

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Designation of Beneficiary; RE: personal info (4 pages)	n.d.	P6/b(6)
002. form	Designation of Beneficiary; RE: personal info (4 pages)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
Policy Development
Lisa Green
OA/Box Number: 20586

FOLDER TITLE:

Human Resources [1]

2012-0043-S

ms220

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Health Insurance Information
Acknowledgement Form

In order to enroll in the Federal Employees' Health Benefits Program (FEHB), all eligible employees must complete a Health Benefits Registration form (SF-2809) within 60 days after becoming eligible for enrollment.

Health insurance coverage becomes effective at the beginning of the first pay period after receipt by the Human Resources Management Division.

If you fail to return a completed form within 60 days, you will not be eligible for enrollment again, in most cases, until open season which is held in November. Open season changes do not go into effect until January of the following year.

Your completed SF-2809 should be returned to room 4013 NEOB prior to:

June 16, 1999

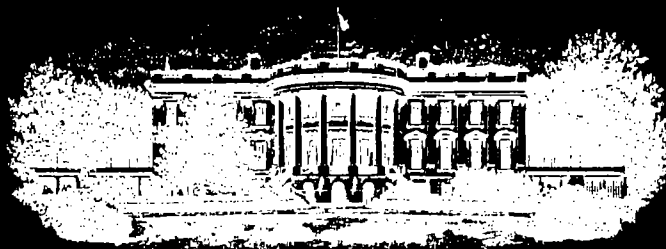
A detailed brochure for each plan is available for review in the Human Resources Management Division. If you have any questions regarding the Federal Employees' Health Benefits (FEHB) program, please contact the Office of Administration, Human Resources Management Division on 395-1088.

Lia L. Shen
Employee Signature

4/19/99
Date

Attachments:
Enrollment Information Guide
SF-2809 Health Benefits Registration Form

EXECUTIVE OFFICE OF THE PRESIDENT



Office of Administration

Personnel Management Division

Washington, D.C. 20503

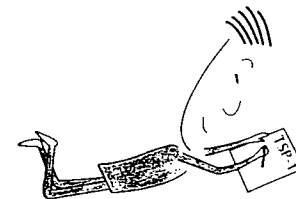
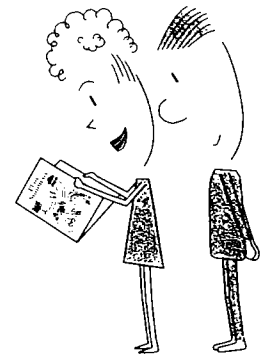
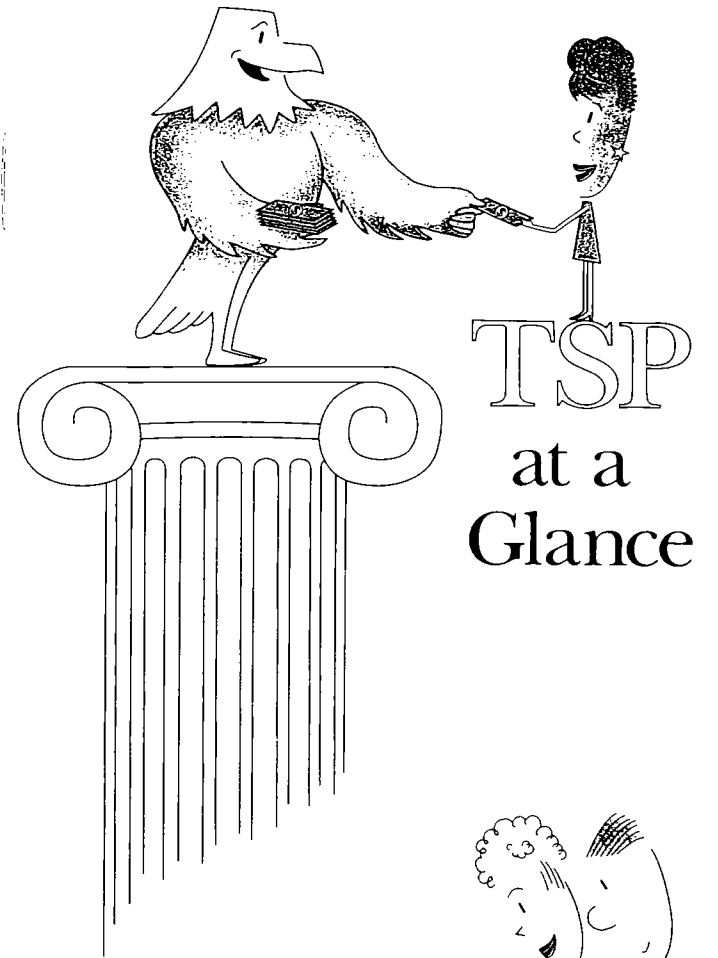
Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Booklet, 'TSP at a Glance,' 12 pages



Thrift Savings Plan for
Federal Employees

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Booklet, "FERS Federal Employees Retirement System," 31 pgs.



FERS

Federal Employees Retirement System

(An Overview of Your Benefits)



**United States
Office of
Personnel
Management**

**Retirement and
Insurance
Service**

Previous edition is usable.

