



FEGLI 2004 Open Season Election Form

Federal Employees' Group Life Insurance Program

This is your Golden Opportunity!

September 1 - September 30, 2004

Most agencies (including agencies who use Employee Express) require paper forms for FEGLI elections. A few agencies process FEGLI elections electronically, and do NOT use paper FEGLI election forms. If you're unsure about what your agency does, contact them for more information.

- Use this form for **FEGLI 2004 Open Season** elections to enroll in the FEGLI Program, or to change/increase your current FEGLI coverage.
- Open Season elections have a **DELAYED** effective date. New coverage you elect on this form will be effective on the first day of your first pay period that begins on or after **September 1, 2005**, and that immediately follows one in which you meet the pay and duty status requirements discussed on the back of Part 3 of this form.
- Benefits **WILL NOT** be paid based on new coverage you elect until that new coverage is effective. For some employees, their new coverage will never become effective because they will never meet the pay and duty status requirements.
- You **CANNOT** continue new coverage elected on this form if you retire or begin receiving compensation fewer than **FIVE years** after the coverage becomes effective. So that means the very earliest most employees can retire or start receiving compensation and carry that new coverage into retirement or compensation is September 4, 2010 (September 3, 2010, for U.S. Postal Service employees.)
- If you want to cancel coverage effective right away, do **NOT** use this form. Use the SF 2817, *Life Insurance Election*.
- If you are satisfied with your current coverage (or lack of coverage), do **NOT** complete this form. Your current coverage will remain unchanged.
- **Be sure to sign for EACH type of coverage you wish to have, even if you have that coverage now. Anything you do NOT sign for will be cancelled/waived on the effective date of this election.**



FEGLI 2004 Open Season September 1-30, 2004 Election Form

Federal Employees' Group Life Insurance Program

1 Instructions

Use this form ONLY for FEGLI 2004 Open Season elections. Use SF 2817, *Life Insurance Election*, for all non-Open Season elections.

- Read the back of Part 3 - Employee Copy carefully.
- Give all parts of your completed form to your employing office.
- Your employing office will complete Part 6 of this form and return a copy (or its electronic equivalent) to you.

2 Effective date

New coverage you elect during this Open Season will be effective on the first day of your first pay period that begins on or after September 1, 2005, and that immediately follows one in which you were in a pay and duty status for at least 32 hours for full-time employees. See the back of Part 3 for the pay and duty status requirements for part-time and intermittent employees.

Benefits will NOT be paid based on new coverage you elect until that new coverage is effective.

Be sure you sign for ALL coverage you wish to have — not just the new coverage you wish to elect during Open Season.

This election supersedes all previous elections.

3 Fill in identifying information about yourself

| | | | | |
|--------------------------------|---------|----------|--|--|
| Name (Last) | (First) | (Middle) | Date of birth (mm/dd/yyyy) | Social Security Number |
| Employing department or agency | | | Department or agency location where you work (City, state, ZIP Code) | Daytime telephone number (Including area code) |

4 Basic

To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of Optional insurance.
I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date (mm/dd/yyyy)



5 Optional

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. **As of the effective date of this election, you will NOT have any option(s) that you do not sign for below, even if you currently have that option.**

