

Certification Of Insured Employee's Retired Status (See instructions on reverse side)

Name of retired employee (last, first, middle)		Date of birth (mo., day, yr.) Social security number							
4. Mailing address (number, street, City, State and ZIP Code)		5. Plan or	System under which retired	Retirement claim number (if any)					
		7. Effective	ve date of annuity (mo., day, yr.)	8. Did employee annuity?		an imr	nedia	ate	
9. Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date?		10. Did en opport	nployee have Standard Optional unity or the 5 years immediately	Insurance (Option A) from the	efirst	date	≘?	
Yes If "Yes" check	75% Reduction 50% Reduction								
appropriate box	No Reduction	Yes		No					
Did employee have Additional Optional Insural opportunity or the 5 years immediately preceded.			nployee have Family Optional In 5 years immediately preceding t				portu	unity	
Yes	No	Yes		No					
13. I hereby <i>certify</i> that the above informobtained from official records and is		unverifie	d service alleged by the re	etired employee,	has be	en			
14. Name and mailing address of agency (include	ZIP Code)	15. Signat	ure of authorized agency official						
		16. Typed name of authorized agency official 17. Date				e (mo., day, yr.)			
		18. Title							
Certific	ation of Office of Personne	el Manad	gement, Boyers, PA 160	017					
Individual named above has Basic Life Ir under the Federal Employees' Group Life Individual named above does not have Beemployee because:	e Insurance Program.	has corr	eck the box(es) that apply in Option A, Option B, or Optio ect multiple. If the individual ion C, check the reason in li	on C. If Option B is does not have Op	checke tion A, C	d, en	ter th	he	
Not enrolled in FEGLI Basic from first opportunity or the 5 years immediately preceding the annuity commencing date.						(M	otion =Mu	ılt)	
Not retired on an immediate annuity.						A E	3 M	I C	
3. OPM Use Only		as a	vidual named above has this a retired employee under the Insurance Program.						
			vidual named above does onal insurance as a retired e						
			Did not elect this type of opt employee.						
Signature of authorized OPM Official			Not eligible for Basic Life Instretiree.					Ц	
F. Timed name of a their and ODM Official	C. Data (ma. day) m	<u> </u>	Not enrolled from first oppor mmediately preceding the a	nnuity commencin					
5. Typed name of authorized OPM Official	6. Date (mo., day, yr.)	B4.	Cancelled this type of option	nal insurance.					
	Agency Report of Term								
Reason for termination		2. Insurar	nce coverage at time of terminat		_		_	_	
If reason for termination is death, give name an estate or other contact	nd address of next of kin, executor of	50% No Re	Reduction Reduction eduction	Opt. A Opt. Multiple 1 2	3 4 5		Opt	:. C	
		5. Typed	name of authorized official						
6. Date annuity terminated (mo., day, yr.)			gned (mo., day, yr.)	8. Telephone num	ber				

Instructions to Agency or Office Administering the Retirement System

Completion of Certification - Prepare this certification for each insured employee who has retired under any Federal system other than the Civil Service Retirement System or Federal Employees' Retirement System and who submits a completed Agency Certification of Insurance Status (SF 2821).

Disposition of Certification - Send Part 1 and Part 2 of this certification and all life insurance election forms together with SF 2821 to the Office of Personnel Management, Boyers, PA 16017. Retain Part 3 in your file. Part 2 will be returned for your records indicating whether the retired employee is insured.

Immediate Annuity - Referred to in item 8, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise cease. (This date is shown in item 6 of the Agency Certification of Insurance Status [SF 2821], submitted to you by the retiring employee.)

Reduction or Cancellation of Optional Insurance - An annuitant under age 65 desiring to reduce or cancel his or her optional insurance should be instructed to submit a SF 2817 reducing or declining (canceling) the optional insurance to his or her retirement system so deductions can be stopped. The retirement system should send the original of the form to the Office of Personnel Management and retain Part 2.

Changing Post-Retirement Basic Life Insurance to 75% Reduction - An annuitant who wants to change his or her Basic Life Insurance from No Reduction or 50% Reduction to the 75% Reduction may do so at any time. The change is effective at the beginning of the month following the month in which the request is received.