RI 90-1
Revised April 1998



Federal Employees
Group Life Insurance

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

BASIC LIFE +

OPTION A

Standard

OPTION B

Additional

OPTION C

Family



United States
Office of
Personnel
Management

Retirement
and
Insurance
Administration

R1-76-21
Rev. June 1998
Destroy previous editions

Table of Contents

INTRODUCTION

Life Insurance Means Peace Of Mind For You And Your Family	1
FEGLI Standards Of Service	1
How Do I Choose The Right Amount Of Life Insurance?	1

GENERAL INFORMATION

Who Is Eligible For These Coverages?	3
When Does My Coverage Begin?	3
What Is Basic Life Insurance?	3
What If I Want Optional Insurance?	4
Option A – Standard	4
Option B – Additional	5
Option C – Family	5
What Is Accidental Death And Dismemberment (AD&D) Insurance?	6
AD&D Schedule Of Losses	6
What If I Want To Change My Life Insurance Coverage?	7
Open Enrollment	7
Obtain A Physical	7
Experience A Life Event	8
When Can I Cancel Coverage?	9
What Happens To My Insurance Coverage After Retirement?	9
Miscellaneous Provisions	9
Break In Service	9
Living Benefits	10
Assignment	10
Conversion	10
Workers' Compensation	11
Leave-Without-Pay Status	11
Reconsideration	12
Who Gets The Money After I Die?	12
How Should Someone File A Claim?	13
How Do Benefits Get Paid?	13

SUMMARY	14
---------------	----

LIFE INSURANCE WORKSHEET	15
--------------------------------	----

SAMPLE ELECTION FORM	16
----------------------------	----

LIFE INSURANCE FORMS	17
----------------------------	----

This Booklet provides general information concerning the Federal Employees' Group Life Insurance (FEGLI) Program. Detailed information can be found in the FEGLI Handbook (RI 76-26), which is available on the Internet at <http://www.opm.gov/insure/life>.

INTRODUCTION

Life Insurance Means Peace Of Mind For You And Your Family

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

Basic—equal to your salary rounded up to the nearest thousand, plus two thousand dollars,

Plus three types of optional coverages:

Option A – Standard, in the amount of \$10,000.

Option B – Additional, in an amount from one to five times your annual basic pay.

Option C – Family, coverage for your spouse and eligible children.

Some important points to keep in mind

- If eligible, you are automatically enrolled in Basic, unless you waive it.
- You must take action to elect optional insurance.
- The amount of life insurance one needs varies by individual. Some general guidelines to help you calculate your needs are on the following page.
- The FEGLI Program offers low 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 obtain a loan by borrowing from this insurance.

FEGLI Service Standards

- When you use material we publish about the Federal Employees' Group Life Insurance Program, you will find that it is clear, factual, and gives you the information you need.
- You and your beneficiaries will receive prompt, accurate, and courteous assistance.
- Once a claim for death benefits or dismemberment is fully documented, it will generally be paid within 10 work days.
- We 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.

How Do I Choose The Right Amount Of Life Insurance?

Purchasing life insurance is a personal decision that only you can make. However, there are some general guidelines you may want to consider when making your decision.

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

How Much Do I Need?

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

Life Insurance...How Much Is Enough?

- | | |
|---|----------------|
| 1. Five times your annual income = | \$ _____ (1) |
| 2. Annual expenses above and beyond your daily living costs for you and your dependents =
(e.g., tuition, care for a disabled child or parent) | + _____ (2) |
| 3. Your 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 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 would face upon your death. Remember, these results are just rules of thumb. For a complete analysis of your needs, consult a financial planner.

Consider The Way Things Are...

In addition to completing the calculation above, there are some other situations you might want to consider when determining your need for life insurance.

Remember to take into account whether:

- You have a spouse.
- You have dependent children.
- You have an aging parent or disabled relative who depends on you for support.
- Your retirement annuity or savings are enough to insure your spouse's future against the rising cost of living.
- You have a sizable estate.
- You own a business.
- You have accumulated debt.

Be sure to reevaluate your life insurance needs every few years.

GENERAL INFORMATION

Who Is Eligible For These Coverages?

Most Federal employees are eligible to enroll in the FEGLI Program, including part-time employees. If you have a question concerning eligibility, see your human resources office. Participation is entirely voluntary. However, if you are eligible, you are automatically covered for Basic unless you waive this coverage. You will only be enrolled in optional coverages if you elect them.

When Does My Coverage Begin?

Basic life insurance coverage is effective on the first day you enter in a pay and duty status unless you waive this coverage before the end of your first pay period. You may waive Basic coverage at any time; the waiver will be effective at the end of the pay period in which you file it.

Optional coverages for new employees are effective on the day an affirmative election is received in the human resources office. Generally, to acquire coverage, you must actually be at work and not on annual or sick leave, excused absence, or otherwise absent from duty. **You have 31 days from the date of your appointment to an eligible position in order to elect optional coverages.**

You must complete a Life Insurance Election form (SF 2817) to waive insurance or to elect optional insurance. If you do not complete an election form, you will automatically be enrolled in Basic insurance only and withholdings will be made from your pay.

What Is Basic Life Insurance?

Basic provides term life insurance at low group rates. One-third of the cost of your Basic life insurance is paid for by the Federal Government. **If you are eligible, you are covered automatically for Basic unless you waive this coverage.**

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

FEGLI also offers an **Extra Benefit** to employees under age 45, at no additional cost. This Extra Benefit doubles the amount of life insurance payable if you are age 35 or younger. Beginning on your 36th birthday, the Extra Benefit decreases 10% each year until, at age 45, there is no Extra Benefit.

You may use the life insurance worksheet on page 15 to compute your Basic Insurance Amount and, if applicable, your Extra Benefit.

* If your salary exceeds Level II of the Executive Schedule, consult your human resources office for more information.

How Much Does Basic Life Insurance Cost?

Payroll Method	Withholding per \$1,000 insurance
Biweekly	\$0.1650
Monthly	\$0.3575

What If I Want Optional Insurance?

