



LIFE INSURANCE ELECTION

Federal Employees' Group Life Insurance Program

See Privacy Act Information on Back of Part 3

1 General Instructions: By law, a person who is not excluded from coverage automatically has Basic Life insurance, unless he or she waives all coverage. 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.

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 certify the completed form and return your copy to you. This form should be kept with your SF 2817A (SF 2817B for Postal Employees).

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)		
U.S. House of Representatives		00 00 4831	Washington, DC 20515		

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. Sign the box below for any option(s) you want. (You will not have coverage for any option[s] for which you do not sign.)

Option A—Standard	Option B—Additional	Option C—Family
I want the Standard \$10,000 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.)	I want the Family optional insurance. I understand that in the event of the death of my spouse I would receive \$5,000 and upon the death of a child I would receive \$2,500. 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	
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

FOR EMPLOYING OFFICE USE ONLY

Certification I certify that the above named employee is eligible for the insurance coverage he or she has elected above.	Date of Receipt in Employing Office (Month, Day, Year)	Number of Event Permitting Change
Signature of Authorized Agency Official	Effective Date of Coverage (Month, Day, Year)	See Table of Effective Dates in SF 2817A or SF 2817B

The employee's copy of this form, when certified by the employing office, together with SF 2817A, *The Federal Employees' Group Life Insurance Program Description and Certification of Enrollment* (SF 2817B for Postal Employees), constitute the employee's Certificate of Insurance.