

Form SF-2817 Help Guide: Federal Employees Group Life Insurance (FGLI) 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 3

Form Approved:
OMB No. 3206-0230

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.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (last, first, middle)		Date of birth (mm/dd/yyyy)	Social Security Number	
Employing department or agency	OWCP claim number, if applicable	Location of department or agency where you work (city, state, ZIP code)	Daytime 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.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.) SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	Date (mm/dd/yyyy)
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4 Optional

If you signed for 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 box(es) 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 enroll in it are strictly limited.

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).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	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.
<input type="checkbox"/> 1 times my pay	<input type="checkbox"/> 3 times my pay	<input type="checkbox"/> 3 multiples
<input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 4 times my pay	<input type="checkbox"/> 4 multiples
	<input type="checkbox"/> 5 times my pay	<input type="checkbox"/> 5 multiples
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

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

Waiver of all life insurance coverage	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 waive life insurance coverage now may affect my eligibility for coverage as a retiree. SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	Date (mm/dd/yyyy)
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6 Agency Remarks:

Name and address of employing office	Date received in employing office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	If new/renewly eligible employee, enter "0" for event.
Signature of authorized agency official			Number of event permitting change (See back of Part 2)

I followed the instructions on the back of Part 1.

The employee's copy of this form, when completed by the employing office, together with the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) constitute the employee's Certificate (proof) of insurance.

PART 1 - File in Official Personnel Folder



Life Insurance Election

Federal Employees' Group Life Insurance Program

Form Approved:
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INSURANCE INELIGIBLE	SF 50	SF 50 Equivalents of Insurance Codes												
0000	A0	1005 ES	1011 I1	1114 J4	1025 M5	1031 Q1	1134 R4	1045 U5	1051 Y1	1154 Z4				
1000	B0	1101 F1	1012 I2	1115 J5	1121 N1	1032 Q2	1135 R5	1141 V1	1052 Y2	1155 Z5				
1100	C0	1102 F2	1013 I3	1020 K0	1122 N2	1033 Q3	1040 S0	1142 V2	1053 Y3					
1001	D0	1103 F3	1014 I4	1120 L0	1123 N3	1034 Q4	1140 T0	1143 V3	1054 Y4					
1002	E0	1104 F4	1015 I5	1021 M1	1124 N4	1035 Q5	1041 U1	1144 V4	1055 Y5					
1003	E2	1105 F5	1111 J1	1022 M2	1125 N5	1131 R1	1042 U2	1145 V5	1151 Z1					
1004	E3	1010 G0	1112 J2	1023 M3	1030 P0	1132 R2	1043 U3	1050 W0	1152 Z2					
	E4	1110 H0	1113 J3	1024 M4	1130 P0	1133 R3	1044 U4	1150 X0	1153 Z3					

2 Fill in identifying information concerning the employee.

Name (last, first, middle)		Date of birth (mm/dd/yyyy)	Social Security Number	
Employing department or agency	OWCP claim number, if applicable	Location of department or agency where you work (City, state, ZIP Code)	Daytime telephone number (including area code)	

3 In item 7: If this block is not signed, enter 0 in ALL FOUR boxes. If this block is signed, enter 1 in box 1.

Basic

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	Date (mm/dd/yyyy)
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4

Option A - Standard	Option B - Additional	Option C - Family
In item 7, box 2: If this block is not signed, enter 0 If this block is signed, enter 1.	In item 7, box 3: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below.	In item 7, box 4: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below.
<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 3 times my pay <input type="checkbox"/> 4 times my pay <input type="checkbox"/> 5 times my pay	<input type="checkbox"/> 1 multiple <input type="checkbox"/> 2 multiples <input type="checkbox"/> 3 multiples <input type="checkbox"/> 4 multiples <input type="checkbox"/> 5 multiples
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

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

In item 7: If this block is signed, enter 0 in ALL FOUR boxes.

Waiver of all life insurance coverage

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)	Date (mm/dd/yyyy)
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6 Agency Remarks:

Name and address of employing office	Date received in employing office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	If new/ newly eligible employee, enter "0" for event. Number of event permitting change (See back of Part 2)
I followed the instructions on the back of Part 1. Signature of authorized agency official			

7 INSTRUCTIONS: Enter codes in the boxes on the right as directed in items 3, 4 and 5 above.

	Insurance Code	SF 50 Equivalent
	1 2 3 4	
	<input type="text"/>	<input type="text"/>

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.