



# Assignment of Federal Employees' Group Life Insurance

**IMPORTANT**  
Read instructions on the back of Copy 2 **before** completing this form.

## Part A - General Instructions

Use this form to assign (transfer ownership of) your life insurance coverage to another individual(s).

### To complete the form:

- Read the information on the back of Copy 2 carefully.
- Read the Statement of the Insured in Part D, then fill in the requested information in Parts B, C and D.
- Type or print in ink.

- Sign, and have the witnesses sign, in ink.
- Don't separate the parts.
- Submit the completed form to your employing office or retirement system.

Your employing office or retirement system will certify the completed form and will return your copy to you.

## Part B - Identifying Information

1. Name (Last, first, middle)	2. Date of birth (month, day, year)	3. Social Security Number
4. If you are retired or receiving Federal Employees' Compensation, give your "CSA", "CSI", or OWCP claim number →		
5. Home mailing address (number, street, city, state, ZIP code)	6. Name and address of your employing office or former employing office, if retired	

## Part C - Assignment to Individual(s) or Trust(s)

Complete blocks 1 through 4. **If you're assigning to two or more individuals, indicate percentage shares.** The share of any living assignee will be paid to the assignee's designated beneficiary or, if none has been designated, to the assignee. In the case of an assignee who predeceases you, the share will be paid to his or her beneficiary or, if none has been designated, or the beneficiary has predeceased you, to the assignee's estate. If you're assigning to a Trust, include the name of the trustee and any successor trustee, the date and title of the Trust Agreement, and the names of the persons who signed it. **Each assignee should complete a Designation of Beneficiary Form (SF 2823).**

**Note:** It is possible that assignment to a trust may not exclude FEGLI benefits from your estate. It is also possible that, through designation of beneficiary or inheritance, you could reacquire the FEGLI coverage. Before making the assignment, you should **consult your tax attorney** about possible tax consequences if you want to make an assignment to a revocable or irrevocable trust, or wish to avoid inheriting the FEGLI coverage upon the death of your assignee(s).

1. First name, middle initial and last name of assignee (or trust information)	2. Address	3. Relationship	4. Share (%)

## Part D - Statement of the Insured

Complete blocks 1 and 2 and have two people witness your signature and complete blocks 3a and 3b.

**Statement of the Insured:** I, the insured, revoke all previous designations of beneficiary(ies) and assign all present and future right, title, interest, and incidents of ownership in my Federal Employees' Group Life Insurance (FEGLI) coverage (except family optional insurance) to the Assignee(s) designated above. I understand that premium payments will be withheld from my salary, annuity, or compensation to pay for this coverage. I also understand that for as long as I am continuously insured for FEGLI coverage, I can never revoke this assignment and can never cancel premium withholdings (except the premium withholdings for any family optional insurance I may have). I verify that I have read the explanation of this assignment on the back of Copy 2 of this form.

1. Insured's signature		2. Date signed (mo., day, yr.)	
3. Witnesses to insured's signature (Assignees may not be witnesses)			
a	Name (Print or type)	Date	Number and street
	Signature		City, state, ZIP code
b	Name (Print or type)	Date	Number and street
	Signature		City, state, ZIP code

## Part E - Receipt by Employing Office or Retirement System

I CERTIFY receipt of this assignment of insurance coverage.

Name (Print or type)	Title	Name and address of employing office or retirement system	Date of receipt
Signature			

## *Information for Agencies and Retirement Systems*

To process an Assignment of Life Insurance Coverage:

1. Verify that the insured has not previously assigned his or her coverage. If an assignment has previously been filed, write **VOID** across the front of this form and return it to the insured.
2. Verify that the insured has not elected Living Benefits (available July 25, 1995). If the insured has elected Living Benefits, he/she **cannot** assign insurance. If this is the case, write **VOID** across the front of this form and return it to the insured.
3. Verify that the form has been properly completed by the insured and that it has been properly witnessed. The form must be free of erasures and alterations. If the assignment is to two or more individuals, percentage shares must be specified. Dollar amounts are not acceptable.
4. Certify receipt of the assignment form in the space provided in Part E.
5. Separate the form. Give the insured his or her copy of the assignment form (*Copy 2*). Give **each** assignee a copy of Copy 3 (*Assignee's copy and Information for Assignees*) of the assignment form, along with a blank SF 2823 (*Designation of Beneficiary*) and a FEGLI Booklet (RI 76-21 or RI 76-20 if the insured is a Postal employee) or RI 76-12 if the insured is an annuitant or compensationner. Instruct each assignee that he/she should complete and return the SF 2823 promptly. Provide each assignee with the name and address of the employing office or retirement system where he/she should return the completed SF 2823.
6. File the original copy of the assignment form with the insured's other FEGLI forms. If applicable, attach the original to the *Agency Certification of Insurance Status*, SF 2821, when the insured employee dies, retires, or begins to receive workers' compensation.



