

Form SF-2823 Help Guide: Designation of Beneficiary Form

Purpose of this Form: To designate who should receive life insurance benefits in your name.

Directions:

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **3 checkboxes below** as you complete your form.
2. All forms should be the current form from OPM.GOV https://www.opm.gov/Forms/pdf_fill/sf2823.pdf
3. All signatures on this document must be made by hand. Print the form in order to sign.
4. If you make a mistake, please print and complete a new form. Forms submitted that have white-out or cross-out errors will be automatically rejected.
5. After completing, deliver the form via paper mail to Human Capital Service Center (HCSC):

Address to:

TSA HCAccess HCSC
6363 Walker Lane, Suite 400,
Alexandria, VA 22310

A) Did you remember to fill out the following **mandatory** fields?

- Name
- Date of Birth
- SSN

Have you filled out at least two of the below?

- Department/agency
- Bureau or Division
- Location

- B) If you'd like to designate a contingent beneficiary, have you used the exact language "if living, otherwise to"? If you're not using contingent beneficiaries, skip this check.

If you have only designated one beneficiary, did you indicate they should receive 100% of the benefits? OR if you have multiple or contingent beneficiaries, does the total of the column equal 100%? Remember to use the exact language "if living, otherwise to."

Example:

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Jane Doe, if living	6363 Walker Lane, Suite 400, Alexandria, VA 22310	Mother	100%
Otherwise to: John Doe	6464 Walker Lane, Suite 500, Alexandria, VA 22310	Uncle	100%

Ensure you sign and date by hand. No electronic signatures are permitted.

- C) Did you remember to include your name and address?

Witnesses cannot be beneficiaries. Did you find two witnesses that are not listed to receive benefits on this form?



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
 OMB No. 3206-0136

Important:
 Read instructions on the
 Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (<i>Last, first, middle</i>)	Date of birth of Insured (<i>mm/dd/yyyy</i>)	Social Security Number of Insured
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The Insured is:

Place an "X" in the appropriate box.

an employee

a retiree

a compensator

If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:

Department or agency where the Insured works (*If retired, last department or agency where the Insured worked*):

Department or agency _____ Bureau or division _____ Location (*city, state, and ZIP code*) _____

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (<i>Including ZIP code</i>)	Relationship	Percent or fraction designated

Total (Must equal 100% or 1.0) (Do not use dollar amounts)

(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

C. Statement of Insured or Assignee (type or print)

Your name and address (<i>Including ZIP code</i>)	Please check one: I am:	Please check all three:
	<input type="checkbox"/> the Insured <input type="checkbox"/> an Assignee <i>See Back of Part 2 for definitions</i>	<input type="checkbox"/> I have not assigned the insurance. <input type="checkbox"/> Two people who witnessed my signature signed below. <input type="checkbox"/> I did not name either witness as a beneficiary.

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (<i>Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.</i>) This form is not valid unless the Insured/Assignee signs in this box.	Date (<i>mm/dd/yyyy</i>)
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D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness	Address (<i>Including ZIP code</i>)
Signature of witness	Address (<i>Including ZIP code</i>)

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency	Date of receipt (<i>mm/dd/yyyy</i>)	Signature of authorized official	Title
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Part 1 - Original

Note: If you need more space when completing this form, see "What if I need more room?" in the instructions on the Back of Part 2.

Examples of Designations

1. How to designate one beneficiary Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

2. How to designate more than one beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Jose P. Lopez	111-11-1111	360 Williams Street Red Band, NJ 07701	Domestic Partner	one-half
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half

3. How to designate a contingent beneficiary (Someone to receive the benefits if the person you designate dies before the Insured dies)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Spouse	100%
Otherwise to: Susan A. Parrish	444-44-4444	810 West 180th Street New York, NY 10033	Sister	100%

4. How to designate different beneficiaries for Basic and Optional You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

5. How to designate an inter vivos trust (A trust that you set up during your lifetime)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 10/15/2013, if valid. Otherwise to:			Trustee	100%
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

6. How to designate a testamentary trust (A trust that is set up when you die, according to terms in your will)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:			Trustee	100%
Maria Sufuentes	999-99-9999	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

7. How to cancel all designations of beneficiary

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Cancel prior designations				

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.