Form SF-2817 Help Guide: Federal Employees Group Life Insurance (FEGLI) Form

Purpose of this Form: To enroll, make a change or cancel/waive your life insurance elections

Directions:

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the 4 checkboxes below as you complete your form.

2. All forms should be the current form from https://www.opm.gov/forms/pdf_fill/sf2817.pdf

3. Signatures on this document can be done by hand or electronically.

4. After completing, deliver the form using one of the following options:
   • Paper mail Address to:
     TSA HCAccess HCSC
     6363 Walker Lane, Suite 400,
     Alexandria, VA 22310
   • Email: helpdesk@hraccess-mailserver.tsa.dhs.gov
   • Fax: 1-877-872-7993

☐ If you are completing this form as a new hire with no prior federal service, you are automatically enrolled in Basic Coverage.

If you wish to retain Basic Coverage, you do NOT need to fill out this form.

If you are a new hire with prior federal service, please review the instructions for completing page 5, section 3 of this form

☐ For completing Section 2) of the form it is important.

Did you remember to fill out the following mandatory fields?

• Name
• Date of Birth
• SSN
• Employing department
• Location of department
• Daytime telephone number

Completing Section 3) of the form, your signature and date are mandatory if electing ANY FEGLI coverage, including Optional

Completing Section 4) of the form if enrolling in Optional Coverage, your signature and date are mandatory on each desired option: (Option A - Standard, Option B -Additional, or Option C - Family); if applicable, choose multiples.

Section 5) Sign and date only if you choose to waive FEGLI coverage. You may NOT elect any other coverage.

NOTE: Unless you experience a QLE, approval from OFEGLI is required after a waiver of Basic and/or Options A & B.

Tip) Deadlines and Effective Dates: In general, the employee has 60 days from the date of his/her life event to submit the FEGLI election. The date of receipt will reflect the effective date of the election.

Tip) Events that Permit a FEGLI Change:
• Qualifying Life Events (QLEs) are outlined in page 4 of the instructions section of the SF-2817. There are event codes associated with each QLE and guidance on what is or is not permitted per QLE is included in the table

• Please note that you must provide supporting documentation of your QLE upon submittal of your SF-2817. Failure to include documentation will result in a rejection. These forms include: marriage certificates, birth certificates, and death certificates.

• For more details on allowable changes and effective dates, please refer to the table of effective dates found on page 4 of the SF-2817
Life Insurance Election
Federal Employees' Group Life Insurance Program
See Privacy Act Statement on back of Part 1

1 General Instructions
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. If you are changing a previous election, see the back of Part 3 - Employee Copy.

*This election supersedes all previous elections.*

2 Personal Identification Information Concerning the Employee
First Name (first, middle, last) Date of birth (mm/dd/yyyy)
Employing department or agency (OSWC, class number, if applicable)
Social Security Number
Location of department or agency where you work (City, State, Zip code)
Employee telephone number (including area code)

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

[Signature]
[Date (mm/dd/yyyy)]

4 Optional
If you signed for the Basic in Item 3 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). Sign the boxes below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to select it are strictly limited.

You will not be covered for any accident for which you do not sign below. Consultation of whether you actually elected the option.

Option A - Standard
I elect Option A. I authorize deductions to pay the full cost.

Option B - Additional
I elect Option B as the multiple of any optional basic pay I indicate below. I authorize deductions to pay the full cost.

Option C - Family
I elect Option C as the multiple of any eligible child I indicate below. I authorize deductions to pay the full cost.

[Signature]
[Date (mm/dd/yyyy)]

5 If you want NO life insurance coverage, sign and date below.

I want NO life insurance coverage. 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 forgo life insurance is irrevocable.

[Signature]
[Date (mm/dd/yyyy)]

6 Agency Remarks
Name and address of employing office
Data received in employing office (mm/dd/yyyy)
Effective date of coverage (mm/dd/yyyy)

[Signature of authorized agency official]

The employee copy of this form, when completed by the employing office, together with the FEGLI Program booklet (FC 1621) or FEGLI booklet for U.S. Postal Service employees, constitutes the employee's Certificate of Insurance.

U.S. Office of Personnel Management
www.opm.gov

PART 1 - File in Official Personnel Folder

Standard Form 3617
Previous edition is not usable
Revised November 2011

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### Life Insurance Election
#### Federal Employees Group Life Insurance Program

#### Part A - Standard

**Option A**

- **INSUREE**
  - **INSURANCE**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**

**Option B**

- **EMPLOYING DEPARTMENT OR AGENCY**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**

**Option C**

- **SIGNATURE (do not print. Only you or your assignee may sign. Signature by guardian, conservator or through proxy of attorney are invalid)**

**Date:** 

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### Part B - Additional

**Option A**

- **INSUREE**
  - **INSURANCE**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**

**Option B**

- **EMPLOYING DEPARTMENT OR AGENCY**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**

**Option C**

- **SIGNATURE (do not print. Only you or your assignee may sign. Signature by guardian, conservator or through proxy of attorney are invalid)**

**Date:** 

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### Part C - Family

**Option A**

- **INSUREE**
  - **INSURANCE**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**
  - **SP#**
  - **SP# Equivalent of Insurance Codes**

**Option B**

- **EMPLOYING DEPARTMENT OR AGENCY**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**
- **OAO**

**Option C**

- **SIGNATURE (do not print. Only you or your assignee may sign. Signature by guardian, conservator or through proxy of attorney are invalid)**

**Date:** 

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### Part D - Agency Use

**INSTRUCTIONS:** Enter codes in the boxes on the right as directed in items 3, 6 and 7 above.

**U.S. Office of Personnel Management**

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### Form Approved

OMB No. 0130-0022

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**u.s. Office of Personnel Management**

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**Previous edition is not usable**

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**Standard Form 2017**

**Revised December 2011**

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Questions about this form?

Please contact the HCAccess Help Desk by phone at 1–877–872–7990, by fax at 1-877-872-7993, or by email at this link. Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.