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- Sign, and have the witnesses sign, in ink.
- Don't separate the parts.
- Submit the completed form to your employing office or retirement system.

Your employing office or retirement system will certify the completed form and will return your copy to you.

## Part B - Identifying Information

1. Name (Last, first, middle)	2. Date of birth (month, day, year)	3. Social Security Number
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**Note:** It is possible that assignment to a trust may not exclude FEGLI benefits from your estate. It is also possible that, through designation of beneficiary or inheritance, you could reacquire the FEGLI coverage. Before making the assignment, you should **consult your tax attorney** about possible tax consequences if you want to make an assignment to a revocable or irrevocable trust, or wish to avoid inheriting the FEGLI coverage upon the death of your assignee(s).

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Complete blocks 1 and 2 and have two people witness your signature and complete blocks 3a and 3b.

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1. Insured's signature	2. Date signed (mo., day, yr.)			
3. Witnesses to insured's signature (Assignees may not be witnesses)				
a	Name (Print or type)	Date	Number and street	City, state, ZIP code
	Signature			
b	Name (Print or type)	Date	Number and street	City, state, ZIP code
	Signature			

## Part E - Receipt by Employing Office or Retirement System

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Name (Print or type)	Title	Name and address of employing office or retirement system	Date of receipt
Signature			

## *Information for the Insured*

### **How Assignment of Life Insurance Coverage Affects Your Rights**

When you irrevocably assign your Federal Employees' Group Life Insurance (FEGLI) ownership to the Assignee(s), you give up:

1. The right to cancel your insurance coverage;
2. The right to designate and change beneficiaries;
3. The right to convert to a private insurance policy on your life when your FEGLI coverage terminates for any reason other than cancellation; and
4. The right to change the reduction schedule on your basic life insurance coverage **after your original election**. (However, you retain the right to make the original election, at the time your employee status terminates and you retire or begin to receive workers' compensation, to continue the basic insurance at more than the maximum (75%) reduction schedule. Such elected coverage is automatically included in this absolute assignment.)

**Caution: This is an irrevocable (one time only) assignment of your life insurance coverage. Contingent assignments will not be accepted.** By law, this assignment cannot be revoked once it has been made, regardless of the purpose for the assignment. For instance, you should not assign your FEGLI coverage as collateral for a bank loan which you intend to repay in full. Even though you repay the loan, this assignment will remain in effect.

It is possible that assignment to a trust may not exclude FEGLI benefits from your estate. If you want to make an assignment to a trust, you should consult your tax attorney about the tax implications of assignment to a revocable or irrevocable trust.

It is also possible that you could inherit the FEGLI coverage through designation of beneficiary or death of your assignee(s). Therefore, you should consult your tax attorney about possible consequences before making the assignment.

You cannot assign:

1. Family optional insurance coverage. However, if your assignee(s) should cancel your Basic FEGLI coverage such cancellation automatically cancels all other FEGLI coverage, including family optional insurance.
2. The right to elect more insurance coverage. However, all of the insurance (except for family optional insurance) that you elect will automatically be subject to the existing assignment. (This applies to employees only; annuitants and compensationers cannot elect more insurance coverage.)
3. Eligibility, at the time your employee status terminates and you retire or begin to receive workers' compensation, to elect to pay additional premiums to continue the basic insurance as a retiree or compensationer at more than the maximum (75%) reduction schedule. However, once you make this election you may not later elect to change to the maximum (75%) reduction schedule. The right to cancel your original election and change to the maximum (75%) reduction schedule for your basic life insurance is transferred to the Assignee(s).

**For as long as you are continuously insured for FEGLI coverage, you may not revoke your assignment of FEGLI coverage.**

**At no time may you cancel life insurance premium withholdings for assigned FEGLI coverage. (Family Optional Insurance may not be assigned.)**

### **Completing the Assignment Form**

*You should consult your tax attorney about the tax implications of the assignment you are making.*

1. Complete RI 76-10, Assignment of Life Insurance Coverage, as directed on the form. The form must be free of erasures and alterations.
2. If you own more than one type of coverage, for example, Basic and Standard Optional, you must assign all insurance other than family optional insurance. You may not assign only a portion of the FEGLI coverage on your life.
3. If the assignment is to two or more individuals, you must specify percentage shares, rather than dollar amounts or types of insurance, to go to each assignee.

