

Please read the instructions on the back before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name, change or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage	Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.
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Last name	First name	Middle name	Rank, title, or grade	Social Security Number
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Branch of Service (Do not abbreviate)	Current Duty Location
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Amount of Insurance

By law, you are automatically insured for \$200,000. **If you want \$200,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$200,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

I want coverage in the amount of \$ _____ Your initials _____

(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (<i>first, middle, last</i>) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
Contingent				
1.				
2.				
3.				
4.				

I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions**
- The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000

SIGN HERE IN INK _____ Date: _____
(Your signature. Do not print.)

Do not write in space below - For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE, OR GRADE	ORGANIZATION	DATE RECEIVED
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What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services should witness your signature.

Periods of Coverage. This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release.

Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.

2. Naming Beneficiaries

A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without him/her knowing or consenting to it.

B. If the beneficiary is a married woman, use her own first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.

C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any documents, such as a divorce decree or will.

D. If you want to name more than two principal beneficiaries, list them all on a separate sheet and write "See attached list" under the *Principal* block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.

E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.

F. You can establish a trust for the benefit of the children and name the trust as the beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

3. Social Security Number - Do not delay completing this form if you do not have a beneficiary's social security number. The social security number helps us to locate the beneficiary, but is not necessary.

4. Shares to each beneficiary - If you name more than one beneficiary, the sum of the shares must equal 100%, or the full dollar amount of your insurance.

Example:	mother	\$100,000		50%		1/2
	father	\$100,000	or	50%	or	1/2
	Total	\$200,000		100%		1

5. Payment Option - You may choose for the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump" or "36" in the column labeled *Payment Option*. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump" or leave the block blank.

6. Provisions For Payment Of Insurance

A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.

B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made *by law*, the proceeds will be paid in the following order:

1. Widow or widower
2. Children 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 parent
4. A duly appointed executor or administrator of your estate
5. Other next of kin

What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the Office of Servicemembers' Group Life Insurance, 213 Washington Street, Newark, NJ 07102-2999. Your beneficiary may also call 1-800-419-1473 for claim information.

DIRECTIONS TO PERSONNEL CLERKS OF THE UNIFORMED SERVICES

1. Complete all appropriate items on this form. All entries, except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Make sure the name(s) of one or more principal and contingent beneficiaries appear in the Beneficiary(ies) and Payment Options section, if desired. Include the address and Social Security number, if available, for the beneficiaries and the relationship of the beneficiaries to the servicemember (e.g., father, sister).
3. If a servicemember is designating a beneficiary other than would be normal under his or her family circumstances, see "**Unusual Beneficiary Designations**" in the *Servicemen's Group Life Insurance Handbook*, Handbook 29-75-1.
4. An authorized agent of the Uniformed Service must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should put the date he or she received the form.
5. This form, properly executed, is authority to a payroll office to change the deductions for insurance premiums or to not make such deductions, if the amount of insurance is changed or cancelled.
6. Inform all servicemembers that if they have questions about this form that they may obtain the advice of a military attorney at no expense to the servicemember.
7. Disposition of copies: Reproduce official copies before signing and circle distribution on bottom right of form. Wording and format of form may not be altered. Forms altered from the original wording or format are subject to acceptance by the Office of Servicemembers' Group Life Insurance (OSGLI). Each of the official copies must bear an original signature of both the member and the witness.

Copy 1 - Must be promptly filed in the official personnel file of the member.

Copy 2 - To member. Certificate of coverage.

Copy 3 - **FOR USE BY THE ACTIVE OR RESERVE COMPONENT OF THE UNIFORMED SERVICES. DO NOT SEND TO THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE OR TO THE DEPARTMENT OF VETERANS AFFAIRS.**