I - INFORMATION CONCERNING CLAIMANT					
7. NAME (First, middle, last) MR. MRS. MISS MS.		8. RELATIONSHIP TO DECEASED		9. DATE OF BIRTH (Month, day, year)	
10. SOCIAL SECURITY NUMBER					
NOTE - Complete Items 11A through 11C if you are the widow or widower of deceased.					
11A. DATE OF MARRIAGE (Mo., day, yr.)		11B. PLACE OF MARRIAGE (City and State)		11C. DID MARRIAGE CONTINUE UNTIL DATE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12A. DID DECEASED HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete 12B and 12C)		12B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		12C. DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 3 years attach copy of the divorce decree)	
13A. DID YOU HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete 13B and 13C)		13B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		13C. DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 3 years attach copy of the divorce decree)	
NOTE - If you are not the named beneficiary, widow or widower of the deceased, complete Parts II and III.					
PART II - INFORMATION CONCERNING NEXT-OF-KIN OF DECEASED					
List below the name, age, relationship, and address of: (Check appropriate places below)					
(a) Widow or Widower. <input type="checkbox"/> None <input type="checkbox"/> Death Give Date _____ If none, was insured ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did marriage terminate by <input type="checkbox"/> Divorce Give Date _____					
(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children. If none, check here <input type="checkbox"/>					
(c) If there are no children or descendants of children, list the surviving parent or parents. Is father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Is mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(d) If there are no survivors within the degree indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).					
14A. NAME		14B. AGE	14C. RELATIONSHIP TO DECEASED	14D. ADDRESS	
NOTE - Complete Items 16 and 17 ONLY if any of the persons listed above are under age 21.					
16. NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Attach copy of appointment paper issued by court)				17. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART III - INFORMATION CONCERNING THE ESTATE OF THE DECEASED					
18. NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR, IF ANY, APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED				19. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART IV - CERTIFICATION BY CLAIMANT					
I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected monthly installments, I request that the Death Benefit be paid in: (Check one) <input type="checkbox"/> One Sum <input type="checkbox"/> 36 Equal Monthly Installments.					
20. SIGNATURE OF CLAIMANT (Do not print)		21. ADDRESS (Number and Street, City, State and ZIP Code, Apt. No.)		22. DATE	
WARNING - Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).					

VA FORM 29-8283
AUG 1980

SUPersedes VA FORM 29-8283, SEP 1976, WHICH WILL NOT BE USED.
IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SIGNED SHEETS.

GOVERNMENT LIFE INSURANCE MANUAL

REQUEST FOR INSURANCE (SERVICEMEN'S GROUP LIFE INSURANCE)		IMPORTANT - This form is for use by ACTIVE DUTY and RESERVE MEMBERS. Please read instructions on reverse before completing this form. NOTE: No insurance may be granted unless a completed application form has been received. (38 C. F. R. 9.8)			
PART I - TO BE COMPLETED BY MEMBER					
1. AMOUNT OF SGLI NOW IN FORCE		2. AMOUNT OF INCREASE DESIRED		3. TOTAL (BLOCK 1 + BLOCK 2)	
4. FIRST NAME - MIDDLE NAME - LAST NAME				5. SOCIAL SECURITY NUMBER	
6. BRANCH OF SERVICE (Do not abbreviate)		7. DATE OF BIRTH (Mo., day, yr.)	8. WEIGHT	9. HEIGHT	10. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
11. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:		YES	NO	YES	NO
A. HEART CONDITION?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	C. NERVOUS DISORDER?	<input type="checkbox"/>
B. HIGH BLOOD PRESSURE?		<input type="checkbox"/>	<input type="checkbox"/>	D. DIABETES?	<input type="checkbox"/>
E. CANCER OR TUMORS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. DO YOU HAVE ANY KNOWN PHYSICAL OR MENTAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
14. IF YOUR ANSWER TO ANY PART OF ITEMS 11 THROUGH 13 IS 'YES,' REFER TO ITEM NUMBER AND GIVE DATES, DURATION AND OTHER DETAILS. (If more space is needed, attach a separate sheet.)					
CERTIFICATION					
The answers that I have given are for securing approval of this request for insurance and I CERTIFY that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of evidence of insurability by the Office of Servicemen's Group Life Insurance(OSGLI). I further understand that should I fail to furnish satisfactory evidence of insurability, the fact that withholdings have been made from my pay for the insurance being requested shall not create any liability for insurance, and that I shall be entitled to appropriate credit for such withholdings. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim. I consent that OSGLI may obtain copies of any medical records pertaining to me. A photostatic copy of this consent will be considered as valid as the original.					
15A. SIGNATURE AND RANK, TITLE OR GRADE OF MEMBER		15B. ORGANIZATION AND MAILING ADDRESS		15C. DATE COMPLETED	
PART II - TO BE COMPLETED BY MEMBER'S COMMANDING OFFICER					
I CERTIFY THAT the statements made above to the best of my knowledge are true and correct and that the member is now performing full and unrestricted military duty and is physically qualified to perform all duties of his/her rank or position and that there is no obvious impairment. I further certify that the signature above is that of the member named and according to the records of this department, this member is eligible to apply for the additional insurance requested on this form.					
16A. SIGNATURE OF COMMANDING OFFICER		16C. ORGANIZATION AND MAILING ADDRESS		16D. DATE RECEIVED	
16B. RANK, TITLE OR GRADE					
FOR USE OF THE OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE OF OSGLI REPRESENTATIVE		DATE

