

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 (FI 76-21)*.

2 Fill in identifying information

Name (Last) DOE	(First) JOHN	(Middle) LEONARD	Date of birth (month, day, year) 01/01/60	Social Security Number 111 11 1111
Employing department or agency USHR			Agency location (City, State, ZIP code) WDC 20515 (or your District info)	

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

I want Standard optional insurance. I authorize deductions to pay the full cost.

Option B - Additional

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.)

- | | |
|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1 times my pay | <input type="checkbox"/> 4 times my pay |
| <input type="checkbox"/> 2 times my pay | <input type="checkbox"/> 5 times my pay |
| <input type="checkbox"/> 3 times my pay | |

Option C - Family

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.

Signature (Do not print)

Date

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:

Number of event permitting change
(See table on the back of Part 2)

Name and address of employing office

**U.S. House of Representatives
Human Resources
263 Cannon H.O.B.
Washington, DC 20515-6610**

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 (FI 76-21)*, constitute the employee's Certificate of Insurance.

PART 1 - File in Official Personnel Folder