| Option A - Standard | Option B - Additional | Option C - Family | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--|--------------------------|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|
| I want Option A. I authorize deductions to pay the full cost. | I want Option B in the multiple of my annual rate of basic pay I indicate below. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr><td><input type="checkbox"/></td><td>1 times my pay</td></tr> <tr><td><input type="checkbox"/></td><td>2 times my pay</td></tr> <tr><td><input type="checkbox"/></td><td>3 times my pay</td></tr> <tr><td><input type="checkbox"/></td><td>4 times my pay</td></tr> <tr><td><input type="checkbox"/></td><td>5 times my pay</td></tr> </table> | <input type="checkbox"/> | 1 times my pay | <input type="checkbox"/> | 2 times my pay | <input type="checkbox"/> | 3 times my pay | <input type="checkbox"/> | 4 times my pay | <input type="checkbox"/> | 5 times my pay | I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr><td><input type="checkbox"/></td><td>1 multiple</td></tr> <tr><td><input type="checkbox"/></td><td>2 multiples</td></tr> <tr><td><input type="checkbox"/></td><td>3 multiples</td></tr> <tr><td><input type="checkbox"/></td><td>4 multiples</td></tr> <tr><td><input type="checkbox"/></td><td>5 multiples</td></tr> </table> | <input type="checkbox"/> | 1 multiple | <input type="checkbox"/> | 2 multiples | <input type="checkbox"/> | 3 multiples | <input type="checkbox"/> | 4 multiples | <input type="checkbox"/> | 5 multiples |
| <input type="checkbox"/> | 1 times my pay | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 2 times my pay | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 3 times my pay | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 4 times my pay | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 5 times my pay | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 1 multiple | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 2 multiples | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 3 multiples | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 4 multiples | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 5 multiples | | | | | | | | | | | | | | | | | | | | | |
| Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | | | | | | | | | | | | | | | | | | | | |
| Date (mm/dd/yyyy) | Date (mm/dd/yyyy) | Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | | | |

6 Agency Use

| | | |
|--|--|---|
| Name and address of employing office | Date received in employing office (mm/dd/yyyy) | Effective date of coverage (mm/dd/yyyy) |
| I followed the instructions on the back of Part 1. | | |
| Signature of authorized agency official | | |

Once the coverage is effective, Part 3 of this form (the Employee Copy or its electronic equivalent) and the FEGLI Program Booklet (FE 76-21 or RI 76-21) (FE 76-20 or RI 76-20 for U.S. Postal Service employees) constitute your Certificate of Insurance.



Instructions for Agencies

1. Who should file this form

Eligible employees (including reemployed annuitants) who wish to make a FEGLI 2004 Open Season election.

2. Who should NOT file this form

- Employees making non-Open Season elections (for example, new employees electing coverage within 31 days of their appointment, life event elections, etc.) They must use SF 2817, *Life Insurance Election*.
- Employees who want to cancel all of their FEGLI coverage. They must use SF 2817, *Life Insurance Election*.
- Assignees
- Annuitants and compensationers

3. Review of completed form

Agencies should review the original and all copies of this form to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C in item 5, he or she must also sign item 4, Basic.

Only the employee may sign this form. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Please note that while the agency should make sure that the form is complete, the employee is solely responsible for ensuring that this form accurately reflects his or her intentions.

4. Completion of form

An authorized agency official must sign the form in item 6.

5. Date received

In item 6, enter the date the employing office received this form.

6. Effective date of coverage

FEGLI 2004 Open Season elections are effective on the first day of the first pay period that begins on or after September 1, 2005, and that immediately follows one in which the employee was in a pay and duty status for at least 32 hours for full-time employees. Part-time employees must have been in a pay and duty status for one-half of their regularly scheduled tour of duty. Employees on an intermittent schedule or without a regularly scheduled tour of duty must have been in a pay and duty status for one-half of the hours customarily worked. An employee on annual leave, sick leave,

donated leave, or any other type of leave is not in a pay and duty status.

Benefits WILL NOT be paid based on new coverage until that new coverage becomes effective. Thus, if an employee who made an Open Season election dies (or his/her covered family member dies) BEFORE that new coverage is effective, life insurance benefits will NOT be paid based on that new coverage.

7. Disposition of this form

- Part 1 -- File this in the employee's Official Personnel Folder (OPF) or its equivalent.
- Part 2 -- Forward this to the employee's payroll office. It can be destroyed after payroll office use in 2005 or beyond, depending on the effective date of the election.
- Part 3 -- Give this (or its electronic equivalent) to the employee AFTER the coverage becomes effective.
- Part 4 -- Give this (or its electronic equivalent) to the employee at the time of election, after the agency has signed and dated the form.

8. Flagging the OPF

Agencies must develop a system for holding Parts 1, 2 and 3 until they can be processed in 2005 or beyond, when the coverage becomes effective. Whether you put them in the OPF or its equivalent, or maintain them separately from the OPF, you must flag the OPF or its equivalent in some way to indicate that the employee has a pending Open Season election.