SGLV 8285, MAR 1993

Supersedes and replaces SGLV 8285, DEC 1992 which will not be used.

TO BE RETAINED IN MEMBER'S OFFICIAL PERSONNEL FILE

Figure 2-2 -- Sample Request for Insurance (SGLI) (SGLV 8285).

GOVERNMENT LIFE INSURANCE MANUAL

Please read the instructions on the back before completing this form.

Servicemembers' Group Life Insurance Election and Certificate				
Use this form to: (check all that apply) <input type="checkbox"/> Name, change or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage		Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.		
Last name	First name	Middle name	Rank, title, or grade	Social Security Number
Branch of Service (Do not abbreviate)		Current Duty Location		
Amount of Insurance				
By law, you are automatically insured for \$200,000. If you want \$200,000 of insurance, skip to <i>Beneficiary(ies) and Payment Options</i> . If you want less than \$200,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."				
<input type="checkbox"/> I want coverage in the amount of \$ _____ Your initials _____ <input type="checkbox"/> _____ (Write "I do not want insurance at this time.") Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.				
Beneficiary(ies) and Payment Options				
I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).				
Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
Contingent				
1.				
2.				
3.				
4.				
I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that: This form cancels any prior beneficiary or payment instructions The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above If I have legal questions about this form, I may consult with a military attorney at no expense to me I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000				
SIGN HERE IN INK _____			Date: _____	
(Your signature. Do not print.)				
Do not write in space below - For official use only.				
WITNESSED AND RECEIVED BY:	RANK, TITLE, OR GRADE	ORGANIZATION	DATE RECEIVED	

SGLV-8286, April 1996 (EG)

Supersedes SGLV 8286, March 1994
 Which Will Not Be Used
 LOCAL REPRODUCTION AUTHORIZED

MEMBER'S OFFICIAL PERSONNEL FILE 1
 TO MEMBER (Certificate of Coverage) 2
 UNIFORMED SERVICES COPY 3

Figure 2-3 -- Sample SGLI Election and Certificate (SGLV 8286).

GOVERNMENT LIFE INSURANCE MANUAL

CHAPTER 3

DEATH PROCEDURES

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GOVERNMENT LIFE INSURANCE MANUAL

CHAPTER 3

DEATH PROCEDURES

3000. PROCEDURES WHEN DEATH OCCURS. Immediately following the death of an insured Marine, the unit will send the SRB or OQR to the CMC (MRC). See the current edition of MCO P3040.4, MARCORCASPROCMAN, for instructions.