While Basic life insurance may be enough coverage for some people, others may want additional protection. That's why the Federal Employees' Group Life Insurance Program offers you three optional coverages: Option A – Standard, Option B – Additional, and Option C – Family. **You must be enrolled in Basic in order to elect one or more of the optional coverages.** You pay the full cost for all optional coverages.

Enrollment in optional coverage is not automatic. You must submit a completed Life Insurance Election form (SF 2817) to your human resources office within 31 days of becoming eligible.

Option A – Standard

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

How Much Does Option A Cost?

Your Age Group	Withholding for \$10,000 insurance	
	Biweekly	Monthly
Under 35	\$ 0.40	\$ 0.87
35 through 39	0.50	1.08
40 through 44	0.70	1.52
45 through 49	1.10	2.38
50 through 54	1.80	3.90
55 through 59	3.00	6.50
60 and over	7.00	15.17

* If your salary exceeds Level II of the Executive Schedule, consult your human resources office for more information.



Consider this example

Option B – Additional

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

A 38-year-old employee, married with three children, paid on a biweekly basis, wants to obtain the maximum coverage he can. He chooses five times his annual pay of \$39,500 totaling \$200,000 in extra coverage. His cost is \$10.00 biweekly. Use the table below to calculate how this option could work for you.

How Much Does Option B Cost?

Your Age Group	Withholding per \$1,000 insurance	
	Biweekly	Monthly
Under 35	\$ 0.04	\$ 0.087
35 through 39	0.05	0.108
40 through 44	0.07	0.152
45 through 49	0.11	0.238
50 through 54	0.18	0.390
55 through 59	0.30	0.650
60 and over	0.70	1.517

Option C – Family

Option C – Family Life Insurance provides life insurance for your spouse and eligible dependent children. When you elect Option C – Family coverage, all of your eligible family members are automatically covered. The coverage amount is \$5,000 for your spouse and \$2,500 for each of your eligible children.

Dependent children must be unmarried and under age 22, or if over age 22, incapable of self-support. Dependent children include your children, adopted children, stepchildren (if they live with you in a regular parent-child relationship), and recognized natural children. Grandchildren, foster children, and stillborn children are not covered.

Option C – Family benefits are paid to you; no designations are permitted.

How Much Does Option C Cost?

Your Age Group	Withholding	
	Biweekly	Monthly
Under 35	\$ 0.30	\$ 0.65
35 through 39	0.31	0.67
40 through 44	0.52	1.13
45 through 49	0.70	1.52
50 through 54	1.00	2.17
55 through 59	1.50	3.25
60 and over	2.60	5.63

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

Accidental Death and Dismemberment coverage provides additional 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 loss must occur within 90 days of the accident and be a direct result of bodily injury sustained from that accident, independent of all other causes.

Accidental Death and Dismemberment (AD&D) insurance is included in Basic and Option A at no additional cost. AD&D coverage under Basic is provided without the Extra Benefit and is equal to your Basic Insurance Amount (BIA). AD&D coverage under Option A—Standard is equal to the face amount of Option A—Standard life insurance coverage. Option B-Additional and Option C-Family do not include Accidental Death and Dismemberment coverage.

AD&D Schedule Of Losses

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

For the Loss of	The Amount Payable is
Life	Principal amount
Two or more Members	Principal amount
One Member	50% of Principal amount

- The Principal amount is the full amount of AD&D coverage. For employees enrolled in Basic only, it is equal to their Basic Insurance Amount. For employees enrolled in Option A, it is equal to the sum of their Basic Insurance Amount plus the amount of their Option A. The Principal amount is paid in addition to the regular payment for loss of life.
- 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 principal amount is payable.

Accidental death and dismemberment benefits will not be paid 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, accidental death and dismemberment benefits will be paid if the loss is caused by an accidentally sustained external wound;
- hernia, no matter how or when sustained;
- 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.

What If I Want To Change My Life Insurance Coverage?

Open Enrollment

An open enrollment is relatively rare. Whenever an open enrollment is announced, you will receive more details on what enrollments will be permitted.

Obtain A Physical

As long as at least one year has passed since the effective date of your last waiver of life insurance coverage, you may obtain a physical at your own expense using the Request for Life Insurance form (SF 2822). If the results are approved, you will automatically be enrolled in Basic insurance, unless of course you already have Basic. You will have 31 days 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 form (SF 2817) and submitting it to your human resources office. You cannot elect Option C through a physical.

Your enrollment in Basic will be effective on the first day you are at work (not on leave) on or after the date your request is approved. Your enrollment in Option A and/or Option B will be effective on the first day you are at work (not on leave) on or after the date your request is approved and your human resources office receives your election form (SF 2817) electing such coverage.

Experience A Life Event

If you already have Basic insurance, you may elect Option B or increase your multiples of Option B and/or elect Option C, based on a life event, by completing a Life Insurance Election form (SF 2817) and submitting it to your human resources office. The chart below lists the life events. You cannot elect Basic or Option A through a life event.

If a life event occurred during the year following your waiver of Basic Life, you should consult your human resources office to find out what time limitations may apply.

Life Event	Option B Multiples You May Elect (Up to Five Total)	Option C	Effective Dates
Marriage	The number of additional family members (spouse and eligible children) you gain from the marriage.	Yes — election of Option C is allowed	If you submit form before the event: date of event AND , for Option B, you are in a pay and duty status.
Divorce	The total number of your eligible children.	Yes — IF you have any eligible children	If you submit form after the event: date human resources office receives form AND , for Option B, you are in a pay and duty status.
Death of Spouse	The total number of your eligible children.	Yes — IF you have any eligible children	
Children	The total number of eligible children acquired in this event.	Yes — election of Option C is allowed	Time Limit: within 60 calendar days after date of event.