9. Continuation into retirement or compensation

If employees retire or begin receiving compensation payments from the Department of Labor fewer than five years after the effective date of this Open Season election (see #6), they CANNOT carry the new coverage into retirement or compensation. So this means the very earliest most employees can retire or start receiving compensation and carry new coverage into retirement or compensation is September 4, 2010 (September 3, 2010, for U.S. Postal Service employees.)

10. Further information

For further information about the FEGLI 2004 Open Season, consult your agency headquarters insurance officer or visit www.fegli2004.opm.gov.



FEGLI 2004 Open Season September 1-30, 2004 Election Form

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SF 50 Equivalents of Insurance Codes

| INSURANCE | SF 50 | 1004 | E4 | 1110 | H0 | 1113 | J3 | 1024 | M4 | 1130 | P0 | 1133 | R3 | 1044 | U4 | 1150 | X0 | 1153 | Z3 |
|------------|-------|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|
| INELIGIBLE | A0 | 1005 | E5 | 1011 | I1 | 1114 | J4 | 1025 | M5 | 1031 | Q1 | 1134 | R4 | 1045 | U5 | 1051 | Y1 | 1154 | Z4 |
| 0000 | B0 | 1101 | F1 | 1012 | I2 | 1115 | J5 | 1121 | N1 | 1032 | Q2 | 1135 | R5 | 1141 | V1 | 1052 | Y2 | 1155 | Z5 |
| 1000 | C0 | 1102 | F2 | 1013 | I3 | 1020 | K0 | 1122 | N2 | 1033 | Q3 | 1040 | S0 | 1142 | V2 | 1053 | Y3 | | |
| 1100 | D0 | 1103 | F3 | 1014 | I4 | 1120 | L0 | 1123 | N3 | 1034 | Q4 | 1140 | T0 | 1143 | V3 | 1054 | Y4 | | |
| 1001 | E1 | 1104 | F4 | 1015 | I5 | 1021 | M1 | 1124 | N4 | 1035 | Q5 | 1041 | U1 | 1144 | V4 | 1055 | Y5 | | |
| 1002 | E2 | 1105 | F5 | 1111 | J1 | 1022 | M2 | 1125 | N5 | 1131 | R1 | 1042 | U2 | 1145 | V5 | 1151 | Z1 | | |
| 1003 | E3 | 1010 | G0 | 1112 | J2 | 1023 | M3 | 1030 | 90 | 1132 | R2 | 1043 | U3 | 1050 | W0 | 1152 | Z2 | | |

3 Fill in identifying information about yourself

| | | | | |
|--------------------------------|---------|----------|--|--|
| Name (Last) | (First) | (Middle) | Date of birth (mm/dd/yyyy) | Social Security Number |
| Employing department or agency | | | Department or agency location where you work (City, state, ZIP Code) | Daytime telephone number (Including area code) |

4 Basic

In item 7: If this block is not signed, have employee sign it otherwise all coverage is waived. If this box is signed enter 1 in box 1.

| | |
|---|-------------------|
| Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Date (mm/dd/yyyy) |
|---|-------------------|

5 Optional

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. **As of the effective date of this election, you will NOT have any option(s) that you do not sign for below, even if you currently have that option.**

| Option A - Standard | Option B - Additional | Option C - Family |
|---|--|--|
| In item 7, box 2: If this block is not signed, enter 0 If this block is signed, enter 1 | In item 7, box 3: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay </div> <div style="text-align: center;"> <input type="checkbox"/> 3 times my pay <input type="checkbox"/> 4 times my pay <input type="checkbox"/> 5 times my pay </div> </div> | In item 7, box 4: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> 1 multiple <input type="checkbox"/> 2 multiples </div> <div style="text-align: center;"> <input type="checkbox"/> 3 multiples <input type="checkbox"/> 4 multiples <input type="checkbox"/> 5 multiples </div> </div> |
| Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) |
| Date (mm/dd/yyyy) | Date (mm/dd/yyyy) | Date (mm/dd/yyyy) |

6 Agency Use

Remarks:

| | | |
|--|--|---|
| Name and address of employing office | Date received in employing office (mm/dd/yyyy) | Effective date of coverage (mm/dd/yyyy) |
| I followed the instructions on the back of Part 1. | | |
| Signature of authorized agency official | | |

7 INSTRUCTIONS: Enter codes in the boxes on the right.

| | |
|---|---|
| Insurance Code | SF 50 Equivalent |
| 1 2 3 4 | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

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FEGLI 2004 Open Season September 1-30, 2004 Election Form

Federal Employees' Group Life Insurance Program

1 Instructions

Use this form ONLY for FEGLI 2004 Open Season elections. Use SF 2817, *Life Insurance Election*, for all non-Open Season elections.

