The Federal Employees’ Group Life Insurance Program (FEGLI)

**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

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| Enroll or increase coverage | • 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) | • Use your agency’s electronic enrollment system; or  
                           • Go to [opm.gov/forms/standard-forms](https://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                                              |

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**MORE INFO:** [www.opm.gov/life](http://www.opm.gov/life)

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