3001. DELAYED ENTRY PROGRAM (DEP). Recruiting stations will send to the CMC (MRC) the enlistment package and a Personal Casualty Report or Certificate of Death on all Poolees who die while in the DEP that were scheduled to report to a Ready Reserve unit (see paragraph 1001.1). Recruiting stations must report these deaths per the current edition of MCO P3040.4, MARCORCASPROCMAN.

3002. CMC (MRC) RESPONSIBILITY

1. Following notification of the death of a Marine with full-time or part-time coverage, the CMC (MRC) will authorize OSGLI to make payment of the insurance premium to the designated beneficiary(ies). A statement stamped or typed certifying on a [DD Form 1300](#) as authorization for payment to OSGLI will show the amount of coverage, payment option, beneficiary designation and whether the claim was mailed. The certified [DD Form 1300](#) will include a copy of the member's Record of Emergency Data (RED) and the [SGLV 8286](#). If the member increases his or her initial election coverage, CMC (MRC) will also provide the OSGLI with the SGLV 8285.

2. The CMC (MRC) will mail the VA Form 29-8283 directly to the designated beneficiary(ies) for completion. However, in questionable or complicated cases, the VA Form 29-8283 is mailed directly from the OSGLI.

3. Following notification of the death of a Marine who dies within 120 days from separation, the CMC (MRC) prepares and mails an authorization letter to OSGLI with a copy of the member's RED, DD Form 214, [SGLV 8286](#) and death certificate. OSGLI will mail the VA Form 29-8283 directly to the beneficiary for completion.

3003. OSGLI RESPONSIBILITY

1. OSGLI reviews and adjudicates the beneficiary claim on receipt of CMC (MRC) [DD Form 1300](#) with certificate information typed on the form along with the servicemembers' RED and [SGLV 8286](#). In most cases, OSGLI will mail a check to the claimant within 14 working days from date of receipt of the application. However, if the cause and circumstances on the [DD Form 1300](#) shows "Determination Pending", a considerable delay may be caused in making a SGLI payment.

2. Once the claimant submits the VA Form 29-8283, all inquiries will be sent directly to OSGLI.

3004. VA RESPONSIBILITY. The SGLI master policy shows the Secretary of the Veterans Affairs as the policy holder. The VA is responsible for the overall administration of SGLI, as well as decisions about the SGLI in questionable cases.

3005. INVESTIGATIONS

1. An investigation must be conducted when a Marine with part-time coverage is seriously injured or dies. The investigation requirement is the same for a full-time (active duty) Marine. The purpose of this investigation is to determine if the disability or death resulted from a condition incurred or aggravated during the performance of authorized duty or drill, or during travel to or from duty or drill. The investigation must include the following:

- a. hour the Marine began travel to or from the duty or drill;
- b. hour the Marine was scheduled to arrive for, or dismissed from, the duty or drill;
- c. method(s) of travel authorized;
- d. itinerary;
- e. manner the travel was performed;
- f. immediate cause of death; and
- g. other significant factors that could interrupt direct travel; i.e., weather, civil unrest, health, etc.

2. For more information on death investigations see the current edition of MCO P3040.4, MARCORCASPROCMAN, JAGINST 5800.7, and the JAGMAN.

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CHAPTER 4

FAILURE TO REMIT RESERVE SGLI PAYMENTS

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GOVERNMENT LIFE INSURANCE MANUAL

CHAPTER 4

FAILURE TO REMIT RESERVE SGLI PAYMENTS

4000. FAILURE TO MAKE REMITTANCE

1. Selected Marine Corps Reserve (SMCR) members who are participating in SGLI and are required to make direct remittance of premiums shall be considered as having "failed to meet their SGLI obligation" when they acquire 9 consecutive unexcused absences from their scheduled drills.