Reporting Terminations of Annuity - Upon death of an insured annuitant or upon termination of an annuity, complete the appropriate box on Part 2 of the SF 2820 and send it to the Office of Personnel Management, Boyers, PA 16017. If you are in contact with the family of a deceased annuitant and obtain a completed claim for death benefits (Form FE-6), it should be sent to the Office of Personnel Management together with Part 2 of the SF 2820 and other documents to support the claim.



Certification Of Insured Employee's Retired Status (See instructions on reverse side)

Name of retired employee (last, first, middle)		2.	te of birth (ma., day, yr.) 3. Social security number							
4. Mailing address (number, street, City, State and ZIP Code)		5.	Plan or System under which retired	6.	Retirement dair	n numbe	r (if a	any)		
		7.	Effective date of annuity (mo., day, yr.)	8.	Did employee r annuity? Yes		an im Io	med	diate	е
9. Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date?		10.	Did employee have Standard Optional I opportunity or the 5 years immediately p						ate?	•
Yes If "Yes" check	75% Reduction 50% Reduction									
appropriate box	No Reduction		Yes	No						
Did employee have Additional Optional Insurance (Option B) from the first opportunity or the 5 years immediately preceding the annuity commencing date?		12.	Did employee have Family Optional Ins or the 5 years immediately preceding th					ppo	rtun	ity
Yes	No	Ш	Yes	No						
13. I hereby <i>certify</i> that the above inform obtained from official records and is	correct.			tire	d employee,	has be	en			
14. Name and mailing address of agency (include 2	ZIP Code)	15. Signature of authorized agency official								
		16.	Typed name of authorized agency offici	Typed name of authorized agency official 17. Date (mo., of the control of the con					ау, у	/r.)
		18.	Title							
Certifica	ation of Office of Personn	el N	lanagement, Boyers, PA 160	17						
Individual named above has Basic Life Insunder the Federal Employees' Group Life Individual named above does not have Baenployee because:	surance as a retired employee Insurance Program.	2.	Check the box(es) that apply in li has Option A, Option B, or Option correct multiple. If the individual of Option C, check the reason in line	ne z n C. doe	. If Option B is s not have Opt	checke tion A, C	d, e	nter	the	
Not enrolled in FEGLI Basic from first opportunity or the 5 years immediately preceding the annuity commencing date.								Dptio ∕/=/\		
Not retired on an immediate annuity.							<u>``</u>	В		
3. OPM Use Only		A.	Individual named above has this t as a retired employee under the F Life Insurance Program.							
		B.	Individual named above does optional insurance as a retired er			, ,				
			B1. Did not elect this type of optic employee.	onal	insurance as	an				
Signature of authorized OPM Official		_	B2. Not eligible for Basic Life Insuretiree.	urar	nce coverage a	as a				
			B3. Not enrolled from first opportuinmediately preceding the an							
5. Typed name of authorized OPM Official	6. Date (mo., day, yr.)		B4. Cancelled this type of optional	al in	surance.					
	Agency Report of Term	inat	ion of Retired Status							
Reason for termination		2. 1	Insurance coverage at time of termination		A	_		٦		_
			75% Reduction 50% Reduction	Opt.	A Opt. I Multiple 1	3 4		JO	pt. (C
2. If reason for termination is death, sing server	Anddroon of pout of him association of		No Reduction		2	5				
If reason for termination is death, give name and estate or other contact	a accuress of next of kin, executor of	4.	olgrialure or authorized official							
		5.	Typed name of authorized official							
6. Date annuity terminated (mo., day, yr.)		7. 1	Date signed (mo., day, yr.)	8.	Telephone num	ber				

Instructions to Agency or Office Administering the Retirement System

Completion of Certification - Prepare this certification for each insured employee who has retired under any Federal system other than the Civil Service Retirement System or Federal Employees' Retirement System and who submits a completed Agency Certification of Insurance Status (SF 2821).

Disposition of Certification - Send Part 1 and Part 2 of this certification and all life insurance election forms together with SF 2821 to the Office of Personnel Management, Boyers, PA 16017. Retain Part 3 in your file. Part 2 will be returned for your records indicating whether the retired employee is insured.