Here is a summary of when you can add coverage:

If I Don't Already Have This Coverage, When Can I Get It?*			
	Open Enrollment	Wait a Year and Submit Acceptable Results of a Physical	Experience a Qualified Life Event
Basic	Depends on details of open enrollment	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 Basic in order to elect any optional insurance.

When Can I Cancel Coverage?

You may cancel Basic, Option A, B or C or reduce multiples of Option B coverage at any time by completing a Life Insurance Election form (SF 2817)*. Simply sign for only the coverage you wish to keep. If you cancel Basic insurance, you automatically cancel all forms of optional coverage.

Life insurance coverage and deductions for the coverage you cancel stop on the last day of the pay period in which your agency receives your election form canceling the coverage. Exception: for Option C, the effective date of the cancellation may be made retroactive to the end of the pay period in which you ceased to have any eligible family members.

**unless you have assigned your coverage, in which case only the assignee(s) may cancel your coverage.*

What Happens To My Insurance Coverage After Retirement?

Your coverage will be continued automatically after you retire if you retire on an immediate annuity and had such coverage for:

- the 5 years of service immediately preceding the commencing date of your annuity (for annuitants retiring under the Federal Employees Retirement System (FERS) who postpone receiving their annuity, the 5 years immediately before their separation date for annuity purposes), or
- all period(s) of service during which that coverage was available to you, and
- you do not convert the coverage to a private policy.

At retirement, you will have a choice of whether and how much you want your Basic coverage to reduce after you are retired and age 65. Your optional insurance coverages will reduce automatically once you are retired and age 65. You will not have a choice of a lesser reduction. Optional coverage is free after you are retired and age 65.

Details on continuing coverage into retirement can be found in the FEGLI Handbook (RI 76-26) and in the FEGLI Pamphlet for Annuitants (RI 76-12).

Miscellaneous Provisions

Break In Service

When you return to work after a break in service of less than 180 days, you are automatically enrolled in the same coverage that you had in your prior position. You will have to qualify to elect other coverage (open enrollment, obtain a physical, or life event).

When you return to work after a break in service of 180 days or more, you are automatically enrolled in Basic and the same optional coverage that you had in your prior position.

You may elect more coverage (if you don't already have the maximum) within 31 days of your appointment to an eligible position. If you experienced a qualified life event during your break in service, see your human resources office for other time limits that may apply.

Living Benefits

Living Benefits provide you with an additional form of protection. You may elect to receive a lump sum payment (Living Benefits) if you are terminally ill and have a documented medical prognosis that your life expectancy is 9 months or less. Refer to the FEGLI Handbook (RI 76-26) for additional information.

Assignment

“Assignment” means that you give your Basic, Option A and Option B life insurance coverage to someone else. 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. You may assign your life insurance coverage to the Civil Service Retirement and Disability Fund in order to pay off amounts you owe to that Fund. Your decision to assign your life insurance coverage is irrevocable; you cannot cancel your assignment if you change your mind.

Only you may 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.

Assignments of insurance are generally made to comply with the requirements of a court order upon divorce, for inheritance tax purposes, to obtain money prior to death (for terminally ill and chronically ill persons only), or to satisfy a debt.

If you assign your insurance, you give up your rights to convert your coverage, to designate beneficiaries, and to cancel your coverage. Only your assignee(s) may convert your insurance coverage, designate beneficiaries, or cancel your coverage.

If you assign your life insurance coverage, neither you nor your assignee may elect Living Benefits

Refer to the FEGLI Handbook (RI 76-26) and the Assignment of Federal Employees' Group Life Insurance form (RI 76-10) for more information.

Conversion

Your FEGLI coverage as an employee will end when you resign from your position, complete 12 months in a leave without pay status, or retire. If you decide that you still need life insurance coverage, you may want to consider converting your FEGLI

coverage to a non-group, individual policy. You will not have to submit the results of a physical. You may wish to convert your life insurance coverage if you do not qualify to carry it into retirement or compensation. But even if you do qualify, you may still wish to consider conversion instead. For example, you may wish to convert to avoid the mandatory reduction in FEGLI optional coverage that starts when you are age 65 and retired. You may wish to continue Basic into retirement (if you qualify) and convert only the optional coverage. The choice is yours.

You may convert to an individual policy an amount less than or equal to the total of the Basic and Options A and B you have when your group coverage ends. However, you may not convert coverage if (1) you continue that same coverage as a retired employee or compensation, or (2) within 3 calendar days after your insurance stops you return to Government service in a position in which you are eligible for FEGLI coverage, or (3) your insurance ends because you waive or decline coverage, or (4) the Government's life insurance contract ends.

You may convert your life insurance coverage upon retirement, whether or not you qualify to continue the coverage into retirement. But if you convert, you may not also carry the same coverage into retirement.

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

If you qualify to convert coverage, your human resources office will send you and/or your assignee(s), if applicable, a Notice of Conversion Privilege form (SF 2819), which contains detailed information on conversion.

Workers' Compensation

You may be eligible to continue your group coverage while receiving compensation payments from the U.S. Department of Labor, under certain conditions. Please see your human resources office if you are receiving compensation benefits.

Leave-Without-Pay Status

Your life insurance coverage will be continued automatically at no cost to you for the first 12 months of leave-without-pay. Exception: If you are receiving compensation benefits during these first 12 months, your continued coverage will not be free — premiums will be withheld from your compensation payments. Your coverage as an employee will terminate after 12 months of leave-without-pay or separation from your agency, if earlier. At that time, you will have the right to convert your coverage to an individual policy or continue coverage as a compensation, if eligible. Please see your human resources office for more details.