2. Individual Ready Reserve (IRR) members who are participating in SGLI and are required to make remittance of premiums shall be considered as having "failed to meet their SGLI obligation" when they do not make the required remittance within 60 days of the date on which such remittance is due when the following conditions are met:

a. The current date is past the period of coverage associated with all premiums the IRR member has paid to date, whether through deduction of pay or by direct remittance.

b. The IRR member was notified at least 30 days in advance of the date on which additional premiums were due, the amount of payment required, the address to which such payment should be submitted, and that timely payment is necessary to ensure SGLI coverage is continued in force.

c. The IRR member failed to make the remittance of premiums required in paragraph 4000(2) and was notified, at least 30 days in advance of the date on which SGLI coverage would be terminated, that the required premium had not been received, and informed of the amount of payment required, the address to which such payment should be submitted and that should payment in full not be received by the 60th day past the original due date, the IRR member's SGLI coverage will be terminated and that absent acceptable justification, SGLI coverage will not be continued in force.

d. The current date is more than 60 days past the original due date in paragraph 4000(2) above for the member's next premium payment and the IRR member still has not made the required payment in full.

4001. TERMINATION OF SGLI COVERAGE. When it is determined that in accordance with the provisions of paragraph 4000 that a Reserve member has failed to meet their SGLI obligation, the member's SGLI coverage will be terminated in accordance with the following procedures.

1. SMCR unit commanders will complete and send by certified mail, return receipt required, the "Notice of SGLI Termination" (figure 4-1) to the member's official mailing address. The date this notice is sent serves as the "Date Notified of Pending SGLI Termination". This notice must clearly state that effective 60 days from the date of the notice the member's SGLI coverage will be terminated.
2. If the SMCR member has not attended drills "with pay" within 60 days of the "Date Notified of Pending SGLI Termination", the unit commander will complete the final "Notice of SGLI Termination" (figure 4-2) to the member's official address, and terminate their SGLI coverage in the Marine Corps Total Force System.
3. The Commanding General, Marine Corps Reserve Support Command will complete and send by certified mail, return receipt required, the "Notice of SGLI Termination" (figure 4-1) to the IRR member's official address. The date this notice is sent serves as the "Date Notified of Pending SGLI Termination". This notice must clearly state that effective 60 days from the date of the notice the member's SGLI coverage will be terminated.
4. If the IRR member has not made payment within 60 days of the "Date Notified of Pending SGLI Termination", and justified the late payment to the satisfaction of the Secretary concerned in accordance with paragraph 4002, the Commanding General Marine Corps Reserve Support Command will complete and send the "Final Notice of SGLI Termination" (figure 4-2) to the IRR member's official mailing address.

4002. CONTINUATION OF SGLI COVERAGE. When a member has been notified of pending termination of SGLI coverage in accordance with paragraphs 4000 and 4001, such member's SGLI coverage may subsequently be continued within 60 days of the "Date Notified of Pending SGLI Termination" is provided to the member:

- a. makes payment in full for premiums past due, and
- b. provides written justification, to the satisfaction of the unit commander, for the failure to remit premiums in a timely

GOVERNMENT LIFE INSURANCE MANUAL

manner. A Reservist's SGLI coverage is terminated with no possibility of reinstatement if the acceptance of justification statement is not included with remittance. A late payment may be justified only when circumstances beyond the member's control prevented timely payment. Lack of funds, lack of awareness of the requirement to make timely payments, and not having kept the payment center or organizational unit informed of a current mailing address are not acceptable reasons in and of themselves. A copy of all requests for continuation of SGLI coverage and the unit commander's final determination will be forwarded within 30 days thereof to the Director of Compensation, Attn: Termination of SGLI Coverage, ODASD (FMF)(MPP) Compensation, Washington, DC 20301-4000.

GOVERNMENT LIFE INSURANCE MANUAL

NOTICE OF TERMINATION SERVICEMEMBER'S
GROUP LIFE INSURANCE

(NAVMC 11378) (RE 5-98) (EF) SN: 0109-LF-068-0600

Date of Notification:	Member's Name:	SSN:

You are 60 days or more past due in the payment of premiums for your coverage under the Servicemember's Group Life Insurance (SGLI) Program. Consequently, your coverage will be terminated effective 60 days from the date of this Notice.

You must remit all premiums for SGLI coverage through the above termination date, which is in the amount of \$_____.

