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2022 DoD VIRTUAL BENEFITS & WORK-LIFE SYMPOSIUM



Federal Employees Health Benefits Program (FEHB)

Brigette Fitzgerald | September 28, 2022

1 Overview of the FEHB Program

2 Discuss Enrollment Options

3 Define Premium Conversion

4 Discuss Effective Dates

5 Cover Eligibility Requirements

6 Qualifying Life Events (QLE)

7 Cancellations

8 Explain the Temporary
Continuation of Coverage (TCC)

9 Review and Complete the SF-
2809 & SF-2810

Objectives



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- **Benefits Administration Letters (BALs)**
- **Chapter 89 of Title 5 U.S.C.**
- **Part 890 of Title 5 C.F.R. (Non-Premium Conversion) & Part 892 (Premium Conversion)**
- **FEHB Handbook: www.opm.gov**
- **CSRS & FERS Handbook**

References



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Introduction

FEHB:

- **Protects employees, eligible family members, and retirees**
- **Voluntary program**
- **Numerous advantages**



Types of Enrollments



- **Self Only covers employee only**
- **Self Plus One**
- **Self & Family covers all eligible family members**

- **PC is a Federal tax benefit – premiums withheld on a pre-tax basis (not subject to Federal, State, Medicare, or Social Security Taxes)**
- **Coverage is automatic unless waived**
- **Effective first pay period on/or after October 1, 2000**
- **References: 5 CFR Part 892; BAL 00-215; & Section 125 Internal Revenue Code**

Section 125 of Internal Revenue Code

Premium Conversion (PC)



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FEHB Opportunities to Enroll

- **New Employee**
- **Open Season**
- **Qualifying Life Event (QLE)***
 - **Change in Family Status**
 - **Change from Family to Self Only**
- **Cancellation**

*** Must have a QLE to change or cancel enrollment outside of Open Season if under PC**

Enrollment Effective Date

- **New Employees**
 - **First day of the first pay period after agency receives enrollment request or form is completed**

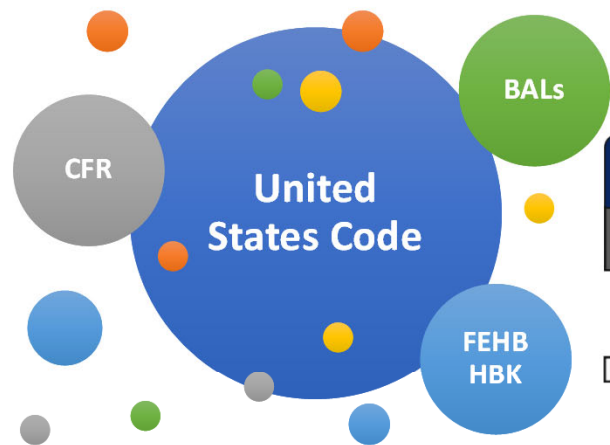
- **Complete SF-2809 or use appropriate online system within 60 days of eligibility**
- **Automatic enrollment in PC**
- **Waive participation in PC within 60 days of appointment**

- **Spouse (common-law marriage)**
- **Children under 26 years of age to include married or un-married, legally adopted children and recognized natural children, stepchildren, and (including grandchildren if they qualify as a foster child)**
- **Children age 26 and over incapable of self-support**

