

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

| 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.