These premiums must be paid, even though your coverage will be terminated. Any amount not paid constitutes a debt to the Government and legal collection remedies may be pursued including reporting to credit agencies and the Internal Revenue Service.

Send your payment to DFAS-KS/FBBC
Directorate for Military Pay
Disbursing Division
Collections Branch
Kansas City, MO 64197

CONTINUATION OF SGLV COVERAGE

Your SGLI coverage may be continued if, any only if you:

(1) Remit all required premiums by the above date.

(2) Justify, within the same time period, your failure to make timely remittance of premiums due. If you believe this is the case, state your reason for the late payment below. Absent acceptance of this justification your SGLI coverage will remain terminated without possibility of reinstatement.

Designed using FormFlow 2.15, HQMC/ARAE, May 98

Figure 4-1 -- Sample Notice of Servicemembers' Group Life Insurance Termination (NAVMC 11378).

GOVERNMENT LIFE INSURANCE MANUAL

FINAL NOTICE OF TERMINATION FOR SERVICEMEMBER'S

GROUP LIFE INSURANCE

(NAVMC 11379 (Rev. 5-98) (EF) SN: 0109-LF-068-0700

Date of Notification:	Member's Name:	SSN:
_____	_____	_____

This is the Final Notice that you are 60 days or more past due in the payment of your premiums for your coverage under the Servicemembers' Group Life Insurance (SGLI). Consequently, your coverage was terminated effective:_____.

You must still remit all SGLI premiums due for SGLI coverage through the above the termination date, which is the amount of \$ _____.

These premiums must be paid, even though your coverage has been terminated. Any amount not paid constitutes a debt to the Government. Legal collection remedies may be pursued including reporting to credit agencies and the Internal Revenue Service.

Send payment to: DFAS-KS/FBBC
Directorate for Military Pay
Disbursing Division
Collections Branch
Kansas City, MO 64197

Your SGLI coverage will remain terminated without possibility of reinstate.

Designed using FormFlow 2.15, HQMC/ARAE, May 98

Figure 4-2 -- Sample Final Notice of Termination for Servicemembers' Group Life in Insurance (NAVMC 11379).

GOVERNMENT LIFE INSURANCE MANUAL

CHAPTER 5

VETERANS' GROUP LIFE INSURANCE (VGLI)

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CHAPTER 5

VETERANS GROUP LIFE INSURANCE (VGLI)

5000. STATUTORY AUTHORITY. The VGLI program was created by Public Law 93-289, the Veterans Insurance Act of 1974. The law was enacted May 24, 1974, and was effective August 1, 1974. Public Law 102-568, provides that VGLI in effect on or after December 1, 1992, is renewable in 5 year terms, with an alternative option for conversion to an individual commercial policy at the end of the 5 year period. The program is administered by the OSGLI, 213 Washington Street, Newark, NJ 07102-2999, and supervised by the VA.

5001. GENERAL. VGLI is a 5-year, renewable term policy. Marines separating from active duty may elect VGLI up to the level of SGLI coverage in force at the time of separation. VGLI will be renewable in 5-year terms with the option to convert to a commercial policy at any time. Information about conversion to civilian insurance will be given to the Marine by OSGLI. VGLI has no cash, loan, paid-up, or extended insurance values. A person covered by VGLI is entitled to obtain an individual policy at standard "good health" premium rates without regard to physical condition. Thus, VGLI is an important, beneficial, low cost coverage; and all persons eligible should be urged to obtain it (figure 5-1 for Application for VGLI and figure 5-2 for VGLI Monthly Premium Rates).

