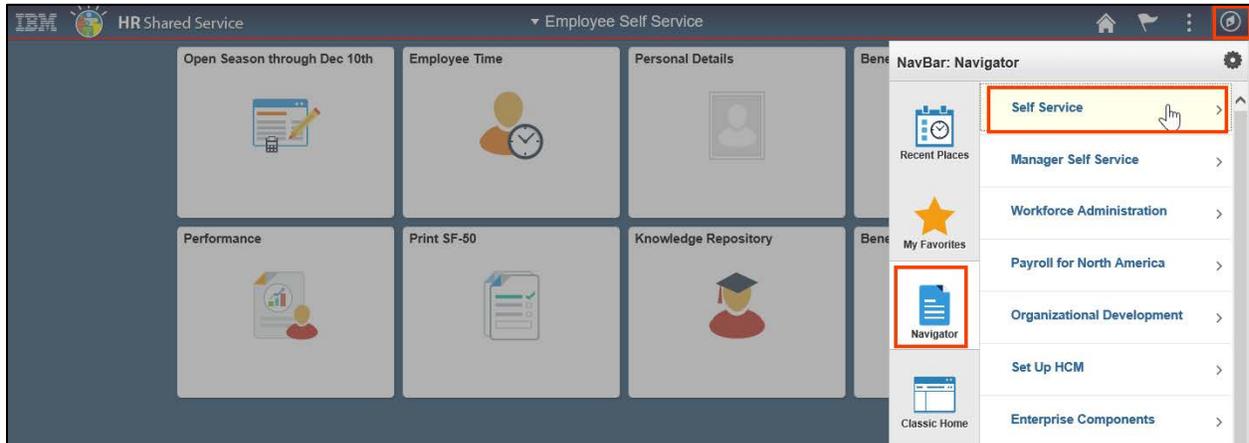


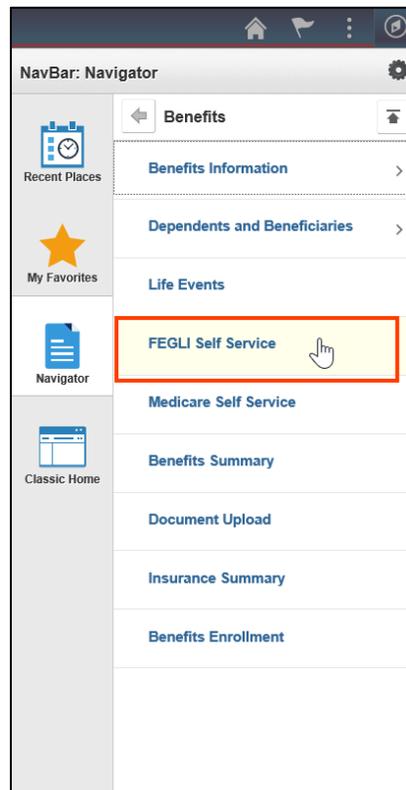
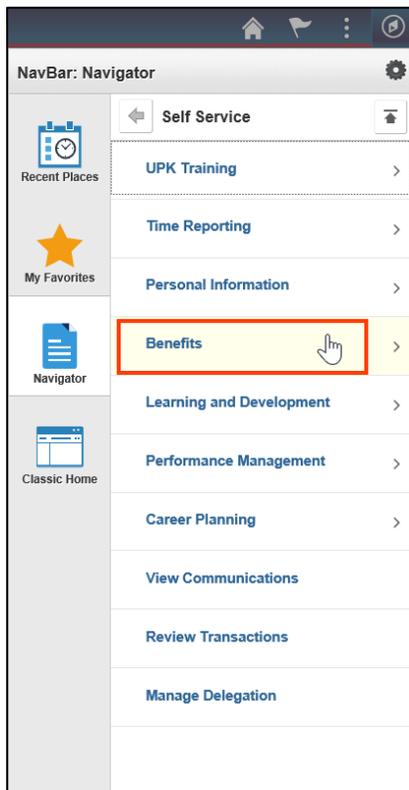


Update Federal Employees Group Life Insurance (FEGLI) – Qualifying Life Event

1. From the HR Links homepage, select the **NavBar** icon, **Navigator**, and choose **Self Service**.



2. Select **Benefits > FEGLI Self Service**.





3. The FEGLI Self-Service screen will appear. Select the **Life Event (2)** radio button to indicate your change to your FEGLI coverage is due to a qualifying life event.

