

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 \$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 \$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

I want to...	When can I do this?	How can I do this?
Enroll or increase coverage	<ul style="list-style-type: none"> First 60 days as a new or newly eligible employee; or Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or Life insurance Open Season (not annual - infrequent); or When you pass a physical exam (Option C excluded) 	<ul style="list-style-type: none"> Use your agency's electronic enrollment system; or Go to opm.gov/forms/standard-forms Submit form SF 2817 to your human resources office Bring a blank form SF 2822 to your human resources office (physical exam applications only)
Cancel or reduce coverage	Anytime	Use your agency's electronic enrollment system or submit form SF 2817 to your HR office
Designate a (new) beneficiary	Anytime	Submit form SF 2823 to your HR office

MORE INFO: www.opm.gov/life

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