5002. ELIGIBILITY

1. Those Eligible to Obtain VGLI

a. All SGLI insured Marines being released from active duty or active duty for training under orders that do not specify a period of less than 31 days. Marines must convert to VGLI within 120 days of separation without evidence of insurability or within 1 year and 120 days of separation if submitted with initial premiums and evidence of insurability. Marines whose SGLI has been extended due to disability may convert to VGLI within the extended period only.

b. Marines who are assigned to the IRR must be able to provide orders showing the he or she is currently assigned to the IRR. Marines have one year and 120 days from the date they are assigned to the IRR to apply for VGLI.

c. Marine Reservists, who are insured under SGLI and who, while performing active duty for training or inactive duty training under orders specifying a period of less than 31 days, suffer an injury or disability which renders them uninsurable at standard premium rates. This includes travel directly to and from duty (see paragraph 1004.2). This includes reservists who qualify for full-time coverage, but are not otherwise qualified for VGLI.

2. Those not Eligible to Obtain VGLI

a. Marines who are separated from duty qualifying them for full-time coverage and who are immediately assigned to the Ready Reserve and a "drilling unit" are automatically covered by \$200,000 full-time SGLI and are not eligible to obtain VGLI. (If they have already obtained VGLI see paragraph 1007 for limitations on coverage.)

b. A Marine who is released from a period of duty qualifying them for part-time coverage (unless qualified under paragraph 5002.1b).

c. Reservists at the time membership in the Ready Reserve terminates. If they have already obtained VGLI, see paragraph 1007 for limitations on coverage.

5003. LAPSE AND REINSTATEMENT

1. VGLI coverage will lapse unless the premium is paid when due or within the grace period of 60 days.

2. If VGLI lapsed for failure to pay timely premiums, the insured will receive notification of the lapse and a reinstatement application form. The insured may apply for reinstatement at any time within five years of the date of the unpaid premium. If the reinstatement application is submitted within six months of the date of lapse the insured need only provide evidence that he or she is in the same state of health on the date of reinstatement as he or she was on the date of lapse. If the reinstatement application is submitted more than six months after the date of lapse the insured must meet good health requirements. The completed reinstatement application should be submitted to the OSGLI.

5004. RENEWAL

1. An insured whose VGLI is in force at the end of a 5 year coverage period has the privilege of renewing this coverage for an additional 5 year period. The individual does not have to pay all back premiums, but premiums for the current VGLI period must be paid up to the expiration date. If coverage has lapsed for nonpayment of premiums, this coverage must be reinstated before renewal will be considered. Reinstatement applications may be obtained from and submitted to the OSGLI.

2. Prior to the expiration of the current 5 year coverage period, the OSGLI will send the insured a renewal form to continue coverage. The premium rate for the new period will be based on the insurer's age at the time of renewal and the rate schedule in effect at that time. The premium rate schedule is subject to change.

3. The maximum amount of coverage that may be renewed is limited to the amount of VGLI in force at the end of the current VGLI period. If the amount of VGLI had previously been reduced, the insured may, within 5 years of the reduction, reinstate the reduced amount of insurance and continue this coverage for the renewal period. The five year period for reinstatement applies even if it runs into a new term period. For example, if an individual reduced his or her coverage at the beginning of the third year of a term period, he or she may reinstate the reduced amount during the first two years of the next period. Medical evidence of good health may be required for this reinstatement.

4. Individuals insured under VGLI who are members of the IRR may renew their VGLI only if:

- a. their coverage is in force, and
- b. they are members of the IRR at the time of renewal.

5. Coverage previously lapsed for nonpayment of premiums must be reinstated before renewal will be considered.

5005. VGLI FORMS AND PAMPHLETS

1. SGL Pamphlet 74-15, How to Convert Your Servicemembers' Group Life Insurance to Veterans Group Life Insurance, is available through normal supply channels and will be given to each qualified Marine at time of discharge or release from active duty as prescribed in paragraph 2005.3.

2. SGL Pamphlet 74-15 and VA Form 8714, Application for VGLI, will be mailed by the VA to each Marine at the permanent address shown on the DD Form 214 approximately one month after an individual's discharge or release. If the information is not received or if additional information is required, the individual should contact the nearest VA office. Information on how to convert may be obtained by writing to the OSGLI or to DoVA Regional Office and Insurance Center (290B), Post Office Box 8079, Philadelphia, PA 19101.

