

E-Mail ALSPO I/05

Subj: Servicemembers' Group Life Insurance (SGLI) Automatic Coverage Increase

Ref: (a) [ALCOAST 430/05; SGLI Program Changes](#)

Purpose The purpose of this E-Mail ALSPO is to provide guidance concerning coverage and premium deductions for the automatic increase in SGLI coverage to \$400,000.

Discussion The Emergency Supplemental Appropriations Act for Defense, the Global War on Terror and Tsunami Relief Act 2005 (Public Law 109-13) increases the maximum amount of SGLI coverage from \$250,000 to \$400,000 for all service members effective 1 September 2005.

Pending legislation will, if enacted, make these provisions permanent (the provision of PL 109-13 expire on 30 September, 2005) and modify requirements for beneficiary consent/notification in the event a member declines coverage, elects reduced coverage or, in the case of a married member, designates a beneficiary other than the spouse or a child. A forthcoming ALCOAST message will provide policy guidance for beneficiary notification.

Automatic Coverage On 1 September 2005, all members eligible for SGLI will be automatically covered for \$400,000 and a monthly premium of \$26.00 will be deducted from the member's September 2005 pay.

Members may elect to decline or reduce coverage prior to 31 October 2005, without cost. For purposes of premiums, any elections to decline or reduce coverage made during the month of September or October 2005 and input in Direct-Access will be treated as being effective 1 September 2005. Any deductions made, based on the automatic increase, from the member's September or October pay will be refunded in the first payday following successful processing of the transaction in JUMPS. For purposes of coverage, the automatic \$400,000 will remain in effect until midnight at the end of the month during which the election to reduce or decline coverage was signed and witnessed.

Continued on next page

E-Mail ALSPO I/05

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Automatic Coverage (cont'd)

After 31 October 2005, a member's decision to reduce or decline coverage will take effect at midnight at the end of the month. The premium is pay-as-you-go so the reduction in premium will not show up until the following month. No refunds will be made.

Example: On 15 September 2005, a member completes SGLV 8286 (SGLI Election and Certificate) to decline coverage. The SPO inputs the SGLI election in DA on 18 September. One half of the premium (\$13.00) for \$400,000 of coverage was deducted from the member's 15 September 2005 pay. The reduction in coverage is effective 1 October 2005. The amount deducted from the member's mid-month September pay will be refunded in their end-month September pay and no premium will be withheld from the October 2005 pay.

Coverage Increments and Premiums

SGLI coverage will be available in \$50,000 increments with a minimum coverage amount of \$50,000.

- For elections on or after 1 September 2005, the member may elect zero coverage or a coverage level less than the maximum of \$400,000, in increments of \$50,000.
- The monthly premium rate for SGLI coverage will remain at .065 per \$1,000 of coverage, or \$3.25 per \$50,000.
- The following premiums apply at each coverage level:

Coverage Level	Monthly Premium	DA/JUMPS Election Code
\$50,000	\$3.25	5
\$100,000	\$6.50	A
\$150,000	\$9.75	F
\$200,000	\$13.00	K
\$250,000	\$16.25	P
\$300,000	\$19.50	Q
\$350,000	\$22.75	R
\$400,000	\$26.00	S
\$0 (Declined)	0	0
\$0 (Admin. stop)	0	Y (PSC use only)

Continued on next page

E-Mail ALSPO I/05

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**Impact on
Family
Coverage**

The automatic increase in SGLI coverage to \$400,000 has no impact on Family SGLI. Family SGLI maximum spousal coverage will remain at \$100,000 or the amount of the member's coverage; whichever is lower.

Example: On 31 August 2005, a member has \$50,000 of basic SGLI coverage and \$50,000 of spousal coverage under Family SGLI. On 1 September 2005, the member is automatically covered for \$400,000. The spousal coverage remains at \$50,000.

SPO Action

On 1 September 2005 PSC will update DA (Compensate Employees > Administer Base Benefits > Life and AD/D Benefits) and JUMPS segment 32 to reflect automatic \$400K SGLI coverage for all eligible personnel. No SPO action is required to implement the automatic coverage.