Immediate Annuity - Referred to in item 8, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise cease. (This date is shown in item 6 of the Agency Certification of Insurance Status [SF 2821], submitted to you by the retiring employee.)

Reduction or Cancellation of Optional Insurance - An annuitant under age 65 desiring to reduce or cancel his or her optional insurance should be instructed to submit a SF 2817 reducing or declining (canceling) the optional insurance to his or her retirement system so deductions can be stopped. The retirement system should send the original of the form to the Office of Personnel Management and retain Part 2.

Changing Post-Retirement Basic Life Insurance to 75% Reduction - An annuitant who wants to change his or her Basic Life Insurance from No Reduction or 50% Reduction to the 75% Reduction may do so at any time. The change is effective at the beginning of the month following the month in which the request is received.

Reporting Terminations of Annuity - Upon death of an insured annuitant or upon termination of an annuity, complete the appropriate box on Part 2 of the SF 2820 and send it to the Office of Personnel Management, Boyers, PA 16017. If you are in contact with the family of a deceased annuitant and obtain a completed claim for death benefits (Form FE-6), it should be sent to the Office of Personnel Management together with Part 2 of the SF 2820 and other documents to support the claim.



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Name of retired employee (last, first, middle)		2.	Date of birth (mo., day, yr.)	Social security	number	ber					
4. Mailing address (number, street, City, State and ZIP Code)		5.	Plan or System under which retired	6. Retirement daii	m numbe	r (if a	iny)				
		7. Effective date of annuity (mo., day, yr.) 8. Did employee retire on an impanuity? Yes No									
Did employee have Basic Life Insurance from the first opportunity or the 5 years immediately preceding the annuity commencing date?		10	Did employee have Standard Optional li opportunity or the 5 years immediately p	nsurance (Option A) from the	e first		ite?			
Yes	75% Reduction										
If "Yes" check appropriate box	50% Reduction No Reduction		Yes	No							
Did employee have Additional Optional Insurance (Option B) from the first opportunity or the 5 years immediately preceding the annuity commencing date?		12	Did employee have Family Optional Inst or the 5 years immediately preceding the	urance (Option C) f			opor	tunity			
Yes	No		Yes	No							
13. I hereby <i>certify</i> that the above information, except for periods of u obtained from official records and is correct.				tired employee,	has be	en					
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 (mo., day						y, yr.)			
		18	3. Title								
Certifica	tion of Office of Personn	el l	Management, Boyers, PA 160	17							
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.		2.	Check the box(es) that apply in line has Option A, Option B, or Option correct multiple. If the individual coption C, check the reason in line	n C. If Option B is does not have Op	checke tion A, (d, er	nter	the			
employee because: Not enrolled in FEGLI Basic from first opportunity or the 5 years							ptio				
immediately preceding the annuity commencing date. Not retired on an immediate annuity.						<u> </u>	<i>1=M</i>	M C			
OPM Use Only		A.	Individual named above has this to as a retired employee under the Filling Insurance Program.					IVI C			
		B. Individual named above does not have this type of optional insurance as a retired employee because:									
			B1. Did not elect this type of optio employee.	onal insurance as	an						
Signature of authorized OPM Official			B2. Not eligible for Basic Life Insuretiree.	irance coverage	as a						
			B3. Not enrolled from first opportuinmediately preceding the and								
Typed name of authorized OPM Official	6. Date (mo., day, yr.)		B4. Cancelled this type of optional	l insurance.							
4. December for torreits of the	Agency Report of Term										
Reason for termination		2.	Insurance coverage at time of terminatio	n Opt. A Opt.	D		٦٥٠	ot. C			
			Basic LifeC 75% Reduction	Multiple	3		JOH	Ji. C			
			50% Reduction	1	4						
If reason for termination is death, give name and address of next of kin, executor of		4	No Reduction Signature of authorized official	2	5						
estate or other contact	decises of flow of the posterior of		Organica or dathorized emotal								
		5.	Typed name of authorized official								
6. Date annuity terminated (mo., day, yr.)		7.	Date signed (mo., day, yr.)	8. Telephone num	ber						

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