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FEGLI
Federal Employees Group Life Insurance

Certification of Insured Employee's Retired Status

Federal Employees' Group Life Insurance (FEGLI) Program

Important: Read instructions on the Back of Part 3 before completing this form.

A. Agency Report of Insurance Coverage

1. Name of retired employee *(last, first, middle)*

2. Date of birth *(mm/dd/yyyy)*

3. Social Security number

4. Mailing address *(including ZIP code)*

5. Plan or system under which retired

6. Retirement claim number *(if any)*

7. Annuity commencing date *(mm/dd/yyyy)*

8. Did employee retire on an immediate annuity? ☐ Yes ☐ No

9. Did employee have Basic life insurance for the 5 years immediately before the annuity commencing date or full periods available?
☐ Yes
If "Yes" check appropriate box ☐ *75% Reduction* ☐ *50% Reduction* ☐ *No Reduction*

10. Did employee have Option A — Standard for the 5 years immediately before the annuity commencing date or full periods available?
☐ Yes ☐ No

11A. How many multiples of Option B is the employee ***eligible to carry*** into retirement?
_____ (number of multiples)

11B. How many multiples of Option B does the employee ***want to carry*** into retirement?
_____ (number of multiples) ***(check one)*** ☐ No Reduction ☐ Full Reduction

12A. How many multiples of Option C is the employee ***eligible to carry*** into retirement?
_____ (number of multiples)

12B. How many multiples of Option C does the employee ***want to carry*** into retirement?
_____ (number of multiples) ***(check one)*** ☐ No Reduction ☐ Full Reduction

13. ***I certify that I obtained the above information, except for periods of unverified service alleged by the retired employee, from official records and it is correct.***

14. Name and mailing address of agency *(include ZIP code)*

15. Signature of authorized agency official

16. Typed name of authorized agency official

17. Date *(mm/dd/yyyy)*

18. Telephone number *(with area code)*

B. Certification of the Office of Personnel Management, Boyers, PA 16017

1. ☐ Individual named above has Basic life insurance as a retired employee under the Federal Employees' Group Life Insurance Program.

☐ Individual named above does not have Basic life insurance as a retired employee because:
- ☐ Not enrolled in Basic for the 5 years immediately before the annuity commencing date or full periods available.
- ☐ Not retired on an immediate annuity.
- ☐ Other *(please explain)*

2. Check the box(es) that apply in line A below if the retired employee has Option A, Option B, or Option C. If you check Option B or Option C, enter the number of multiples. If the individual does not have Option A, Option B, or Option C, check the reason in line B1, B2, B3, or B4.

A. Individual named above has this type of Optional insurance as a retired employee under the Federal Employees' Group Life Insurance Program.
- ☐ ***Option A***
- ☐ ***Option B:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____
- ☐ ***Option C:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____

B. Individual named above does not have this type of Optional insurance as a retired employee because:

B1. Did not elect this type of Optional insurance as an employee. A__ B__ C__

B2. Not eligible for Basic. A__ B__ C__

B3. Not enrolled for the 5 years immediately before the annuity commencing date or full period available. A__ B__ C__

B4. Cancelled this type of Optional insurance. A__ B__ C__

3. OPM Use Only

4. Signature of authorized OPM official

5. Typed name of authorized OPM official

6. Date *(mm/dd/yyyy)*

C. Agency Report of Termination of Retired Status

1. Reason for termination
- ☐ Death
- ☐ Termination of annuity
- ☐ Other *(please explain)*

2. Insurance coverage at time of termination
- ☐ ***Basic:*** ☐ *75% Reduction* ☐ *50% Reduction* ☐ *No Reduction*
- ☐ ***Option A***
- ☐ ***Option B:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____
- ☐ ***Option C:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____