Members who decline SGLI coverage or elect reduced coverage must complete a new form SGLV-8286. Such elections cannot be made by the member or accepted at the SPO before 1 September 2005. SPOs shall input elections, for members declining or electing reduced coverage, in DA. See the *Elections and Beneficiaries* instructions in the DA Online Manual at <http://cgweb.psc.uscg.mil/ps> or <http://www.uscg.mil/hq/psc/ps> for step-by-step procedures. Enclosure (1) provides additional details for entering elections to reduce or decline the automatic coverage increase.

Any SGLI elections input in DA before 1 September, with effective dates of 1 September 2005 or later will not be processed in JUMPS. A special update program will rebuild all SGLI segments (JUMPS Segment 32) on 1 September, to reflect the automatic increase to \$400K. SPOs must reenter these elections in DA on or after 1 September. PSC will contact individual SPOs, via e-mail, with a listing of SGLI transactions that need to be reentered.

Continued on next page

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Questions Questions regarding the content of this E-Mail ALSPO may be directed to PSC Customer Care at:



(866) 772-8724/(785) 339-2200



<http://www.uscg.mil/hq/psc/customerservice.htm>
pssccustomercare@hrrsic.uscg.mil

Released by Internet release authorized.

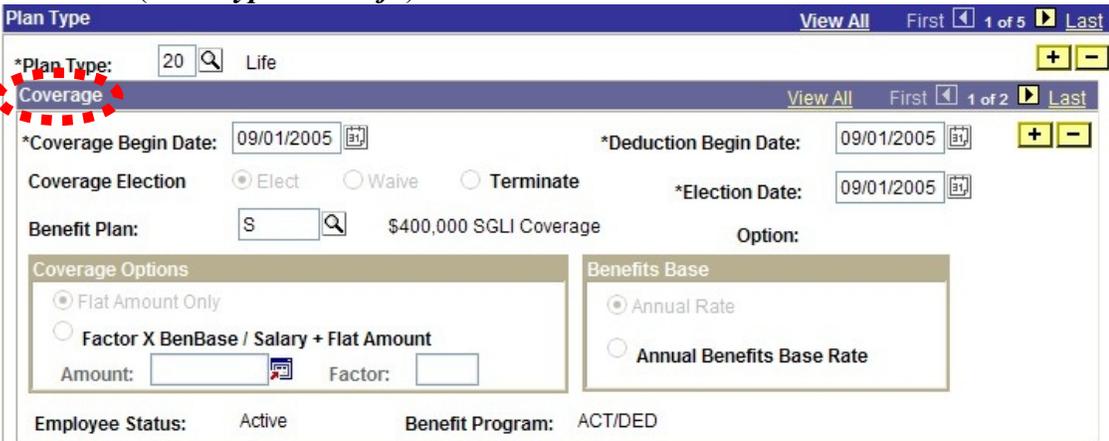
/s/
M. P. SULLIVAN
Executive Director

Encl: (1) Entering SGLI Elections for Reduced or No Coverage Following Automatic Update to \$400K Coverage

Entering SGLI Elections for Reduced or No Coverage Following Automatic Update to 400K Coverage

Introduction This guide provides the procedure for entering SGLI elections for declinations or reductions of the automatic increase in SGLI coverage.

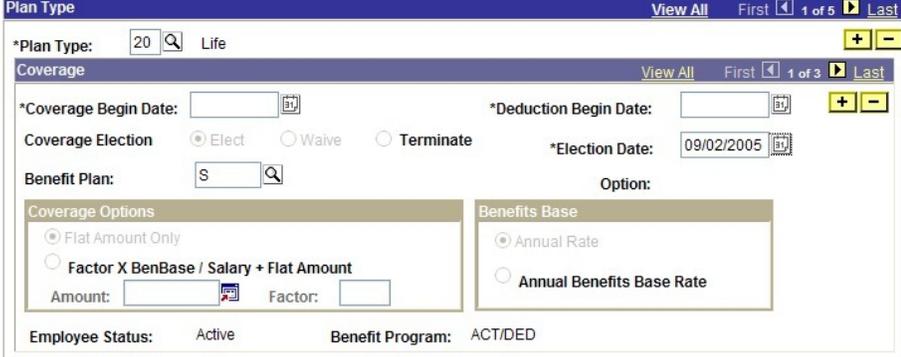
Procedure Follow these steps when a member elects to decline or reduce coverage:

Step	Action
1	Log into PeopleSoft and select the following menu items: Compensate Employees > Administer Base Benefits > Use > Life and AD/D Benefits
2	Enter the member's Employee ID Number (EmpLID) or Social Security Number (National ID) in the appropriate field of the search record form and click the Search button.
3	<p>The member's page will display. The most recent SGLI entry will normally display first. However, it may be necessary to navigate the rows for Plan Types to locate the SGLI row (<i>Plan Type 20 – Life</i>)</p>  <p>The screenshot shows the following details:</p> <ul style="list-style-type: none"> Plan Type: 20 Life Coverage: (highlighted with a red dashed circle) *Coverage Begin Date: 09/01/2005 *Deduction Begin Date: 09/01/2005 Coverage Election: <input checked="" type="radio"/> Elect <input type="radio"/> Waive <input type="radio"/> Terminate *Election Date: 09/01/2005 Benefit Plan: S \$400,000 SGLI Coverage Coverage Options: <input checked="" type="radio"/> Flat Amount Only <input type="radio"/> Factor X BenBase / Salary + Flat Amount Benefits Base: <input checked="" type="radio"/> Annual Rate <input type="radio"/> Annual Benefits Base Rate Employee Status: Active Benefit Program: ACT/DED

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Entering SGLI Elections for Reduced or No Coverage Following Automatic Update to 400K Coverage, Continued

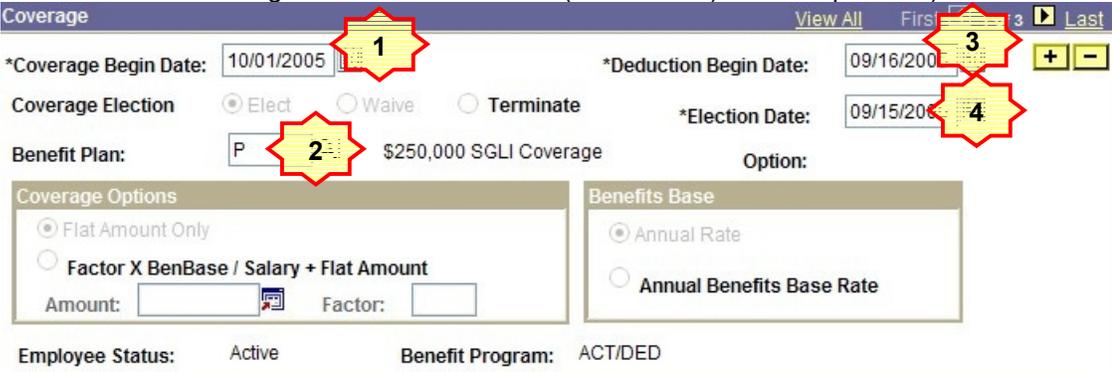
Procedure (continued)

Step	Action						
<p>4</p>	<p>Click the Add New Row (+) button IN THE COVERAGE row.</p>  <p>This set of Add/Remove row buttons inserts and deletes Plan Types. They are not used in this procedure.</p> <p>This set of Add/Remove row buttons inserts and deletes coverage types. Click the Add (+) button to insert the new election.</p>						
<p>5</p>	<p>A new SGLI Coverage Row will be inserted.</p> 						
<p>6</p>	<p>Complete the following fields:</p> <table border="1" data-bbox="381 1270 1412 1711"> <thead> <tr> <th>Field</th> <th>Entry</th> </tr> </thead> <tbody> <tr> <td>Coverage Begin Date</td> <td> <p>Date the coverage is effective.</p> <ul style="list-style-type: none"> 1st day of the following month. Unless the current date is the 1st day of the current month, then use the current date. </td> </tr> <tr> <td>Deduction Begin Date</td> <td> <p>Effective date of transaction. Normally the same as the Coverage Begin Date.</p> <ul style="list-style-type: none"> For elections to decline or reduce the \$400K automatic coverage increase made before 1 November 2005, the <u>SPO must enter a September or October 2005 date.</u> Cannot be the same date as any other SGLI election for this member (e. g. Cannot be 1 September. That date was used by the system for the auto-update to 400K.) </td> </tr> </tbody> </table>	Field	Entry	Coverage Begin Date	<p>Date the coverage is effective.</p> <ul style="list-style-type: none"> 1st day of the following month. Unless the current date is the 1st day of the current month, then use the current date. 	Deduction Begin Date	<p>Effective date of transaction. Normally the same as the Coverage Begin Date.</p> <ul style="list-style-type: none"> For elections to decline or reduce the \$400K automatic coverage increase made before 1 November 2005, the <u>SPO must enter a September or October 2005 date.</u> Cannot be the same date as any other SGLI election for this member (e. g. Cannot be 1 September. That date was used by the system for the auto-update to 400K.)
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Entering SGLI Elections for Reduced or No Coverage Following Automatic Update to 400K Coverage, Continued

