Save Completed Form

Clear Form

**Office of Servicemembers'**



Print Form

**Servicemembers’ Group Life Insurance Election and Certificate**

**1. About You**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Print Name (First, Middle,

Rank, title or

Social Security

|  |  |  |
| --- | --- | --- |
| Last) | grade | Number |

Duty

Location

## About Your Coverage (This form replaces all prior

**desI iagmnacotimonpsle)ting this form to:** *(Check all that*

Name or update my SGLI beneficiary. *You must complete*

Branch of

Service

Current Amount of

SGLI

Increase or restore my SGLI coverage . *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was <*

Coverage is available in increments of $50,000 up to a maximum of $400,000

Reduce my SGLI coverage to . *You must complete sections 3 & 5.*

Decline or cancel SGLI coverage. Write below *“* I do not want insurance at this time.” *You must complete*

**“** .**”**

**3. About Your Beneficiaries *(Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.)***

## Primary

Name and Address

Social Security Number

*(If available)*

Relationship to you

**Share to each** *(% or $ amounts. The sum of the shares must equal 100% or the full dollar amount of your insurance.)* ***(Each share must be greater than $0.00***

**Payment Option**

*(Lump sum\* or 36 equal monthly payments)*

***~~or 0%)~~***

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

1.

2.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

3.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

4.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

## Secondary

1.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

2.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

3.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

4.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Have more beneficiaries?** Check this box if 1.) you have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2.) You are attaching additional documentation to complete your beneficiary designation noted

\* If tahbeoivnes.ured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than $5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid ThbeyBcahnekcokf.New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

GL.2010.094 Ed.

2/2015

SGLV

8286

Page 1 of

4

**4. About Your Health** *Complete this section ONLY if you are restoring or increasing coverage.*

Your date of birth (MM, DD, YYYY)

### Have you had, been treated for,

Your weight

Your height

Your gender

Female Male

### or had known indications of: Yes No

**Did you answer “YES” to any question?**

**If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.**

* 1. A heart

bco. Hndigithiobnlo? od pc.rAesnsueruer?ological ddi.sDoiradbeert?es?

e. Cancer or

tf.uHmaovres?you ever been diagnosed as having a disease of the

g. Do you have any known physical impairments, deformities, or ill health not

If you answered “yes” to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers’ Group Life Insurance (OSGLI). If you answered “no” to all the questions above, your request for increased coverage takes effect immediately.

**5. Your Signature** *You must complete this section.*

**I have read the information on page 3 and instructions on page 4 and u**T**n**h**d**i**e**s**r**f**s**o**t**r**a**m**nd**re**t**p**h**la**a**c**t**e**:** s any prior beneficiary or payment

I can have SGLI and Veterans’ Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and

post-separation coverage (see instructions on page 4).

**Please take**

**note:**

I am free to name anyone I want as my beneficiary. I

coverage by completing SGLV 8286A.

|  |  |  |
| --- | --- | --- |
| **If my spouse is…** | **and…** | **then…** |
| also a member of the uniform | we married on or after January 2, 2013 | spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A. |
| services  not a member of | I am married, or get married after | spouse SGLI automatically covers my spouse. I must register my spouse in |
| the uniformed | completing this form, and have not | DEERS so my branch of service can deduct premiums from my pay. Failure |
| services | declined SGLI, | to do so will result in a debt for unpaid premiums. I can decline spouse |

understand if I am married and have designated

someone other than

my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

### Submit this form to your Unit Personnel

|  |  |
| --- | --- |
| **Clerk.**  **For Branch of Service Use** | **For OSGLI Use** |
| **Only**  Name of Personnel  Clerk | **Only**  Representativ  e |
| Rank, title or grade | Approv e |
| Contact telephone/ email | Disappro ve |
| Date | Date |
| Address |

# Information for the Service Member

this form

### About your SGLI Coverage

Servicemembers’ Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a p**N**a**a**y**m**m**in**en**g**t**B**o**e**p**n**ti**e**o**f**n**ic**. **iaries who will receive the**