3. If reason for termination is death, give name and address of next of kin, executor of estate or other contact.

4. Signature of authorized agency official

5. Typed name of authorized agency official

6. Date annuity terminated *(mm/dd/yyyy)*

7. Date *(mm/dd/yyyy)*

8. Telephone number *(with area code)*

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2. Date of birth *(mm/dd/yyyy)*

3. Social Security number

4. Mailing address *(including ZIP code)*

5. Plan or system under which retired

6. Retirement claim number *(if any)*

7. Annuity commencing date *(mm/dd/yyyy)*

8. Did employee retire on an immediate annuity?
☐ Yes ☐ No

9. Did employee have Basic life insurance for the 5 years immediately before the annuity commencing date or full periods available?
☐ Yes
If "Yes" check appropriate box
☐ *75% Reduction* ☐ *50% Reduction* ☐ *No Reduction*

10. Did employee have Option A — Standard for the 5 years immediately before the annuity commencing date or full periods available?
☐ Yes ☐ No

11A. How many multiples of Option B is the employee ***eligible to carry*** into retirement?
_____ (number of multiples)

11B. How many multiples of Option B does the employee ***want to carry*** into retirement?
_____ (number of multiples) ***(check one)***
☐ No Reduction ☐ Full Reduction

12A. How many multiples of Option C is the employee ***eligible to carry*** into retirement?
_____ (number of multiples)

12B. How many multiples of Option C does the employee ***want to carry*** into retirement?
_____ (number of multiples) ***(check one)***
☐ No Reduction ☐ Full Reduction

13. ***I certify that I obtained the above information, except for periods of unverified service alleged by the retired employee, from official records and it is correct.***

14. Name and mailing address of agency *(include ZIP code)*

15. Signature of authorized agency official

16. Typed name of authorized agency official

17. Date *(mm/dd/yyyy)*

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B. Certification of the Office of Personnel Management, Boyers, PA 16017

1. ☐ Individual named above has Basic life insurance as a retired employee under the Federal Employees' Group Life Insurance Program.

☐ Individual named above does not have Basic life insurance as a retired employee because:
- ☐ Not enrolled in Basic for the 5 years immediately before the annuity commencing date or full periods available.
- ☐ Not retired on an immediate annuity.
- ☐ Other *(please explain)*

2. Check the box(es) that apply in line A below if the retired employee has Option A, Option B, or Option C. If you check Option B or Option C, enter the number of multiples. If the individual does not have Option A, Option B, or Option C, check the reason in line B1, B2, B3, or B4.

A. Individual named above has this type of Optional insurance as a retired employee under the Federal Employees' Group Life Insurance Program.
- ☐ ***Option A***
- ☐ ***Option B:*** *Number of Full Reduction multiples* _____
  Number of No Reduction multiples _____
- ☐ ***Option C:*** *Number of Full Reduction multiples* _____
  Number of No Reduction multiples _____

B. Individual named above does not have this type of Optional insurance as a retired employee because:

B1. Did not elect this type of Optional insurance as an employee. A__ B__ C__

B2. Not eligible for Basic. A__ B__ C__

B3. Not enrolled for the 5 years immediately before the annuity commencing date or full period available. A__ B__ C__

B4. Cancelled this type of Optional insurance. A__ B__ C__

3. OPM Use Only

4. Signature of authorized OPM official

5. Typed name of authorized OPM official

6. Date *(mm/dd/yyyy)*

C. Agency Report of Termination of Retired Status

1. Reason for termination
- ☐ Death
- ☐ Termination of annuity
- ☐ Other *(please explain)*

2. Insurance coverage at time of termination
- ☐ ***Basic:*** ☐ *75% Reduction* ☐ *50% Reduction* ☐ *No Reduction*
- ☐ ***Option A***
- ☐ ***Option B:*** *Number of Full Reduction multiples* _____
  Number of No Reduction multiples _____
- ☐ ***Option C:*** *Number of Full Reduction multiples* _____
  Number of No Reduction multiples _____

