

# Life Insurance Election

## Federal Employees' Group Life Insurance Program

Form Approved:  
OMB No. 3206-0230

See Privacy Act Statement on back of Part 3

### 1 General Information

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

\*Read the back of Part 3 - Employee Copy carefully.

\*Assignees completing this form should read Items 5 and 6 on the back of Part 3.

\*Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

**This election supersedes all previous elections.**

### 2 Fill in identifying information concerning the employee.

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency			OWCP claim number, if applicable	Location of department or agency where employee works (City, state, ZIP Code)
				Daytime telephone number (including area code)

### 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.

<b>Basic</b>	Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)	Date (mm/dd/yyyy)
	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	

### 4 Optional

if signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously 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 do not sign for an option, you have it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below regardless of whether you previously elected the option(s).

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.	I want Option C in the multiple I indicate below I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child - I authorize deductions to pay the full cost.
<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 3 times my pay <input type="checkbox"/> 4 times my pay <input type="checkbox"/> 5 times my pay	<input type="checkbox"/> 1 multiple <input type="checkbox"/> 2 multiples <input type="checkbox"/> 3 multiples <input type="checkbox"/> 4 multiples <input type="checkbox"/> 5 multiples
Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

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

<b>Waiver of all life insurance coverage</b>	I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form submit satisfactory results of a physical, or (-) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.	Date (mm/dd/yyyy)
	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	

### 6 Agency Remarks: Use

	Date received in employing office (mm/dd/yyyy)	Effective date of coverage (--/dd/yyyy)
Name and address of employing office		
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 (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.

PART I - File In Official Personnel Folder

## Instructions for Agencies

### 1. Who Should File This Form

- New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, **unless** the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, **only** the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but **not** Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. **Exception:** Acquiring a foster child does not count as a life event for Option B purposes.

- For Option B, the number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.
- For Option C, he or she may elect from 1 to 5 multiples (up to 5 total) no matter how many family members he/she has or acquires with the event.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples is limited as listed above.

### 2. Review of Completed Form

Review the original and both copies of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

**Only** the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

**Exception:** If the employee assigned his or her insurance, only the assignee(s) may *waive* some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

### 3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

### 4. Date Received

Enter the date the employing office received this form.

### 5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

### 6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

### 7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

### 8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI web site at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).

# Life Insurance Election

## Federal Employees' Group Life Insurance Program

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### SF 50 Equivalents of Insurance Codes

<b>1</b>	INSURANCE	SF 50																
	INELIGIBLE	A0	1005 E5	1011 I1	1114 J4	1025 M5	1031 Q1	1134 R4	1045 U5	1051 Y1	1154 Z4							
	0000	B0	1101 F1	1012 I2	1115 J5	1121 N1	1032 Q2	1135 R5	1141 V1	1052 Y2	1155 Z5							
	1000	C0	1102 F2	1013 I3	1020 K0	1122 N2	1033 Q3	1040 S0	1142 V2	1053 Y3								
	1100	D0	1103 F3	1014 I4	1120 L0	1123 N3	1034 Q4	1140 T0	1143 V3	1054 Y4								
	1001	E1	1104 F4	1015 I5	1021 M1	1124 N4	1035 Q5	1041 U1	1144 V4	1055 Y5								
	1002	E2	1105 F5	1111 J1	1022 M2	1125 N5	1131 R1	1042 U2	1145 V5	1151 Z1								
	1003	E3	1010 G0	1112 J2	1023 M3	1030 90	1132 R2	1043 U3	1050 W6	1152 Z2								
	1004	E4	1110 H0	1113 J3	1024 M4	1130 P0		1044 U4	1150 X0	1153 Z3								

**2** Fill in identifying information concerning the employee.

Name (Last) (First) (Middle)			Date of birth (mmddyyyy)	Social Security Number
Employing department or agency			OWCP claim number, if applicable	Location of department or agency where employee works (City, state, ZIP Code)
				Daytime telephone number (including area code)

**3** In item 7- If this block is not signed, enter 0 in ALL FOUR boxes. If this block is signed, enter 1 in box 1.

<b>Basic</b>	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mmddyyyy)
	➔	

**4**

Option A Standard	Option B Additional	Option C Family												
In item 7 box 2 If this block is not signed, enter 0 If this block is signed, enter 1	In item 7 box 3 If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below	In item 7 box 4 If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below												
➔	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>3 times my pay</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>4 times my pay</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>5 times my pay</td></tr> </table>		3 times my pay		4 times my pay		5 times my pay	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>3 multiples</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>4 multiples</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>5 multiples</td></tr> </table>		3 multiples		4 multiples		5 multiples
	3 times my pay													
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➔	➔	➔												
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)												

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

<b>Waiver of all life insurance coverage</b>	In item 7- If this block is signed, enter 0 in ALL FOUR boxes.
	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)
➔	Date (mmddyyyy)

**6** Agency Remarks: Use

Name and address of employing office	Date received in employing office (Mm/dd/yyyy)	Effective date of coverage (mmddyyyy)	Number of events permitting change (See back of Part 2) ~
	I followed the instructions on the back of Part 1.		
	Signature of authorized agency official		