Reconsideration

You are entitled to reconsideration of an agency decision to deny you enrollment in one or more life insurance coverages or the opportunity to change coverage. 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. Annuitants and those enrolled as compensationers cannot elect more insurance. However, they can request reconsideration of the decision to deny continued coverage into retirement or compensation.

Active employees' requests for reconsideration should be sent to the agency address shown in your agency's initial decision letter.

Retirees' and Compensationers' requests for reconsideration should be sent to:
OPM, Retirement Operations Center
Reconsideration Staff
Boyers, PA 16017-0001

Who Gets The Money After I Die?

When you die, the Office of Federal Employees' Group Life Insurance (OFEGLI) will pay life insurance benefits according to the following order of precedence set out by law.

- (1) Your designated beneficiary or beneficiaries, if any
- (2) If there is no designated beneficiary, to your widow or widower
- (3) If neither of the above, to your child or children in equal shares, with the share of any deceased child distributed among the descendants of that child (a guardian will usually have to be appointed to receive payment for a minor child)
- (4) If none of the above, to your parents in equal shares - or the entire amount to the surviving parent
- (5) If none of the above, to the executor or administrator of your estate
- (6) If none of the above, to your next of kin as determined under the laws of the State where you lived.

The Office of Personnel Management (OPM) recommends that you designate beneficiaries to receive your life insurance benefits. However, if you are satisfied with the order of precedence, you need take no action.

You may designate the Civil Service Retirement and Disability Fund in order to pay off amounts you owe to that Fund.

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

Completing a Designation of Beneficiary form (SF 2823) is the preferred way for you to make a designation for your FEGLI benefits. If you wish to make a

designation, you should complete this form 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 designation is specifically for your FEGLI benefits, the document is signed by you, witnessed by two persons not named as beneficiaries, received by your human resources office before you die, and does not contain any errors that would cause its invalidity.

If you decide to file a designation, be sure it remains accurate and reflects your intentions. You should review your designation annually, and file a new designation whenever a beneficiary's address changes. Failure to do so may mean that your beneficiary cannot be located, and therefore cannot receive benefits.

How Should Someone File a Claim?

Prior to Retirement

Your beneficiary or other survivors must complete a claim form, Claim for Death Benefits (FE 6), and submit it, along with a certified death certificate, to your human resources office. Your beneficiary or other survivor should contact your human resources office for a claim form.

If you have Option C—Family and an insured family member dies, contact your human resources office for the Statement of Claim form (FE-6 DEP) which contains further instructions.

After Retirement

Your beneficiary or other survivors should notify your retirement system when your death occurs. Your retirement system will supply the proper form for obtaining benefits and tell your survivors where to file the claim form.

If you have Option C—Family and an insured family member dies, contact your retirement system for the Statement of Claim form (FE-6 DEP) which contains further instructions.

How Do Benefits Get Paid?

You will receive a check for any Option C benefits, Living Benefits and Dismemberment benefits that may be payable.

Your beneficiary(ies) or other survivors will receive a check for death benefits if the payment is less than \$7,500. For payments of \$7,500 or more, the Office of the Federal Employees' Group Life Insurance (OFEGLI) will open a money market account automatically in the name of the payee(s) and will mail a checkbook to the payee(s). The payee(s) may close the account immediately or write checks for any amount from \$250 up to the entire balance in the account at any time. There is no charge for checks, and the account balance earns interest from the day it is opened. At the time of payment, the payee(s) will receive complete details about the account.

Someone who wrongfully causes your death cannot receive payment of death benefits.

There are no exclusions from payment of Basic or optional insurance due to suicide. However, death by suicide does not qualify for accidental death and dismemberment (AD&D) coverage.

SUMMARY

- If eligible, you are automatically enrolled in Basic, unless you waive it.
- You must take action in order to elect optional insurance.
- You must be enrolled in Basic in order to elect one or more of the optional coverages.
- The Government pays one-third of the cost of your Basic life insurance. You pay 100% of the cost of optional insurance.
- You can cancel insurance coverage at any time unless you have assigned your coverage. If you cancel Basic insurance, you automatically cancel all forms of optional coverage.
- You can elect more coverage during an open unrestricted enrollment.
- For some types of coverage, you can elect more coverage by submitting acceptable results of a physical or by experiencing a qualifying life event.
- Death benefits will be paid in a statutory order of precedence, unless you file a designation of beneficiary. If you do so, be sure to keep it current.

TABLE OF EFFECTIVE DATES: NEWLY ELIGIBLE EMPLOYEES

	Basic	In Addition to Basic, You Elect			You Waive All Coverage
		Option A—Standard	Option B—Additional	Option C—Family	
Coverage	Automatic. Effective on first day in pay and duty status.	Effective on the first day you are in a pay and duty status on or after the date your human resources office receives your Life Insurance Election form (SF 2817), IF it is received within 31 days after your appointment to an eligible position. If it is NOT, you have waived optional coverage and must qualify to cancel the waiver.			If agency receives waiver during first pay period, it is effective on the day of receipt. If received after first pay period, waiver is effective on last day of pay period in which it is received.
Deductions	Begin with pay period in which coverage is effective.	Begin with pay period in which coverage is effective.			No deductions if agency receives waiver during first pay period. Basic deductions, if begun, stop on the last day of the pay period in which waiver is received.