Procedure (continued)

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6	<p>Complete the following fields:</p> <table border="1" data-bbox="300 541 1412 1045"> <thead> <tr> <th>Field</th> <th>Entry</th> </tr> </thead> <tbody> <tr> <td>Election Date</td> <td>Date member signed SGLV 8286 form.</td> </tr> <tr> <td>Benefit Plan</td> <td>Member's SGLI election. Click the  lookup icon and select the code for the coverage elected by the member or "0" if member declined coverage. Search Results View All First 1-10 of 10 Last Benefit Plan Description <table border="1" data-bbox="527 766 812 1018"> <thead> <tr> <th>Benefit Plan</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>0</td><td>Decline SGLI Coverage</td></tr> <tr><td>5</td><td>\$50,000 SGLI Coverage</td></tr> <tr><td>A</td><td>\$100,000 SGLI Coverage</td></tr> <tr><td>E</td><td>\$150,000 SGLI Coverage</td></tr> <tr><td>K</td><td>\$200,000 SGLI Coverage</td></tr> <tr><td>P</td><td>\$250,000 SGLI Coverage</td></tr> <tr><td>Q</td><td>\$300,000 SGLI Coverage</td></tr> <tr><td>R</td><td>\$350,000 SGLI Coverage</td></tr> <tr><td>S</td><td>\$400,000 SGLI Coverage</td></tr> <tr><td>Y</td><td>Administrative Stop</td></tr> </tbody> </table> Note: "Y" – Administrate Stop is used by PSC only. </td> </tr> </tbody> </table> <p><i>Example of completed data entry.</i></p> <ol style="list-style-type: none"> Coverage is effective on 1 October. Member elected \$250K coverage. SPO completed data entry on 16 September. Member signed Election Certificate (SGLV-8286) on 15 September.  <p>Coverage</p> <p>*Coverage Begin Date: 10/01/2005 1 *Deduction Begin Date: 09/16/2005 3</p> <p>Coverage Election <input checked="" type="radio"/> Elect <input type="radio"/> Waive <input type="radio"/> Terminate *Election Date: 09/15/2005 4</p> <p>Benefit Plan: P 2 \$250,000 SGLI Coverage Option:</p> <p>Coverage Options: <input checked="" type="radio"/> Flat Amount Only <input type="radio"/> Factor X BenBase / Salary + Flat Amount Amount: <input type="text"/> Factor: <input type="text"/></p> <p>Benefits Base: <input checked="" type="radio"/> Annual Rate <input type="radio"/> Annual Benefits Base Rate</p> <p>Employee Status: Active Benefit Program: ACT/DED</p>	Field	Entry	Election Date	Date member signed SGLV 8286 form.	Benefit Plan	Member's SGLI election. Click the  lookup icon and select the code for the coverage elected by the member or "0" if member declined coverage. Search Results View All First 1-10 of 10 Last Benefit Plan Description <table border="1" data-bbox="527 766 812 1018"> <thead> <tr> <th>Benefit Plan</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>0</td><td>Decline SGLI Coverage</td></tr> <tr><td>5</td><td>\$50,000 SGLI Coverage</td></tr> <tr><td>A</td><td>\$100,000 SGLI Coverage</td></tr> <tr><td>E</td><td>\$150,000 SGLI Coverage</td></tr> <tr><td>K</td><td>\$200,000 SGLI Coverage</td></tr> <tr><td>P</td><td>\$250,000 SGLI Coverage</td></tr> <tr><td>Q</td><td>\$300,000 SGLI Coverage</td></tr> <tr><td>R</td><td>\$350,000 SGLI Coverage</td></tr> <tr><td>S</td><td>\$400,000 SGLI Coverage</td></tr> <tr><td>Y</td><td>Administrative Stop</td></tr> </tbody> </table> Note: "Y" – Administrate Stop is used by PSC only.	Benefit Plan	Description	0	Decline SGLI Coverage	5	\$50,000 SGLI Coverage	A	\$100,000 SGLI Coverage	E	\$150,000 SGLI Coverage	K	\$200,000 SGLI Coverage	P	\$250,000 SGLI Coverage	Q	\$300,000 SGLI Coverage	R	\$350,000 SGLI Coverage	S	\$400,000 SGLI Coverage	Y	Administrative Stop
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Entering SGLI Elections for Reduced or No Coverage Following Automatic Update to 400K Coverage, Continued