3. If reason for termination is death, give name and address of next of kin, executor of estate or other contact.

4. Signature of authorized agency official

5. Typed name of authorized agency official

6. Date annuity terminated *(mm/dd/yyyy)*

7. Date *(mm/dd/yyyy)*

8. Telephone number *(with area code)*

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3. Social Security number

4. Mailing address *(including ZIP code)*

5. Plan or system under which retired

6. Retirement claim number *(if any)*

7. Annuity commencing date *(mm/dd/yyyy)*

8. Did employee retire on an immediate annuity? ☐ Yes ☐ No

9. Did employee have Basic life insurance for the 5 years immediately before the annuity commencing date or full periods available?
☐ Yes
If "Yes" check appropriate box ☐ *75% Reduction* ☐ *50% Reduction* ☐ *No Reduction*

10. Did employee have Option A — Standard for the 5 years immediately before the annuity commencing date or full periods available? ☐ Yes ☐ No

11A. How many multiples of Option B is the employee ***eligible to carry*** into retirement?
_____ (number of multiples)

11B. How many multiples of Option B does the employee ***want to carry*** into retirement?
_____ (number of multiples) ***(check one)*** ☐ No Reduction ☐ Full Reduction

12A. How many multiples of Option C is the employee ***eligible to carry*** into retirement?
_____ (number of multiples)

12B. How many multiples of Option C does the employee ***want to carry*** into retirement?
_____ (number of multiples) ***(check one)*** ☐ No Reduction ☐ Full Reduction

13. ***I certify that I obtained the above information, except for periods of unverified service alleged by the retired employee, from official records and it is correct.***

14. Name and mailing address of agency *(include ZIP code)*

15. Signature of authorized agency official

16. Typed name of authorized agency official

17. Date *(mm/dd/yyyy)*

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B. Certification of the Office of Personnel Management, Boyers, PA 16017

1. ☐ Individual named above has Basic life insurance as a retired employee under the Federal Employees' Group Life Insurance Program.

☐ Individual named above does not have Basic life insurance as a retired employee because:
- ☐ Not enrolled in Basic for the 5 years immediately before the annuity commencing date or full periods available.
- ☐ Not retired on an immediate annuity.
- ☐ Other *(please explain)*

2. Check the box(es) that apply in line A below if the retired employee has Option A, Option B, or Option C. If you check Option B or Option C, enter the number of multiples. If the individual does not have Option A, Option B, or Option C, check the reason in line B1, B2, B3, or B4.

A. Individual named above has this type of Optional insurance as a retired employee under the Federal Employees' Group Life Insurance Program.
- ☐ ***Option A***
- ☐ ***Option B:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____
- ☐ ***Option C:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____

B. Individual named above does not have this type of Optional insurance as a retired employee because:

B1. Did not elect this type of Optional insurance as an employee. A ☐ B ☐ C ☐

B2. Not eligible for Basic. A ☐ B ☐ C ☐

B3. Not enrolled for the 5 years immediately before the annuity commencing date or full period available. A ☐ B ☐ C ☐

B4. Cancelled this type of Optional insurance. A ☐ B ☐ C ☐

3. OPM Use Only

4. Signature of authorized OPM official

5. Typed name of authorized OPM official

6. Date *(mm/dd/yyyy)*

C. Agency Report of Termination of Retired Status

1. Reason for termination
- ☐ Death
- ☐ Termination of annuity
- ☐ Other *(please explain)*

2. Insurance coverage at time of termination
- ☐ ***Basic:*** ☐ *75% Reduction* ☐ *50% Reduction* ☐ *No Reduction*
- ☐ ***Option A***
- ☐ ***Option B:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____
- ☐ ***Option C:*** *Number of Full Reduction multiples* _____ *Number of No Reduction multiples* _____

3. If reason for termination is death, give name and address of next of kin, executor of estate or other contact.

4. Signature of authorized agency official

5. Typed name of authorized agency official

6. Date annuity terminated *(mm/dd/yyyy)*

7. Date *(mm/dd/yyyy)*

8. Telephone number *(with area code)*

Instructions and Definitions

Completion of Form — Complete Section A of this form for each insured employee who has retired under any system other than the Civil Service Retirement System (CSRS) or Federal Employees' Retirement System (FERS) and who submits a completed *Agency Certification of Insurance Status* (SF 2821).