**insurance**

|  |  |
| --- | --- |
| **If you…** | **Then…** |
| are married and decline coverage upon entry into service | your spouse will be notified that you declined coverage. |
| are married and designate any person other than your spouse or child for any amount of insurance | your spouse will be notified in writing, by the Branch of Service that he/she or your child is not the named beneficiary, unless:   * your spouse has been previously notified, OR * your spouse is not designated as beneficiary for any amount of insurance prior to the new election. |
| are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a | your spouse will be notified in writing of your election to decline or reduce coverage. |
| have any life event such as marriage, divorce, or children after completing | you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events. |
| name more than one beneficiary | the sum of the shares must equal 100% or the full dollar amount of your insurance. |
| want to name more than four primary or secondary beneficiaries | you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S or attach additional documentation to complete your beneficiary designation. |
| name minors as beneficiaries | OSGLI will pay the insurance benefit to the court-appointed guardian of the minor’s estate if the beneficiary is a minor at time of claim; or  you can establish a trust for the benefit of the minor and name the trustee of the trust as naming a trust as a beneficiary on this form does NOT create |
| name more than one primary beneficiary and one or more of | a trust. pay the shares equally among the remaining primary beneficiaries. OSGLI will |
| want to name a Trust as a beneficiary | you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Do not send Trust documents to OSGLI until |
| have no surviving primary | the time of claim).  OSGLI will pay the insurance benefit to the secondary beneficiaries, if any. |
| do not name a beneficiary or there are no surviving primary or secondary beneficiaries  OR  indicate that payment should be made  by law | OSGLI will pay the insurance benefit in the f1o. lWloiwdoinwg oorrder:  2w.idCohwilderren in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)  3. Parent(s) in equal shares or all to surviving 4p.aArednut ly appointed executor or administrator of 5yo. Ourtheesrtanteext of  kin |

**Payment**

**Options**

|  |  |
| --- | --- |
| **If you want the beneficiary** | **Then…** |
| receive the insurance proceeds in one lump sum | write the phrase “lump sum” under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®\*, by check, or Electronic Funds Transfer (EFT).  \* Alliance Account is not available for payments less than $5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check. |
| receive the insurance proceeds in 36 equal monthly payments | write “36” under the Payment Oyoputriobne.neficiary cannot change this payment |
| have a choice | option. phrase “lump sum” under Payment Option or leave blank. write the |

# Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the “For Branch of Service Official Use Only” section to indicate receipt of the form from the member after reviewing the following table:

approved by OSGLI.

|  |  |  |
| --- | --- | --- |
| **If the service member…** | **The Personnel Clerk should inform the service member…** | **Then the Personnel Clerk should…** |
| has just entered the service | he or she is automatically insured for $400,000 SGLI, unless the service member declines or reduces coverage. | have the service member designate beneficiaries by completing SGLV 8286. |
| is increasing or restoring SGLI | he or she must complete Section 4, *About Your Health.* | approve form if the responses to questions 4a through 4g are “No” and forward the form to payroll to change SGLI premium deductions. send form to OSGLI if any answer to questions 4a through 4g are “Yes.” Only inform payroll when |
| Reduces, declines, or cancels SGLI | an application with health questions is required to increase, elect, or restore coverage at a later date.  of the  f–otlhloewpiunrgp:ose and role of life insurance in financial  p–ltahnendiinffger.ence betweentermlifeinsuranceandwholelife   * the availability of commercial life insurance. * the relationship between SGLI and   V–GdeLcI.lining or canceling SGLI will also cancel Family SGLI  — both spouse and dependent child coverage— and Traumatic Injury Protection (TSGLI). | forward the form to payroll to change SGLI premium deductions.  if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to eifntdheTSmGeLmI pbreermisiummardrieedduacntidonresd. uces, declines, or cancels SGLI, inform the member that his her spouse may be notified in writing, by the Branch of Service, of the member’s election based on Title 38, USC 1967 (f). |
| gets married to another member of the uniformed services on or after January 2, | spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A. | if member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the |
| is married or gets married after completing this form and is **not** married to another member of the uniformed services | spouse SGLI automatically covers shpeooursseh. e must register their spouse in DEERS for payroll to deduct premiums.  If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must | if applicable, forward the form to payroll to begin premium deductions for the spouse coverage. |
| has questions about this form | the advice of a military attorney is available at no | direct them to the appropriate resource. |
| wants to designate more beneficiaries than the form allows | he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S or attach additional documentation to complete your beneficiary | attach the Supplemental Beneficiary Form to the SGLV 8286 or attach additional documentation to complete your beneficiary designation. |
| designates any person other than his/her spouse or child for any amount of insurance | while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will  rief ctheeivme tehmebbeerniesfmit.arried, the member’s spouse will be notified in writing by the Branch of Service, that he/she or the member’s child is not the named  – the spouse has been previously notified,  O– Rthe spouse is not designated as beneficiary for any amount of insurance prior to the new | have the member sign SGLV 8286 to certify that he/she understands that:  he/she is free to name anyone as ibfehnee/fsihceiadrye.signated someone other than his/ her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds.  if married, the spouse will be notified that he/she (or any child) is not the designated |

complete SGLV 8286A.

### After the form is completed, Personnel Clerk should:

File a copy in the member’s official pPreorsvoidnenaelcfoilpey to the service

Pmreomvidbeera copy of the form to the payroll office for the

mSuebmmbitetrh’seufnoirtm to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered “Yes” to one or more of OSGLI

PO Box 41618

Philadelphia, PA

If a member is making a Beneficiary change only, the form DOES NOT have to be forwarded to OSGLI.

GL.2010.094 Ed. 2/2015 146202-091

SGLV

Page 4 of