**7** INSTRUCTIONS: Enter codes in the boxes on the right as directed in items 3, 4 and 5 above.

Insurance Code	SF 50 Equivalent
1 2 3 4	
[ ] [ ] [ ] [ ]	[ ] [ ]

**Table of Effective Dates: Changes in Life Insurance Election**  
**Deductions: Begin, increase, stop or decrease with the pay period in which coverage begins, increases, stops or decreases.**

**Change Permitted? (To enroll in any option, employee must enroll or be enrolled in Basic)**

	<b>Basic</b>	<b>Option A - Standard</b>	<b>Option B - Additional</b>	<b>Option C - Family</b>
<b>Event Allowing Change</b>				
1. Physical: Approval of Request for Insurance (SF 2822) by the Office of Federal Employees' Group Life Insurance (OFEGLI).	Yes. Coverage is effective on the first day the employee is at work in a pay status after date of OFEGLI's approval. Time Limit - OFEGLI's approval expires after 31 days. If employee is not at work in a pay status within those 31 days, Basic does not become effective. Employee must obtain a new physical.	Yes. Coverage is effective on the first day the employee is at work in a pay status on or after date of OFEGLI's approval and agency receives the SF 2817. Time Limit - Employee must submit SF 2817 and be at work in a pay status within 31 days after date of OFEGLI's approval. If employee is not at work in a pay status or doesn't submit the SF 2817 within those 31 days, Option A does not become effective. Employee must obtain a new physical.	Same as Option A.	No change permitted for this event.
2. Life Event: Marriage, divorce, death of spouse or acquisition of an eligible child.	No change permitted for this event.	No change permitted for this event.	Yes. Employee may elect or increase multiples (limited to 5 total) up to (a) for marriage or children, the number of additional family members; (b) for divorce or death of spouse, the total number of dependent children. Exception: Acquiring a foster child does not count as a life event for Option B purposes. Coverage is effective the day of the event (IF employee is at work in a pay status on that day), if employee submits the SF 2817 before the event. Coverage is effective the first day the employee is at work in a pay status on or after the date of the event, if employee submits the SF 2817 within 60 days after the event (or is not at work in a pay status on the day of the event). Time Limit - Agency must receive SF 2817 and proof of the event within 60 days after date of event. (Time limit may be extended if event occurs when employee was separated from Federal service or if it occurs 60 days or less before separation.)	Yes. Employee may elect or increase multiples (limited to 5 total) no matter how many family members he/she has or acquires with the event. Coverage is effective the day of the event, if employee submits the SF 2817 before the event. Coverage is effective the day the agency receives the SF 2817, if employee submits it within 60 days after the event. Time Limit - Agency must receive SF 2817 and proof of the event within 60 days after date of event. (Time limit may be extended if event occurs when employee was separated from Federal service, 60 days or less before separation, or during the year following waiver of Basic.)
3. Employee is reinstated after a break in service of at least 180 days in a position that is not excluded from life insurance by law or regulation.	Yes. Coverage is effective on the first day the employee is at work in a pay status, if no new waiver is filed.	Yes. Employee may elect any or all optional insurance within 31 days after reinstatement. Coverage is the same as with new employees. However, if employee does not submit SF 2817 electing such coverage to his/her agency within 31 days after reinstatement, he/she has the same Optional insurance carried immediately before his/her break in service.	Same as Option A.	Same as Option A.
4. Employee returns to Federal Service after a break in service of at least 180 days in a position that is excluded from life insurance by law or regulation.	No. However, if employee is later converted to a non-excluded position, the coverage is effective on the first day the employee is at work in a pay status on or after being converted to such a position.	No. However, if employee is later converted to a non-excluded position, the coverage is effective on the first day the employee is converted to such a position wherein he or she is at work in a pay status on or after the date the agency receives the SF 2817 electing such coverage. Time Limit - Employee must submit SF 2817 electing such coverage to his or her agency within 31 days after conversion.	Same as Option A.	Same as Option A.
5A. Employee initially waives or subsequently cancels life insurance coverage.	A. Yes. Coverage stops at the end of the last day of the pay period in which the agency receives the SF 2817, with no 31-day extension of coverage. Time Limit - None. Employee may cancel coverage at any time. However, if the insurance is assigned, only the assignee(s) may cancel coverage - the employee may not.	A. Same as Basic.	A. Same as Basic.	A. Same as Basic, except information on assignment is not applicable.
5B. Employee (or if applicable, assignee(s)) elects to decrease optional coverage.	B. Not applicable.	B. Not applicable.	B. Yes. Employee may at any time reduce the number of multiples, unless the insurance has been assigned. In that case, only the assignee(s) may reduce coverage - the employee may not. Coverage reduces effective on the last day of the pay period in which the agency receives the SF 2817.	B. Yes. Employee may at any time reduce the number of multiples. Coverage reduces effective on the last day of the pay period in which the agency receives the SF 2817.
6. Open Enrollment Period.	If permitted under conditions specified by OPM.	Same as Basic.	Same as Basic.	Same as Basic.