### **Living Benefits**

If you assign your insurance, neither you nor your assignee(s) can elect FEGLI Living Benefits. If you have elected FEGLI Living Benefits, you cannot assign your insurance.

### **Where to File the Completed Form**

If you are an employee, file this form with your employing office.

If you are retired, mail this form to:

Office of Personnel Management  
Retirement Operations Center  
Boyers, PA 16017-0001

Your assignment will be effective on the date that your employing office or retirement system receives your properly completed, signed and witnessed form.

### **Privacy Act Statement**

The information you provide on the Assignment of Life Insurance form is needed to document your assignment of your Federal Employees' Group Life Insurance coverage under chapter 87, title 5, U.S. Code. This information may be disclosed to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested on the form, it may be impossible to process your Assignment of Life Insurance if you fail to do so.

We also request that you provide your Social Security Number so that it may be used to associate this form with your personnel records. Executive Order 9397, dated November 22, 1943, allows Federal agencies to use the Social Security Number as an identifier to distinguish between people with the same or similar names.



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Signature			
b Name (Print or type)	Date	Number and street	City, state, ZIP code
Signature			

## Part E - Receipt by Employing Office or Retirement System

I CERTIFY receipt of this assignment of insurance coverage.

Name (Print or type)	Title	Name and address of employing office or retirement system	Date of receipt
Signature			

## *Information for Assignees*

### **General**

You are responsible for keeping your current address on file with the office where the assignment is filed (see paragraph 3 below). As the owner of the insured's Federal Employees' Group Life Insurance coverage, you have the right to:

1. Designate and change the beneficiary(ies) for the assigned insurance. Unless you submit a designation of beneficiary, you will be the beneficiary of the insured's coverage. If you do designate a beneficiary and the beneficiary survives the insured, the beneficiary will receive the insurance benefit that you would have received if you had not designated a beneficiary. (For more information, see below.)
2. Reduce the amount of basic insurance **after** the insured's employee status terminates and he or she retires or begins to receive workers' compensation.
3. Convert the assigned insurance to an individual policy on the insured's life when the insured's FEGLI coverage terminates other than by cancellation. So you

can be notified of this conversion right, you must keep the employing office or retirement system that holds the insured's FEGLI forms notified of your current address. That office will provide notice of any conversion right by contacting you at the address you give.

When insurance is assigned to more than one assignee, each assignee has the right to convert all or part of his or her share of the insurance within the time period allotted for conversion. Any assignee who does not convert within the allotted time period loses all interest in the insurance.

4. Cancel or waive the insurance. When the insurance is assigned to two or more people, these assignees must all agree to the cancellation or waiver. A cancellation or waiver of basic insurance terminates all insurance.

**You do not have the right to cancel this assignment of FEGLI coverage. You may, however, cancel the insured's FEGLI coverage or reassign the insured's FEGLI insurance.**

### **Designation of Beneficiary**

5. You should designate a beneficiary as soon as you are notified that the insured has assigned his/her insurance to you, even if you wish to designate yourself as the beneficiary. Your designation must be in writing, signed by you, and your signature must be witnessed in writing by two people. It is preferable that you use a *Designation of Beneficiary* form (SF 2823) to designate the beneficiary(ies). You may obtain a blank SF 2823 from the insured's employing office or retirement system. The designation must be received by the employing office (for employees) or the retirement system (for annuitants and compensationers) before your death and that of the insured.

The *Designation of Beneficiary* form (SF 2823) must show identifying information about the insured, but you, not the insured, must sign the form. In the signature block on the form, you must type or print the words "Signature of assignee," and then sign below those words.

6. When insurance is assigned to more than one assignee, each assignee must complete a separate designation in accordance with the instructions set forth in paragraph 5.
7. If you change or cancel a designation of beneficiary in a last will and testament, or in any other document not witnessed and filed as described in paragraph 5, it will have no force or effect.
8. You may not name as a beneficiary an individual who is a witness to your designation of beneficiary.
9. You may name any person, firm, corporation, or legal entity (except an agency of the Federal or District of Columbia governments) as a beneficiary.
10. You may change the beneficiary(ies) at any time without the knowledge or consent of the previous beneficiary(ies). This right cannot be waived or restricted.