LIFE INSURANCE WORKSHEET

Instructions	How much insurance you have	Instructions	How much it costs																								
BASIC																											
1. Enter your current actual rate of annual basic pay*	\$	7a. Divide the amount in line 5 by \$1,000	\$																								
2. If not an even thousand, round up to the next thousand	\$	7b. If you are paid biweekly, multiply line 7a by \$0.165. If you are paid monthly, multiply line 7a by \$0.3575. 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	<table border="1"> <thead> <tr> <th>Your Age</th> <th>Age Multiplication Factor</th> </tr> </thead> <tbody> <tr><td>35 or under</td><td>2.0</td></tr> <tr><td>36</td><td>1.9</td></tr> <tr><td>37</td><td>1.8</td></tr> <tr><td>38</td><td>1.7</td></tr> <tr><td>39</td><td>1.6</td></tr> <tr><td>40</td><td>1.5</td></tr> <tr><td>41</td><td>1.4</td></tr> <tr><td>42</td><td>1.3</td></tr> <tr><td>43</td><td>1.2</td></tr> <tr><td>44</td><td>1.1</td></tr> <tr><td>45 and over</td><td>1.0</td></tr> </tbody> </table>	Your Age	Age Multiplication Factor	35 or under	2.0	36	1.9	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.
Your Age	Age Multiplication Factor																										
35 or under	2.0																										
36	1.9																										
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																										
4. Add the amounts in lines 2 and 3	\$																										
5. Enter the amount in line 4, or \$10,000, whichever is greater	\$																										
6. Enter the Age Multiplication Factor ** (from the table at the right)																											
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**	\$																										
OPTION A – STANDARD																											
8. Enter \$10,000*	\$	8a. Enter the Option A cost for your age group from the table at the bottom of this page. 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. Multiply the amount in line 11a by the Option B rate for your age group from the table at the bottom of this page. This is how much you pay for Option B.	\$																								
11. Multiply the amount in line 9 times the amount in line 10. This is the amount of your Option B coverage.	\$																										
OPTION C – FAMILY																											
12. Insurance on your spouse, if applicable = \$5,000 Insurance on your eligible children, if applicable = \$2,500 each		12a. Enter the Option C cost for your age group from the table at the bottom of this page. This is how much you pay for Option C.	\$																								
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, 11b and 12a. This is the total withholding for the life insurance you have on your life and your family.	\$																								

* If your salary exceeds Level II of the Executive Schedule, see your human resources office.

** 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.

TABLE OF WITHHOLDING RATES

Your Age	Basic Life		Option A - Standard		Option B - Additional		Option C - Family	
	Withholding per \$1,000 Insurance		Withholding for \$10,000 Insurance		Withholding per \$1,000 Insurance		Withholding	
	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly
Under age 35	\$0.165	\$0.3575	\$ 0.40	\$ 0.87	\$ 0.04	\$ 0.087	\$ 0.30	\$ 0.65
35 through 39			0.50	1.08	0.05	0.108	0.31	0.67
40 through 44			0.70	1.52	0.07	0.152	0.52	1.13
45 through 49			1.10	2.38	0.11	0.238	0.70	1.52
50 through 54			1.80	3.90	0.18	0.390	1.00	2.17
55 through 59			3.00	6.50	0.30	0.650	1.50	3.25
60 and over			7.00	15.17	0.70	1.517	2.60	5.63

If rates change, your human resources office or retirement system will notify you.

SAMPLE ELECTION FORM

This is a sample of your Life Insurance Election Form, SF 2817.