Procedure (continued)

Step	Action
7	Click Save .
8	<p>The following warning message may appear:</p> <p>Home > Compensate Employees > Administer Base Benefits > Use > Life and AD/D Benefits</p> <p>Warning -- Deduction Begin Date precedes Coverage Begin Date. (3000,74)</p> <p>Deduction Begin Date typically is later than or equal to Coverage Begin Date.</p> <p>Leave as is, or correct one or both dates.</p> <p><input type="button" value="OK"/> <input type="button" value="Cancel"/></p> <p>Click OK to continue. This warning appears because the deduction begin date is normally the same as the coverage begin date. It is only during the 2-month period of September and October 2005, following the automatic increase to \$400K coverage, that elections to reduce or decline coverage retroactively are being accepted.</p>
9	Click the Return to Search button to begin another transaction or exit the system.

R 261712Z AUG 05 ZUI ASN-A00238000029 ZYB
FM COMDT COGARD WASHINGTON DC//CG-12//
TO ALCOAST
BT

UNCLAS //N07220//

ALCOAST 430/05

COMDTNOTE 7220

SUBJ: SGLI PROGRAM CHANGES

A. PUBLIC LAW 109-13, EMERGENCY SUPPLEMENTAL APPROPRIATIONS ACT, FOR DEFENSE, THE GLOBAL WAR ON TERROR, AND TSUNAMI RELIEF, 2005
1. REF (A) REVISED THE BENEFITS THAT ARE PROVIDED IN THE DECEDENT AFFAIRS PROGRAM. THIS ALCOAST DESCRIBES KEY DETAILS OF THE CHANGES TO SERVICEMEMBERS GROUP LIFE INSURANCE (SGLI).

2. SGLI BENEFIT INCREASE:

A. SGLI BENEFITS WILL INCREASE TO 400,000 DOLLARS FOR ALL ACTIVE DUTY AND ELIGIBLE RESERVISTS, EFFECTIVE AT MIDNIGHT AT THE INTERNATIONAL DATELINE AT THE START OF 1 SEP 2005. THE MONTHLY PREMIUM RATE WILL REMAIN THE SAME, AT 3.25 DOLLARS PER 50,000 DOLLARS OF COVERAGE. THE INCREASED BENEFIT LEVEL WILL INCREASE THE MONTHLY PREMIUM TO 26.00 DOLLARS. ALL BENEFIT PAYMENTS WILL BE PAID BY THE OFFICE OF SERVICEMEMBERS GROUP LIFE INSURANCE (OSGLI) AND THE TRANSITIONAL SGLI GRATUITY WILL NO LONGER BE PAID BY THE COAST GUARD.

IMPORTANT NOTE: ON 1 SEP 2005, EVERY ELIGIBLE MEMBER OF THE COAST GUARD WILL HAVE 400,000 DOLLARS OF SGLI IN EFFECT, EVEN IF THEY PREVIOUSLY REDUCED OR DECLINED COVERAGE.

B. DESIGNATED BENEFICIARIES WILL NOT CHANGE. HOWEVER, THE AMOUNT OF BENEFITS WILL SCALE UP TO MATCH THE INCREASED MAXIMUM. EXAMPLE: AN UNMARRIED MEMBER HAS ONE SISTER DESIGNATED TO RECEIVE 100,000 DOLLARS AND A SECOND SISTER DESIGNATED TO RECEIVE 150,000 DOLLARS. ON 1 SEP THE AMOUNTS WILL CHANGE PROPORTIONALLY, SO THE FIRST SISTER WOULD RECEIVE 160,000 DOLLARS AND THE SECOND SISTER, 240,000 DOLLARS. ANY MEMBER DESIRING TO CHANGE BENEFICIARY DESIGNATIONS SHOULD COMPLETE FORM SGLV-8286, SGLI ELECTION AND CERTIFICATE, PROPERLY WITNESSED AND FILED AT THE SERVICING PERSONNEL OFFICE (SPO).