- Read the back of Part 3 - Employee Copy carefully.
- Give all parts of your completed form to your employing office.
- Your employing office will complete Part 6 of this form and return a copy (or its electronic equivalent) to you.

2 Effective date

New coverage you elect during this Open Season will be effective on the first day of your first pay period that begins on or after September 1, 2005, and that immediately follows one in which you were in a pay and duty status for at least 32 hours for full-time employees. See the back of Part 3 for the pay and duty status requirements for part-time and intermittent employees.

Benefits will NOT be paid based on new coverage you elect until that new coverage is effective.

Be sure you sign for ALL coverage you wish to have — not just the new coverage you wish to elect during Open Season.

This election supersedes all previous elections.

3 Fill in identifying information about yourself

| | | | | |
|--------------------------------|---------|----------|--|--|
| Name (Last) | (First) | (Middle) | Date of birth (mm/dd/yyyy) | Social Security Number |
| Employing department or agency | | | Department or agency location where you work (City, state, ZIP Code) | Daytime telephone number (Including area code) |

4

Basic

To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of Optional insurance.

I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date (mm/dd/yyyy)



5

Optional

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. **As of the effective date of this election, you will NOT have any option(s) that you do not sign for below, even if you currently have that option.**

Option A - Standard

I want Option A.
I authorize deductions to pay the full cost.

Option B - Additional

I want Option B in the multiple of my annual rate of basic pay I indicate below. I authorize deductions to pay the full cost.

| | | |
|---|---|---|
| <input type="checkbox"/> 1 times my pay | <input type="checkbox"/> 3 times my pay | <input type="checkbox"/> 5 times my pay |
| <input type="checkbox"/> 2 times my pay | <input type="checkbox"/> 4 times my pay | <input type="checkbox"/> 6 times my pay |

Option C - Family

I want Option C in the multiple I indicate below. I understand that **each** multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.

| | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 multiple | <input type="checkbox"/> 3 multiples | <input type="checkbox"/> 5 multiples |
| <input type="checkbox"/> 2 multiples | <input type="checkbox"/> 4 multiples | <input type="checkbox"/> 6 multiples |

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)



Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

6

Agency Use

Remarks:

Name and address of employing office

Date received in employing office (mm/dd/yyyy)

Effective date of coverage (mm/dd/yyyy)

I followed the instructions on the back of Part 1.

Signature of authorized agency official

Once the coverage is effective, Part 3 of this form (the Employee Copy or its electronic equivalent) and the FEGLI Program Booklet (FE 76-21 or RI 76-21) (FE 76-20 or RI 76-20 for U.S. Postal Service employees) constitute your Certificate of Insurance.



Instructions for Employees

1. General information

Use this form (or its electronic equivalent) for FEGLI 2004 Open Season elections to enroll in the FEGLI Program, or to change/increase your current FEGLI coverage. Most agencies (including agencies who use Employee Express) require paper forms for FEGLI elections. A few agencies process FEGLI elections electronically, and do NOT use paper FEGLI election forms. If you're unsure about what your agency does, contact them for more information.

If you want to cancel ALL of your current coverage or make a **non-Open Season** election (for example, if you're a new employee electing coverage within 31 days of your appointment, or you're electing coverage based on a life event, etc.), you must use SF 2817, *Life Insurance Election*.

Be sure that you sign for ALL coverage you now have and wish to keep. Also sign for any NEW coverage you wish to elect. If you do not sign for a particular type of coverage, even if you have it now, it will cancel on the effective date of this election (see #2, below.)