5006. OTHER GOVERNMENT LIFE INSURANCE POLICIES

1. For information about other government life insurance, call the VA Insurance Center in Philadelphia toll-free (800) 669-8477. Specialists are available between the hours of 0830 and 1800, Eastern Standard Time to discuss premium payments, insurance dividends, changes of address, policy loans, naming beneficiaries and reporting the death of the insured.

2. Written correspondence should include policy number, veteran's VA file number, date of birth, social security number, branch of service and date of service and may be sent to one or two VA insurance centers:

a. For states east of the Mississippi River, or for any policy which is being paid by a deduction from VA benefits, military retired pay or a checking account, send to the Regional Office and Insurance Center, Box 8079, Philadelphia, PA 19101.

b. For states west of the Mississippi River, and for the states of Minnesota, Wisconsin, Illinois, Indiana and Mississippi, send to the Regional Office and Insurance Center, Bishop Henry Whipple Building, St. Paul, MN 55111

GOVERNMENT LIFE INSURANCE MANUAL

VGLI MONTHLY PREMIUM RATE TABLE

Coverage Amount	Age Group 0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
200,000	\$24.00	\$40.00	\$52.00	\$68.00	\$88.00	\$130.00	\$176.00	\$225.00	\$300.00	\$450.00	\$900.00
190,000	\$22.80	\$38.00	\$49.40	\$64.60	\$83.60	\$123.50	\$167.20	\$213.75	\$285.00	\$427.50	\$855.00
180,000	\$21.60	\$36.00	\$46.80	\$61.20	\$79.20	\$117.00	\$158.40	\$202.50	\$270.00	\$405.00	\$810.00
170,000	\$20.40	\$34.00	\$44.20	\$57.80	\$74.80	\$110.50	\$149.60	\$191.25	\$255.00	\$382.50	\$765.00
160,000	\$19.20	\$32.00	\$41.60	\$54.40	\$70.40	\$104.00	\$140.80	\$180.00	\$240.00	\$360.00	\$720.00
150,000	\$18.20	\$30.00	\$39.00	\$51.00	\$66.00	\$97.50	\$132.00	\$168.76	\$225.00	\$337.50	\$675.00
140,000	\$16.80	\$28.00	\$36.40	\$47.60	\$61.60	\$91.00	\$123.20	\$157.50	\$210.00	\$315.00	\$630.00
130,000	\$15.60	\$26.00	\$33.80	\$44.20	\$57.20	\$84.50	\$114.40	\$146.25	\$195.00	\$292.50	\$585.00
120,000	\$14.40	\$24.00	\$31.20	\$40.80	\$52.80	\$78.00	\$105.60	\$135.00	\$180.00	\$270.00	\$540.00
110,000	\$13.20	\$22.00	\$28.60	\$37.40	\$48.40	\$71.50	\$96.80	\$123.75	\$165.00	\$247.50	\$495.00
100,000	\$12.00	\$20.00	\$26.00	\$34.00	\$44.00	\$65.00	\$88.00	\$112.50	\$150.00	\$225.00	\$450.00
90,000	\$10.80	\$18.00	\$23.40	\$30.60	\$39.60	\$58.50	\$79.20	\$101.25	\$135.00	\$202.50	\$405.00
80,000	\$9.60	\$16.00	\$20.80	\$27.20	\$35.20	\$52.00	\$70.40	\$90.00	\$120.00	\$180.00	\$360.00
70,000	\$8.40	\$14.00	\$18.20	\$23.80	\$30.80	\$45.50	\$61.60	\$78.75	\$105.00	\$157.50	\$315.00
60,000	\$7.20	\$12.00	\$15.60	\$20.40	\$26.40	\$39.00	\$52.80	\$67.50	\$90.00	\$135.00	\$270.00
50,000	\$6.00	\$10.00	\$13.00	\$17.00	\$22.00	\$32.50	\$44.00	\$56.25	\$75.00	\$112.50	\$225.00
40,000	\$4.80	\$8.00	\$10.40	\$13.60	\$17.60	\$26.00	\$35.20	\$45.00	\$60.00	\$90.00	\$180.00
30,000	\$3.60	\$6.00	\$7.80	\$10.20	\$13.20	\$19.50	\$26.40	\$33.75	\$45.00	\$67.50	\$135.00
20,000	\$2.00	\$4.00	\$5.20	\$6.80	\$8.80	\$13.00	\$17.60	\$22.50	\$30.00	\$45.00	\$90.00
10,000	\$1.20	\$2.00	\$2.60	\$3.40	\$4.40	\$6.50	\$8.80	\$11.25	\$15.00	\$20.00	\$45.00