Disposition of Form — Send Part 1 and Part 2 of this form and all life insurance forms (SF 2817, SF 2818, SF 2819, SF 2821, SF 2823, RI 76-10, RI 76-27, FE-8C, etc.) and applicable court order(s), if any, to the Office of Personnel Management (OPM), P.O. Box 45, Boyers, PA 16017-0045. Keep Part 3 in the annuitant's file. We will complete Section B and send you a copy for your records, indicating whether the retired annuitant is insured.

Immediate Annuity — See item 8 of Section A. This means an annuity which begins to accrue no later than 1 month after the date that the insurance would otherwise stop. (You can find this date on the *Agency Certification of Insurance Status* [SF 2821] that the retiring employee submitted to you.)

Reduction or Cancellation of Insurance — An annuitant can cancel Basic and/or Optional insurance at any time, unless he/she assigned the coverage. In that case only the assignee(s) may cancel the coverage. Cancellation of Basic automatically cancels all Optional insurance.

In order to cancel, the annuitant (or assignee(s), as applicable) should write to you requesting the change, so that you can reduce or stop deductions. The change is effective at the end of the month in which you receive the request. You should send the original letter to OPM, P.O. Box 45, Boyers, PA 16017-0045. Keep a copy in the annuitant's file.

Changing Post-Retirement Basic to 75% Reduction — An annuitant can change Basic from No Reduction or 50% Reduction to 75% Reduction at any time, unless he/she assigned the coverage. In that case, only the assignee(s) can change the Basic. The annuitant (or assignee(s), as applicable) should write to you to request the change. The change is effective at the end of the month in which you receive the request. You should send the original letter to OPM at the above address. Keep a copy in the annuitant's file. The annuitant is not entitled to a refund of withholdings you already made.

Neither the annuitant nor the assignee(s) can change from No Reduction to 50% Reduction or vice versa, nor from 75% Reduction to either 50% or No Reduction.

Changing Post-Retirement Option B or Option C — An annuitant can change ***all*** multiples of Option B and/or Option C from Full Reduction to No Reduction or vice versa at any time before reaching age 65, unless he/she assigned the coverage. In that case, only the assignee(s) can change Option B from No Reduction to Full Reduction. The annuitant (or assignee(s), as applicable) should write you to request the change. The change is effective at the end of the month in which you receive the request. You should send the original letter to OPM at the above address. Keep a copy in the annuitant's file. (Of course such changes before age 65 have no practical meaning. Annuitants continue to pay for Option B and Option C coverage until they reach age 65. Whether they continue to pay premiums after age 65 depends on their choice of No Reduction or Full Reduction.)

Age 65 Birthday Letter **—** You need to send a letter to all annuitants shortly before they reach age 65, or shortly after they retire if they retire after age 65. This letter should give the annuitant a choice to mix and match Option B and Option C multiples with No Reduction and Full Reduction. You may also need to write to assignees. Please contact us if you need more information about this.

After reaching age 65, the annuitant can only change some or all multiples from No Reduction to Full Reduction, unless he/she assigned the coverage. In that case, only the assignee(s) can change Option B from No Reduction to Full Reduction. The annuitant is not entitled to a refund of withholdings you already made. Neither the annuitant nor assignee(s) can change from Full Reduction to No Reduction.

Reporting Terminations of Annuity — When the annuitant dies or the annuity terminates, complete Section C and send the form to OPM. If you receive a completed *Claim for Death Benefits* (Form FE-6) and/or certified death certificate, also send them to OPM.