2. Effective date

FEGLI 2004 Open Season elections will be effective on the first day of your first pay period that begins on or after September 1, 2005, and that immediately follows one in which you were in a pay and duty status for at least 32 hours for full-time employees. If you are a part-time employee, you must have been in a pay and duty status for one-half of the regularly scheduled tour of duty shown on your current SF 50, *Notification of Personnel Action*. If you are on an intermittent schedule or do not have a regularly scheduled tour of duty, you must have been in a pay and duty status for one-half of the hours you customarily work.

For some employees, their new coverage will never become effective because they will never meet the pay and duty status requirements.

If you are on annual leave, sick leave, donated leave, or any other type of leave, you are not in a pay and duty status.

Benefits WILL NOT be paid based on any new coverage until that new coverage becomes effective. That means that if you make a FEGLI 2004 Open Season election and you or a covered family member die BEFORE that new coverage is effective, life insurance benefits will NOT be paid based on that new coverage.

3. Continuing coverage into retirement or compensation

If you retire or begin receiving compensation payments from the Department of Labor fewer than five years after the effective date of this Open Season election (see #2, above), you CANNOT

carry new coverage into retirement or compensation. So this means the very earliest most employees can retire or start receiving compensation and carry that new coverage into retirement or compensation is September 4, 2010 (September 3, 2010, for U.S. Postal Service employees.)

4. How to complete and review your election form

Follow the instructions for each item carefully. After you fill out this form (or its electronic equivalent), review it to be sure it is complete and correct, and accurately reflects your intentions. Give the completed form to your employing office.

The following list should help you complete the form:

If you sign Item 4, you elect Basic.

If you sign any block in Item 5, you must also sign Item 4. (To elect an option, you must also elect Basic.)

If you sign Item 5 for Option B and/or Option C, you must also mark one of the 5 boxes to show how many multiples you wish to elect. Do not mark more than 1 box for each option.

Be sure you sign for every option you want, **EVEN IF** you already have that coverage. Anything you do not sign for will be cancelled/waived on the effective date of this election.

This election supersedes all previous elections.

Only you, the employee, may sign this form (or its electronic equivalent.) Signatures by guardians, conservators, or through a power of attorney are not acceptable.

YOU ARE RESPONSIBLE FOR ENSURING THAT YOUR ELECTION IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS. IF YOU DO NOT SIGN FOR IT, YOU HAVE CANCELLED/WAIVED IT.

5. Assignment

If you have assigned your coverage by filing an RI 76-10, *Assignment of Federal Employees' Group Life Insurance*, any new coverage you elect during the FEGLI 2004 Open Season (except Option C) will be subject to that assignment. Your assignee(s) may not make an Open Season election.

6. Further information

For further information about the FEGLI 2004 Open Season, consult your employing office or visit www.fegli2004.opm.gov.



FEGLI 2004 Open Season September 1-30, 2004 Election Form

Federal Employees' Group Life Insurance Program

1 Instructions

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- Read the back of Part 3 - Employee Copy carefully.
- Give all parts of your completed form to your employing office.
- Your employing office will complete Part 6 of this form and return a copy (or its electronic equivalent) to you.

2 Effective date

New coverage you elect during this Open Season will be effective on the first day of your first pay period that begins on or after September 1, 2005, and that immediately follows one in which you were in a pay and duty status for at least 32 hours for full-time employees. See the back of Part 3 for the pay and duty status requirements for part-time and intermittent employees.

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Be sure you sign for ALL coverage you wish to have — not just the new coverage you wish to elect during Open Season.

This election supersedes all previous elections.

3 Fill in identifying information about yourself

| | | | | |
|--------------------------------|---------|----------|--|--|
| Name (Last) | (First) | (Middle) | Date of birth (mm/dd/yyyy) | Social Security Number |
| Employing department or agency | | | Department or agency location where you work (City, state, ZIP Code) | Daytime telephone number (Including area code) |

4 Basic

To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of Optional insurance.
I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)

Date (mm/dd/yyyy)