Figure 5-2.-- VGLI Monthly Premium Rate Table.

GOVERNMENT LIFE INSURANCE MANUAL

APPENDIX A

WHO IS COVERED UNDER SGLI

RULE	INSURED	STATUS	COVERAGE	PAYMENT	CONVERTIBLE TO VGLI
1	All Marines	while performing active duty or active duty for training under orders that do specify period of less than 31 days	Full-time	cost deducted from pay	yes (see par 5002.1)
2	Discharged, Retired or Transferred to the Individual Ready Reserve (IRR)	separated within 120 days after assigned to active or reserve duty	Full-time	Free	yes (see par 5002.1)
3	Platoon Leadership Candidates (PLC) performing 6 or 10 weeks active duty training	same as above	Full-time	cost deducted from pay	same as above
4	Selected Marine Corps Reserve (SMCR)	Assigned to a drilling unit	Full-time	cost deducted from pay	no, except for disability (see par. 4002.1b)
5	Individual Mobilization Augmentee (IMA)	Assigned to a Mobilization Training Unit (MTU)	Full-time	Marines make payments per 1005.3	no, except for disability (see par. 4002.1b)
6	Poolees	enlisted in the DEP and Assigned to a drilling unit upon joining (Applicable to Category P persons only)	Full-time	Free until first initial active duty for training; afterwards cost deducted from pay	no, except for disability (see par. 4002.1b)
7	Reserve and NROTC midshipmen attending training or practice cruises (not eligible for full-time coverage)	while performing active duty or active duty for training under orders that specify periods of less than 31 days	Part-time	cost deducted from pay	no, except for disability (see par. 4002.1b)
8	Those not listed	None	None	None	None

*Note: A drilling unit is a Marine Corps Reserve Unit, the members of which are normally scheduled to perform not less than 12 periods of inactive duty training annually. A Marine who is assigned to a drilling unit is a member whether or not the Marine attends the scheduled training.

GOVERNMENT LIFE INSURANCE MANUAL

APPENDIX B

COST FOR FULL-TIME SGLI COVERAGE

COVERAGE OPTIONS	COST	COVERAGE OPTIONS	COST
\$10,000	\$0.80	\$110,000	\$ 8.80
\$20,000	\$1.60	\$120,000	\$ 9.60
\$30,000	\$2.40	\$130,000	\$10.40
\$40,000	\$3.20	\$140,000	\$11.20
\$50,000	\$4.00	\$150,000	\$12.00
\$60,000	\$4.80	\$160,000	\$12.80
\$70,000	\$5.60	\$170,000	\$13.60
\$80,000	\$6.40	\$180,000	\$14.40
\$90,000	\$7.20	\$190,000	\$15.20
\$100,000	\$8.00	\$200,000	\$16.00

COST FOR PART-TIME SGLI COVERAGE

COVERAGE OPTIONS	COST	COVERAGE OPTIONS	COST
\$10,000	\$1.00	\$110,000	\$11.00
\$20,000	\$2.00	\$120,000	\$12.00
\$30,000	\$3.00	\$130,000	\$13.00
\$40,000	\$4.00	\$140,000	\$14.00
\$50,000	\$5.00	\$150,000	\$15.00
\$60,000	\$6.00	\$160,000	\$16.00
\$70,000	\$7.00	\$170,000	\$17.00
\$80,000	\$8.00	\$180,000	\$18.00
\$90,000	\$9.00	\$190,000	\$19.00
\$100,000	\$10.00	\$200,000	\$20.00