The Federal Employees' Group Life Insurance Program (FEGLI)

LIFE INSURANCE

FEGLI can help you protect your loved ones from burdensome funeral costs and catastrophic loss of your income if you die unexpectedly.

**BASIC**

- **Amount of Coverage:** Your annual salary rounded up to the next even $1,000, plus $2,000
- **Who is Covered:** You
- **Cost each biweekly pay period:** 15¢ per $1,000 of coverage (Free for postal employees)
- **Cost increases with age:** No
- **Newly eligible employees automatically enrolled:** Yes, unless you waive coverage

**OPTION A**

- **Amount of Coverage:** $10,000
- **Who is Covered:** You
- **Cost each biweekly pay period:** Starting at 20¢
- **Cost increases with age:** Yes
- **Newly eligible employees automatically enrolled:** No, you must elect this coverage

**OPTION B**

- **Amount of Coverage:** 1, 2, 3, 4, or 5 multiples of your salary rounded up to the next even $1,000
- **Who is Covered:** You
- **Cost each biweekly pay period:** Starting at 2¢ per $1,000 of coverage
- **Cost increases with age:** Yes
- **Newly eligible employees automatically enrolled:** No, you must elect this coverage

**OPTION C**

- **Amount of Coverage:** 1, 2, 3, 4, or 5 multiples. Each multiple equals $5,000 for the life of your spouse and $2,500 for the life of each eligible child
- **Who is Covered:** Your spouse and unmarried dependent children under age 22
- **Cost each biweekly pay period:** Starting at 22¢ per multiple
- **Cost increases with age:** Yes
- **Newly eligible employees automatically enrolled:** No, you must elect this coverage

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<th>I want to...</th>
<th>When can I do this?</th>
<th>How can I do this?</th>
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<tbody>
<tr>
<td>Enroll or increase coverage</td>
<td>• First 60 days as a new or newly eligible employee; or</td>
<td>• Use your agency’s electronic enrollment system; or</td>
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<td></td>
<td>• Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or</td>
<td>• Go to opm.gov/forms/standard-forms</td>
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<td>• Life insurance Open Season (not annual - infrequent); or</td>
<td>• Submit form SF 2817 to your human resources office</td>
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<td>• When you pass a physical exam (Option C excluded)</td>
<td>• Bring a blank form SF 2822 to your human resources office (physical exam applications only)</td>
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<tr>
<td>Cancel or reduce coverage</td>
<td>Anytime</td>
<td>Use your agency’s electronic enrollment system or submit form SF 2817 to your HR office</td>
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<td>Designate a (new) beneficiary</td>
<td>Anytime</td>
<td>Submit form SF 2823 to your HR office</td>
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**MORE INFO:** www.opm.gov/life

For complete information, including terms and conditions, please visit www.opm.gov/life.