 Life Insurance Election Federal Employees' Group Life Insurance Program See Privacy Act Statement on back of Part 3		Form Approved: OMB No. 3206-0230																					
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 have the choice of (1) electing Basic and any or all of the options, (2) electing Basic but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3 - Employee Copy. This election supersedes all previous elections. • Type or print in ink.																							
2 Fill in identifying information concerning the Insured <table border="1"> <tr> <td>Name (Last)</td> <td>(First)</td> <td>(Middle)</td> <td>Date of birth (mo, dy, yr)</td> <td>Social Security Number</td> </tr> <tr> <td colspan="3">Employee's Name</td> <td>99/99/99</td> <td>999 99 9999</td> </tr> <tr> <td colspan="3">Employing department or agency</td> <td colspan="2">Department or agency location (City, state, ZIP Code)</td> </tr> <tr> <td colspan="3">Employee's Agency</td> <td colspan="2">City, State, 99999</td> </tr> </table>				Name (Last)	(First)	(Middle)	Date of birth (mo, dy, yr)	Social Security Number	Employee's Name			99/99/99	999 99 9999	Employing department or agency			Department or agency location (City, state, ZIP Code)		Employee's Agency			City, State, 99999	
Name (Last)	(First)	(Middle)	Date of birth (mo, dy, yr)	Social Security Number																			
Employee's Name			99/99/99	999 99 9999																			
Employing department or agency			Department or agency location (City, state, ZIP Code)																				
Employee's Agency			City, State, 99999																				
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.																							
<table border="1"> <tr> <td rowspan="2">Basic</td> <td colspan="3">I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</td> </tr> <tr> <td colspan="2">Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</td> <td>Date (mo, dy, yr)</td> </tr> <tr> <td></td> <td colspan="2">Employee's Signature</td> <td>6/1/98</td> </tr> </table>				Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)			Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)		Date (mo, dy, yr)		Employee's Signature		6/1/98									
Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)																						
	Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)		Date (mo, dy, yr)																				
	Employee's Signature		6/1/98																				
4 If you have elected Basic, you may elect or retain any or all of the following options (UNLESS you have previously declined 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 box(es) below for any option(s) you are eligible for and wish to elect or retain. If you decline one or more of the options, your opportunities to enroll in an option or increase your optional coverage are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet. 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).																							
<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>I want Option A. I authorize deductions to pay the full cost.</td> <td>I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)</td> <td>I want Option C. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.</td> </tr> <tr> <td></td> <td> ☐ 3 times my pay ☐ 4 times my pay ☒ 2 times my pay ☐ 1 times my pay ☐ 5 times my pay </td> <td></td> </tr> <tr> <td>Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</td> <td>Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</td> <td>Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</td> </tr> <tr> <td>Employee's Signature</td> <td>Employee's Signature</td> <td>Employee's Signature</td> </tr> <tr> <td>Date (mo, dy, yr) 6/1/98</td> <td>Date (mo, dy, yr) 6/1/98</td> <td>Date (mo, dy, yr) 6/1/98</td> </tr> </tbody> </table>				Option A - Standard	Option B - Additional	Option C - Family	I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)	I want Option C. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.		☐ 3 times my pay ☐ 4 times my pay ☒ 2 times my pay ☐ 1 times my pay ☐ 5 times my pay		Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Employee's Signature	Employee's Signature	Employee's Signature	Date (mo, dy, yr) 6/1/98	Date (mo, dy, yr) 6/1/98	Date (mo, dy, yr) 6/1/98		
Option A - Standard	Option B - Additional	Option C - Family																					
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)	I want Option C. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.																					
	☐ 3 times my pay ☐ 4 times my pay ☒ 2 times my pay ☐ 1 times my pay ☐ 5 times my pay																						
Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)																					
Employee's Signature	Employee's Signature	Employee's Signature																					
Date (mo, dy, yr) 6/1/98	Date (mo, dy, yr) 6/1/98	Date (mo, dy, yr) 6/1/98																					
5 If you want NO life insurance coverage at all, sign and date below.																							
<table border="1"> <tr> <td rowspan="2">Waiver of all life insurance coverage</td> <td colspan="3">I want no life insurance coverage at all. I understand that any life insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period which I understand 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.</td> </tr> <tr> <td colspan="2">Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</td> <td>Date (mo, dy, yr)</td> </tr> <tr> <td></td> <td colspan="2">Employee's Signature</td> <td></td> </tr> </table>				Waiver of all life insurance coverage	I want no life insurance coverage at all. I understand that any life insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period which I understand 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.			Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)		Date (mo, dy, yr)		Employee's Signature											
Waiver of all life insurance coverage	I want no life insurance coverage at all. I understand that any life insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period which I understand 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.																						
	Signature (Do not print. Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)		Date (mo, dy, yr)																				
	Employee's Signature																						
6 To be completed by agency. Remarks:																							
Name and address of employing office		Date received in employing office (mo, dy, yr)	Effective date of coverage (mo, dy, yr)																				
		Number of event permitting change (See table on back of Part 2)																					
		I followed the instructions on the back of Part 1																					
		Signature of authorized agency official																					
The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet, Description and Certification of Enrollment (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.																							

Give your name and identifying information.

Sign for the insurance you are eligible for and wish to elect.

OR
If you do not want any insurance, you must sign here.

- When you have completed the form, give all three copies to your human resources office.
- Your human resources office will return Part 3 to you.

LIFE INSURANCE FORMS

Unless otherwise noted, the following life insurance forms and publications are available on the Internet at <http://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
SF 2819	Notice of Conversion Privilege
SF 2820	Certification of Insured Employees' 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 of 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**	Living Benefits Claim Form

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

Booklets, Pamphlets and Handbooks

RI 76-12	FEGLI Pamphlet for Annuitants
RI 76-20	FEGLI Booklet (Postal)
RI 76-21	FEGLI Booklet (non-Postal)
RI 76-26	FEGLI Handbook



For More Information

- Visit our FEGLI Web page on the Internet at <http://www.opm.gov/insure/life>
- Read the FEGLI Handbook (RI 76-26) on the Internet at <http://www.opm.gov/insure/life>
- Visit your human resources office
- Send an email message to the Office of Personnel Management at FEGLI@opm.gov*

**But we do not have your enrollment information.
Only your human resources office has that information.*

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



LIFE INSURANCE ELECTION
Federal Employees' Group Life Insurance Program

See Privacy Act
Information on
Back of Part 3

1 General Instructions: By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic Life insurance. When you first become eligible for FEGLI, you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3 - Employee Copy. **This election will supersede all previous elections.**

To complete this form:

- Read the back of Part 3 - Employee Copy carefully.
- Type or print in ink.
- Do not separate the parts. Your employing office will complete the form and return your copy to you. This form should be kept with your FEGLI booklet, *Description and Certification of Enrollment (RI 76-21)*.

2 Fill in identifying information

Name (Last)	(First)	(Middle)	Date of birth (month, day, year)	Social Security Number
Employing department or agency			Agency location (City, State, ZIP code)	

3 To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

Basic Life	I want the Basic Life insurance. I authorize deductions to pay my share of the cost.	
	Signature (Do not print)	Date (month, day, year)

4 If you have elected Basic Life, you may elect any or all of the following options (UNLESS you have previously declined any or all of these options, in which case you may only elect those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect. 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). Further, if you decline one or more of the options, your opportunities to enroll in an option or increase your optional coverage are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet.