C. MEMBERS MAY REQUEST REDUCED COVERAGE IN 50,000 DOLLAR INCREMENTS. USE FORM SGLV-8286, SGLI ELECTION AND CERTIFICATE, PROPERLY WITNESSED AND FILED AT THE SERVICING PERSONNEL OFFICE (SPO). NO REQUESTS FOR REDUCED COVERAGE WILL BE ACCEPTED PRIOR TO 1 SEP 2005. MEMBERS WHO REQUEST REDUCED COVERAGE PRIOR TO 1 NOV 2005 WILL BE ENTITLED TO A REFUND OF EXCESS PREMIUMS PAID. TO BE CONSIDERED TIMELY FOR PREMIUM REFUND PURPOSES, A REQUEST TO REDUCE OR TO DECLINE COVERAGE MUST BE RECEIVED BY THE SPO OR, AT VERY LEAST, POSTMARKED NLT 31 OCT 2005. AFTER THAT, A REQUEST FOR REDUCED COVERAGE WILL TAKE EFFECT ON THE FIRST DAY OF THE FOLLOWING MONTH, AND NO REFUND OF PREMIUMS WILL BE MADE. FORM SGLV-8286 (REV. SEP 2005) WILL BE POSTED ONLINE ON 31 AUG 2005. THIS FORM AND RELATED FORMS CAN BE FOUND AT:
WWW.INSURANCE.VA.GOV/SGLISITE/FORMS/FORMS.HTM.

D. REFERENCE (A) CREATED NEW REPORTING AND NOTICE REQUIREMENTS FOR THE SGLI BENEFICIARIES OF A MEMBER. IMPLEMENTING REGULATIONS ARE BEING DEVELOPED AND WILL BE ISSUED LATER.

E. THESE CHANGES TO SGLI WILL NOT AFFECT COVERAGE UNDER FAMILY SGLI (FSGLI). SUCH COVERAGE AND LIMITATIONS ON SUCH COVERAGE CONTINUE UNDER PREVIOUSLY EXISTING RULES. OTE THAT THE SPOUSE OF

Reference: (a)

EVERY MARRIED MEMBER IS BY LAW AUTOMATICALLY COVERED FOR UP TO 100,000 DOLLARS (NTE THE AMOUNT OF THE MEMBERS SGLI, IF LESS THAN 100,000 DOLLARS) UNLESS THE MEMBER HAS A PROPERLY COMPLETED SGLV-8286A, FAMILY COVERAGE ELECTION FORM, ON FILE AT THE SPO. EVERY MARRIED MEMBER WITH NO SGLV-8286A ON FILE IS LIABLE FOR THE MONTHLY DEDUCTION FOR FSGLI. FOR MEMBERS MARRIED TO MEMBERS, BOTH MEMBERS SHOULD BE PAYING FSGLI PREMIUMS UNLESS ONE OR BOTH OF THEM HAVE AN SGLV-8286A ON FILE.

F. THE MAXIMUM VETERANS GROUP LIFE INSURANCE (VGLI) COVERAGE IS EQUAL TO THE SAME SGLI AMOUNT CARRIED BY MEMBERS WHEN THEY SEPARATE - UP TO 400,000 DOLLARS.

3. BENEFICIARY FINANCIAL COUNSELING SERVICE (BFCS): BFCS IS A BENEFIT PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS (VA). VA WILL OFFER BFCS TO ANY BENEFICIARY RECEIVING PAYMENTS OF 10,000 DOLLARS OR MORE DUE TO SGLI. THE BENEFIT IS AVAILABLE FOR ONE YEAR FOLLOWING PAYMENT OF SGLI.

4. TRANSITIONAL SGLI GRATUITY:

A. FOR A QUALIFYING DEATH DURING THE PERIOD 11 MAY 2005 THROUGH 31 AUG 2005, THE COAST GUARD WILL PAY AN ADDITIONAL BENEFIT OF 150,000 DOLLARS, KNOWN AS THE TRANSITIONAL SGLI GRATUITY, AS A SUPPLEMENT TO EXISTING SGLI. IT WILL BE PAID TO THE SAME BENEFICIARIES AND IN THE SAME PROPORTIONS AS THE SGLI BENEFITS OF THE DECEASED MEMBER. IF THE MEMBER HAD ZERO SGLI IN EFFECT, 150,000 DOLLARS WILL BE PAID FOR A QUALIFYING DEATH. IF THE MEMBER DID NOT DESIGNATE BENEFICIARIES, THIS AMOUNT WILL BE PAID BY LAW.