FEGLI Self-Service

Haylee Mccarthy

You may use this form to elect FEGLI coverage upon initial eligibility, modify your coverage due to a life event, reduce your Option B or Option C coverage, or cancel your FEGLI coverage.

If you would like to modify your FEGLI coverage as a result of an event not listed below, please contact your HR or Benefits Specialist.

Event Allowing Change

Please select the event allowing a change:

Initial Eligibility (0)
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) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage.

Life Event (2)
You may elect Basic, Option A, Option B and/or Option C within 60 days following a FEGLI qualifying life event. These events are: marriage, divorce, spouse's death, or the acquisition of an eligible child. For Option B and Option C, an employee may elect from 1 to 5 multiples (up to 5 total) based on the life event. An employee who is already enrolled in Option B and/or Option C may elect from 1 to 5 multiples (up to 5 total) within 60 days based on the life event.

Reduce Multiples (5B)
Employees may at any time reduce the number of multiples for Option B and Option C. If you have assigned your insurance and wish to cancel it, please contact your Benefits Specialist.

Coverage Cancel (5A)
Employees may cancel coverage at any time. If you have assigned your insurance and wish to cancel it, please contact your Benefits Specialist.

4. In the **Elect or Retain Basic?** section, identify if you want Basic life insurance or you do not.
 - a. If you do not select Basic life insurance, you will not be able to elect or retain any form of optional insurance.

Elect or Retain Basic?

I want Basic.
I authorize deductions to pay my share of the cost.

I do not want Basic.
I do not want Basic. I understand if I do not sign for Basic, I may not elect or retain any form of optional insurance. Please skip Optional Insurance.



5. Under the **Optional Insurance** section, you can choose whether or not you want to add additional options to your Basic life insurance. Options include:
- a. Option A – Standard
 - b. Option B – Additional
 - c. Option C – Family

Optional Insurance

If you signed for Basic above, you may elect or retain any or all of the following options (UNLESS you have previously waived 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 Program Booklet).
Select the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not select for an option, you have waived 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 select, regardless of whether you previously elected the option(s).

Option A - Standard

I want Option A
I want Option A. I authorize deductions to pay the full cost.

Option B - Additional

I want Option B in the multiple of the annual basic pay I indicate below. I authorize deductions to pay the full cost.

I want Option B

1 times my pay 4 times my pay
 2 times my pay 5 times my pay
 3 times my pay

Option C - Family

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.

I want Option C

1 multiple 4 multiples
 2 multiples 5 multiples
 3 multiples

6. If you do not want to elect or retain any coverage, select the **Waive all Life Insurance Coverage** checkbox under the Waiver of All Life Insurance Coverage section. If you choose to waive coverage, you cannot get Basic life insurance unless one of the following occurs:
- a. You wait at least 1 year after signing the form and submit satisfactory medical information,
 - b. You experience a life event,
 - c. You have a break in federal service of at least 180 days, or
 - d. You participate in open season (which is infrequent).

Waiver of All Life Insurance Coverage

Waive all Life Insurance Cover (Note: Waiver is controlled based on selection of Basic above)

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 and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, 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.



7. Review the information at the bottom of the page, and select the **Submit to HR** button to send your election, retention or waiver of life insurance to HR for processing.
 - a. You can also select the **Preview SF-2817** button to review your selections before submitting the form.

Signature

I understand by clicking the submit button below I am electronically signing this form. I understand the elections I entered today through this FEGLI self-service transaction supersedes all previous elections.

I understand this form will be submitted to my agency and processed by a HR Specialist. I understand a SF-50 will be processed on my behalf and placed in my eOPF using the elections I submitted through this form.

I understand the submission of this form through self-service is the equivalent of submitting a completed and signed SF-2817 to my agency.

I understand I may be contacted by my agency to provide supporting documentation if I am submitting this election as a result of a life event.

Privacy Act Notice

Fillable forms available to GSA employees within HR Links (e.g., SF2809, SF2810, SF2817; TSP1 and TSP1c) include a Privacy Act Notice that describes the legal authority for collecting the information; the primary and permissive routine uses of the information; and the potential consequences of not providing the requested information.

[Preview SF-2817](#) [Submit to HR](#)

8. The FEGLI Saved page will appear, stating, “Your FEGLI has successfully been submitted to HR.”

FEGLI Saved

✓ Your FEGLI has successfully been submitted to HR.

[Return to Home Page](#)

You have successfully completed your FEGLI selection for your qualifying life event.