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 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 they waive coverage

**OPTION A**
- **Amount of Coverage:** $10,000
- **Who is Covered:** You
- **Cost each biweekly pay period:** Starting at 30¢
- **Cost increases with age:** Yes
- **Newly eligible employees automatically enrolled:** No, they 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, they 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, they must elect this coverage

### I want to... | When can I do this? | How can I do this?
--- | --- | ---
Enroll or increase coverage | • First 60 days as a new or newly eligible employee; or<br>• Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or<br>• Life insurance Open Season (not annual - infrequent); or<br>• When you pass a physical exam (Option C excluded) | • Use your agency’s electronic enrollment system; or<br>• Go to [opm.gov/forms/standard-forms](http://opm.gov/forms/standard-forms)<br>• Submit form SF 2817 to your human resources office<br>• 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](http://www.opm.gov/life)

For complete information, including terms and conditions, please visit [www.opm.gov/life](http://www.opm.gov/life).