B. A QUALIFYING DEATH IS ONE INCURRED IN THE THEATER OF OPERATIONS OF OPERATION ENDURING FREEDOM (OEF) OR OPERATION IRAQI FREEDOM (OIF), OR WHILE DEPLOYED OUTSIDE THE UNITED STATES ON ORDERS IN SUPPORT OF OEF OR OIF, OR IN A GEOGRAPHIC LOCATION THAT QUALIFIED THE MEMBER FOR COMBAT ZONE TAX EXCLUSION (CZTE), OR UNDER COMBAT-RELATED CONDITIONS AS DEFINED AT SECTION 1413A(E)(2) OF TITLE 10, UNITED STATES CODE.

5. MORE INFORMATION ON SGLI IS AVAILABLE AT THE VA INSURANCE WEBSITE AT WWW.INSURANCE.VA.GOV AND BY E-MAIL TO THE OFFICE OF SERVICEMEMBERS GROUP LIFE INSURANCE AT OSGLI.OSGLI(AT)PRUDENTIAL.COM.

6. COS AND OINCS SHALL BRING THIS ALCOAST TO THE ATTENTION OF ALL MILITARY PERSONNEL. QUESTIONS CONCERNING THIS ALCOAST MAY BE SUBMITTED VIA E-MAIL TO: COMPENSATION (AT) COMDT.USCG.MIL.

7. INTERNET RELEASE AUTHORIZED.

8. RADM STEPHEN W. ROCHON, DIRECTOR OF PERSONNEL MANAGEMENT, SENDS.

BT

NNNN

Directions To Personnel Clerks Of The Uniformed Services

1. Complete all appropriate items on this form. All entries except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Include the name, address, and social security number (if available) of the beneficiary(ies), and the relationship of the beneficiary(ies) to the servicemember (e.g. father, sister).
3. If a servicemember wants to designate a beneficiary other than would be normal under his or her family circumstances, see "Unclear or Unusual Beneficiary Designations" (section 6.03) in the *Servicemembers' Group Life Insurance Handbook*, Handbook 29-75-1 (www.insurance.va.gov).
4. An authorized agent of the Uniformed Services must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should include the date he or she received the form.
5. This form, properly completed, is authority to a payroll office to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.
6. If this form is being used to decline SGLI coverage, inform the servicemember that this action will mean that he/she will no longer have Family SGLI coverage - both spousal coverage and dependent child coverage. Have the servicemember complete SGLV 8286A and take action to end payment of Family spousal premiums.
7. Inform the servicemember that if he or she has questions about this form, he or she may obtain the advice of a military attorney at no expense to the servicemember.
8. **After the form is completed in its entirety**, you should:
 - Make two photocopies of the completed form (page 2) and page 4 (Beneficiary Continuation) if applicable
 - Distribute as follows:

<ul style="list-style-type: none"> ▪ Original copy of page 2 ▪ Original copy of page 4 (if applicable) 	Promptly file in the official personnel file of the member
<ul style="list-style-type: none"> ▪ Photocopy of page 2 ▪ Photocopy of page 4 (if applicable) ▪ Directions to Servicemember (page 3) ▪ Introduction to VA Benefits (page 5) 	To servicemember
<ul style="list-style-type: none"> ▪ Photocopy of page 2 ▪ Photocopy of page 4 (if applicable) 	To the Active or Reserve component of the Uniformed Service.

Remember: If this form is used to decline SGLI coverage and the servicemember has Spousal Family SGLI coverage, you should take action to discontinue payment of spousal Family SGLI premiums.

Note: Please do NOT send any of the forms or copies to the Office of Servicemembers' Group Life Insurance or to the Department of Veterans Affairs.

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage	Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.
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Last name	First name	Middle name	Rank, title or grade	Social Security Number
-----------	------------	-------------	----------------------	------------------------

Branch of Service (Do not abbreviate)	Current Duty Location
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Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

I want coverage in the amount of \$ _____ Your initials _____

(Write "I do not want Insurance at this time.")

***Note:** Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK _____ Date: _____
 (Your signature. Do not print.)

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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Directions To Servicemember

What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services must witness your signature.