5 Optional

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. **As of the effective date of this election, you will NOT have any option(s) that you do not sign for below, even if you currently have that option.**

| Option A - Standard | Option B - Additional | Option C - Family | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|--|--------------------------|----------------|--|--------------------------|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|--|--------------------------|-------------|
| I want Option A. I authorize deductions to pay the full cost. | I want Option B in the multiple of my annual rate of basic pay I indicate below. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr><td><input type="checkbox"/></td><td>1 times my pay</td><td><input type="checkbox"/></td><td>3 times my pay</td></tr> <tr><td><input type="checkbox"/></td><td>2 times my pay</td><td><input type="checkbox"/></td><td>4 times my pay</td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>5 times my pay</td></tr> </table> | <input type="checkbox"/> | 1 times my pay | <input type="checkbox"/> | 3 times my pay | <input type="checkbox"/> | 2 times my pay | <input type="checkbox"/> | 4 times my pay | <input type="checkbox"/> | | <input type="checkbox"/> | 5 times my pay | I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr><td><input type="checkbox"/></td><td>1 multiple</td><td><input type="checkbox"/></td><td>3 multiples</td></tr> <tr><td><input type="checkbox"/></td><td>2 multiples</td><td><input type="checkbox"/></td><td>4 multiples</td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>5 multiples</td></tr> </table> | <input type="checkbox"/> | 1 multiple | <input type="checkbox"/> | 3 multiples | <input type="checkbox"/> | 2 multiples | <input type="checkbox"/> | 4 multiples | <input type="checkbox"/> | | <input type="checkbox"/> | 5 multiples |
| <input type="checkbox"/> | 1 times my pay | <input type="checkbox"/> | 3 times my pay | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 2 times my pay | <input type="checkbox"/> | 4 times my pay | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | 5 times my pay | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 1 multiple | <input type="checkbox"/> | 3 multiples | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 2 multiples | <input type="checkbox"/> | 4 multiples | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | 5 multiples | | | | | | | | | | | | | | | | | | | | | | | |
| Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | | | | | | | | | | | | | | | | | | | | | | | | |
| Date (mm/dd/yyyy) | Date (mm/dd/yyyy) | Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | | | | | | | |

6 Agency Use

| | | |
|--|--|---|
| Name and address of employing office | Date received in employing office (mm/dd/yyyy) | Effective date of coverage (mm/dd/yyyy) |
| I followed the instructions on the back of Part 1. | | |
| Signature of authorized agency official | | |

Once the coverage is effective, Part 3 of this form (the Employee Copy or its electronic equivalent) and the FEGLI Program Booklet (FE 76-21 or RI 76-21) (FE 76-20 or RI 76-20 for U.S. Postal Service employees) constitute your Certificate of Insurance.



Acknowledgement Copy

This form (or its electronic equivalent) **is only an acknowledgement of your FEGLI 2004 Open Season election.** Your new coverage is **NOT** yet effective.

Please note that the new coverage you elected will be effective on the first day of your first pay period that begins on or after **September 1, 2005**, and that immediately follows one in which you are in a pay and duty status for at least 32 hours for full-time employees.

If you are a part-time employee, you must be in a pay and duty status for one-half of the regularly scheduled tour of duty shown on your current SF 50, *Notification of Personnel Action*. If you are on an intermittent schedule or do not have a regularly scheduled tour of duty, you must be in a pay and duty status for one-half of the hours you customarily work. If you are on annual leave, sick leave, donated leave, or any other type of leave, you are not in a pay and duty status.

BENEFITS WILL NOT BE PAID BASED ON NEW COVERAGE YOU ELECTED UNTIL THAT NEW COVERAGE IS EFFECTIVE.

Please keep a copy of this form (or its electronic equivalent) until you receive confirmation from your employing office that your FEGLI 2004 Open Season election is effective. You should also check your pay statement after the coverage is effective to make sure the correct premiums are being deducted.

You should receive confirmation shortly after the effective date of your election.

If you retire or begin receiving compensation payments from the Department of Labor fewer than five years after the effective date of this Open Season election, you **CANNOT** carry the new coverage into retirement or compensation. So this means the very earliest most employees can retire or start receiving compensation and carry that new coverage into retirement or compensation is September 4, 2010 (September 3, 2010, for U.S. Postal Service employees.)

Double-check to be sure you **signed for EACH type** of coverage you wish to have, **even if** you have that coverage now. Anything you do not sign for will be cancelled/waived on the effective date of this election. If you made a mistake, contact your employing office immediately.