Option A - Standard	Option B - Additional	Option C - Family												
I want Standard optional insurance. I authorize deductions to pay the full cost.	I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.) <table><tr><td>☐</td><td>1 times my pay</td><td>☐</td><td>4 times my pay</td></tr><tr><td>☐</td><td>2 times my pay</td><td>☐</td><td>5 times my pay</td></tr><tr><td>☐</td><td>3 times my pay</td><td></td><td></td></tr></table>	☐	1 times my pay	☐	4 times my pay	☐	2 times my pay	☐	5 times my pay	☐	3 times my pay			I want the Family optional insurance. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.
☐	1 times my pay	☐	4 times my pay											
☐	2 times my pay	☐	5 times my pay											
☐	3 times my pay													
Signature (Do not print)	Date	Signature (Do not print)	Date											

5 If you want NO life insurance coverage at all, sign and date below.

Waiver of All Life Insurance Coverage	I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the back of Part 3 and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.	
	Signature (Do not print)	Date (month, day, year)

6 TO BE COMPLETED BY AGENCY. Agency remarks:

Name and address of employing office	Number of event permitting change (See table on the back of Part 2)	
	Date received in employing office (month, day, year)	Effective date of coverage (month, day, year)
	I followed the instructions on the back of Part 1. Signature of authorized agency official	

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet, *The Federal Employees' Group Life Insurance Description and Certification of Enrollment (RI 76-21)*, constitute the employee's Certificate of Insurance.

INSTRUCTIONS TO EMPLOYEES

General Information

The major provisions of this program are described in the FEGLI booklet, *Description and Certification of Enrollment*. Please read the entire booklet carefully. Your **completed** copy of this election form and the FEGLI booklet constitute your certification of coverage. You do not need to name a beneficiary if you wish to have the death benefits of your insurance paid in the order of precedence listed in the FEGLI booklet. If you wish to name a beneficiary or change a prior designation, ask your employing office or retirement system for Standard Form 2823, the Designation of Beneficiary form.

New Employees

New employees eligible for insurance coverage, and employees newly eligible, must complete this form. You have 31 days from the date you are appointed, or first become eligible for insurance, to return this form to your employing office. **Basic Life deductions will be taken out of your salary automatically** from your first day in a duty (at work) and pay status unless you waive insurance by signing item 5 and give this form to your employing office before the end of your first pay period. You do not have any optional insurance unless you sign item 3 and one or more of the blocks in item 4 of this form, and return it to your employing office within 31 days.

Employees With Prior Government Service

A life insurance election or waiver on SF 2817 filed during a prior period of Federal employment stays in effect unless you change coverage or have a break in service of at least 180 days. If you have a break in service of **180 days or more**, your previous election or waiver is canceled and you are "newly eligible" (see "New Employees" above). If you have had a break in service of **less than 180 days** and were eligible in your last period of Federal employment, you should have an SF 2817 on file. In this case, your insurance in your new employment will be the same as you had then, or if you waived coverage then, the waiver is still in effect. If you want to change now, see "Waiving or Changing Your Insurance Coverage" below.

Reemployed Annuitants

If you waive your insurance as a reemployed annuitant, you also automatically waive your insurance as an annuitant and you will be totally without Federal life insurance.

How to Complete and Review Your Election Form

1. Follow the instructions for each item carefully.
2. After you fill out the form, review it to be sure it is complete and correct. The following checklist should help.
 - **If you sign item 3**, you elect Basic Life. Do not also sign item 5. (You cannot elect **and** waive coverage.)
 - **If you sign any block in item 4**, you must also sign item 3. (To elect an option you must elect Basic Life.)
 - **If you sign item 4 for Option B - Additional**, you must also mark one of the 5 boxes to show how many multiples of basic pay you wish to elect. Do not mark more than one.
 - **If you sign item 5**, do not sign item 3 or any block in item 4. (You cannot elect **and** waive coverage.)

- **Be sure you sign for all options you want.** This election supersedes all previous ones. If you have optional coverage and wish to keep it, you must sign the appropriate box.

REMEMBER YOU ARE SOLELY RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS.

Waiving or Changing Your Insurance Coverage

If you waive Basic Life or decline one or more of the options, your opportunities to cancel your waiver or to enroll in an option you previously declined are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet.

A waiver or cancellation of coverage may also affect your eligibility to continue coverage into retirement. You must meet the following requirements to continue Basic Life into retirement:

- 1) You must retire on an immediate annuity;
- 2) You must have been insured for Basic Life for either (a) the five years of service immediately before the commencing date of your annuity (or, for FERS annuitants who postpone their annuity commencing date, the 5 years immediately before the first of the month following your separation for retirement) or (b) the entire period during which coverage was available to you if insured for less than five years; and
- 3) You must not convert your Basic Life coverage.

If you are covered under FERS and qualify for an immediate annuity when you leave Federal service, but postpone the commencing date of your annuity, your life insurance terminates at the end of the pay period during which you separate. When your postponed annuity begins, the life insurance coverage you held immediately before separation resumes if requirement number 2 is met and you cancel any nongroup coverage you converted upon your separation.

Similar conditions must be met for continuation of optional insurance coverages into retirement. See "Continuation of Coverage After Retirement" in your FEGLI booklet.

How to Verify That Your Election Form Is Completed

After your employing office processes your election form, you will receive an SF 50, Notice of Personnel Action. A code appearing on the SF 50 will explain your insurance coverage.

Privacy Act Statement

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine the type of life insurance coverage you shall receive. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN) to distinguish you from people with similar names. Furnishing your SSN or other data is voluntary but failure to do so may result in OPM's inability to determine your life insurance coverage.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Designation of Beneficiary; RE: personal info (4 pages)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
Policy Development
Lisa Green
OA/Box Number: 20586

FOLDER TITLE:

Human Resources [1]

2012-0043-S

ms220

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	Designation of Beneficiary; RE: personal info (4 pages)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
Policy Development
Lisa Green
OA/Box Number: 20586

FOLDER TITLE:

Human Resources [1]

2012-0043-S
ms220

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]