Periods of Coverage

This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release. You may convert your SGLI to Veterans' Group Life Insurance within 120 days of separation without proof of good health, or within one year and 120 days with proof of good health by contacting the Office of Servicemembers' Group Life Insurance (see below).

Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.
2. **Naming Beneficiaries**
 - A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without his/her consent. However, your spouse will be notified if you reduce coverage or name a beneficiary other than your spouse.
 - B. If the beneficiary is a married woman, use her given first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
 - C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
 - D. If you want to name more than four principal or contingent beneficiaries, list those beneficiaries on the Beneficiary Continuation Form (page 5) and check the block under the principal or contingent blocks on page 2, indicating that you have done so. The Beneficiary Continuation Form (page 5) should then be attached to page 2 of the 8286.
 - E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
 - F. You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.
3. **Social Security Number** - Do not delay completing this form if you do not have a beneficiary's Social Security Number. The Social Security Number helps us to locate the beneficiary, but is not required.
4. **Shares to each beneficiary** - If you name more than one beneficiary, the sum of the shares must equal 100% or the full dollar amount of your insurance.

Example: mother	\$200,000		50%		1/2
<u>father</u>	<u>\$200,000</u>	or	<u>50%</u>	or	<u>1/2</u>
Total	\$400,000		100%		1

5. **Payment Option** - You may choose whether you want the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump sum" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump sum" or leave the block blank.
6. **Provisions For Payment Of Insurance**
 - A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
 - B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made by law, the proceeds will be paid in the following order:
 1. Widow or widower
 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
 3. Parent(s) in equal shares or all to surviving parent
 4. A duly appointed executor or administrator of your estate
 5. Other next of kin

What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the **Office of Servicemembers' Group Life Insurance**, 290 West Mt. Pleasant Ave, Livingston, NJ 07039. Your beneficiary may also call 1-800-419-1473 for claim information.



Department of Veterans Affairs

What You Should Know About VA Benefits

Once you enter into the service, you may be eligible for a variety of benefits offered by the U.S. Department of Veterans Affairs (VA). These benefits include, but are not limited to, the following:

Compensation & Pension

You may be eligible for compensation for any injuries or illnesses you suffer while on active duty or any pre-existing disabilities which are aggravated by your service in the Armed Forces. You may also be eligible for a disability pension if you are a wartime veteran with limited income and you are no longer able to work.

Education & Training

The Montgomery GI Bill is your chance to secure a source of financial assistance for your future education and training needs. *You can only enroll in this program when you are entering active duty for the first time.* After completing 24 months of active duty service, you can begin receiving your GI Bill benefits for an approved program of education or training. Some family members of disabled or deceased veterans are also eligible for education benefits.

Vocational Rehabilitation & Employment

The Vocational Rehabilitation & Employment program helps certain servicemembers and veterans who incur injuries and/or illnesses during their military service to get and keep suitable employment. Among the services offered are employment assistance, self-employment assistance, training in a rehabilitation facility, and college and other training. Severely disabled veterans may receive assistance to improve their ability to live independently.

Life Insurance

You may be eligible for VA life insurance if you are injured or disabled while you are in the service and VA gives you a rating for your injury or disability. Up to \$10,000 in life insurance coverage is available at standard insurance rates. If you are totally disabled, you may also apply for a waiver of premiums. For those veterans who are eligible for this waiver, additional coverage of up to \$20,000 is available. You can also convert your SGLI insurance to Veterans' Group Life Insurance, which offers renewable term coverage at competitive rates.

Home Loans

VA can guarantee part of a loan from a private lender to help you buy a home, a manufactured home, a lot, or certain types of condominiums. VA also guarantees loans for building, repairing, and improving homes. If you already have a mortgage, VA may be able to help you refinance your loan at a lower interest rate.

How To Contact VA

For more information about VA benefits, you may visit your local VA office or call us toll-free at **1-800-827-1000**. For information on VA life insurance benefits, call **1-800-669-8477**. For more information on VA education benefits, call **1-888-442-4551**. You can also get information on VA's website at www.va.gov by clicking on *Veterans Benefits & Services*.

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate Beneficiary Continuation

Instructions: This page is to be used **ONLY** when the servicemember wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

Member Information

Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
5.				
6.				
7.				
8.				
9.				
10.				
Contingent				
5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

SIGN HERE IN INK _____ Date: _____
(Your signature. Do not print.)

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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