Eligible Family Members



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FEHB Program Administration Regulations	BAL 21-202, Family Member Eligibility Verification Verification Procedures	BAL 20-203, Removal of Ineligible Family Members Ineligible Removal Procedures	FEHB Program Handbook Family Members Chapter Update
<ul style="list-style-type: none"> <input type="checkbox"/> <u>5 USC 8913(a)</u> The Office of Personnel Management may prescribe regulations necessary to carry out this chapter. <input type="checkbox"/> <u>5 CFR 890.302(a)</u> Proof of family member eligibility may be required, and must be provided upon request. <input type="checkbox"/> <u>5 CFR 890.308(f)</u> Employing Office and OPM removal procedures for ineligible individuals. 	<ul style="list-style-type: none"> <input type="checkbox"/> Requires HR's verification of new family members prior to all Self + 1 and Self & Family elections, <i>except</i> for Open Season elections. <input type="checkbox"/> Most DoD agencies utilize GRB for enrollment processing. <input type="checkbox"/> Current System limitations preclude verification prior to processing. <input type="checkbox"/> Due to GRB system limitations, modified verification procedures are currently in place with verification post enrollment processing. 	<p>Provides guidance on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Process for requesting proof of family member eligibility <input type="checkbox"/> Appropriate documentation <input type="checkbox"/> Required employing office actions. <input type="checkbox"/> Removal is prospective, unless there is evidence of intentional misrepresentation of material fact. <input type="checkbox"/> Concurrent with this guidance – employing offices must use the updated Certification of Foster Child Status for any new determinations. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides guidance on family member eligibility. <input type="checkbox"/> Updated on August 30, 2022 to reflect FM Eligibility Verification and removal procedures. <input type="checkbox"/> Agency Benefits Officers were notified of the changes via ListServ dated September 8, 2022. <input type="checkbox"/> DoD components/agencies are encouraged to review the changes, educate employees and HR Personnel to ensure compliance.

Eligible Family Members Verification

- **QLEs allow employees to elect, change, or cancel FEHB enrollment outside of Open Season if under Premium Conversion (for example):**
 - **Marriage**
 - **Divorce**
 - **Death of a Spouse or Dependent**
 - **Birth of a Dependent**

Qualifying Life Events



QLEs Effective Dates

1. Due to addition or birth of child, child is immediately covered at birth, enrollment effective date is the first day of the pay period in which the child becomes an eligible family member
2. Prior to marriage, if election received, effective date is the actual date of marriage
3. After marriage, election received within 60 days becomes effective the first day of the pay period after receipt of SF-2809

Employee Transfer

- Gaining agencies are required to complete a SF-2810 for employee transferring into the agency
- Losing agencies are NOT required to complete a SF-2810 for employees transferring to another Federal agency



Termination

- 31-Day Extension of Coverage
- Conversion to Non-Group Contract
- Time Limit on Conversion
- Temporary Continuation of Coverage
- Entry on Active Military Duty

READY PRINT SAVE

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FEHB
Federal Employees Health Benefits

Notice of Change in Health Benefits Enrollment

Part A - Identifying Information

1. Name (last, first, middle initial)	2. Date of birth	3. Social security number
4. Home address (including ZIP Code)	5. Payroll office number	6. Enrollment code number
	7. SF 2811 Report number	8. Date this action becomes effective

Only the item that is checked below affects your enrollment. Read that item carefully and follow any pertinent instructions. Keep this form for your records.

Part B - Termination

Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is extended for 31 days after that date. **Important Notice:** You have the right to convert to an individual (non-group) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.

If termination is due to death of enrollee enter date of death: _____ CODE of death (M, O, Y)

Part C - Transfer In **Part D - Reinstatement**

The new Payroll Office (or Retirement System) shown in Part H below has accepted transfer of this enrollment and will continue it. Your enrollment has been reinstated effective on the date in Part A, item 8, above.

Part E - Change in Name of Enrollee **Part F - Change in Enrollment Survivor Annuitant**

The name under which this enrollment is carried has been changed to: _____ (last or first) Your enrollment has been changed from family coverage to self only. Your plan will send you a new identification card. Your new enrollment code number is shown below. (Note: This item is completed by Retirement Systems only.)

Address (including ZIP Code) if different from Part A, item 4, above. **New Enrollment Code Number** _____

Part G - Remarks

Part H - Date of Notice

Note: Instructions for Employing Offices are on the back of Copy 4 of this form.

Name and address of agency (including ZIP Code)	Personnel contact and telephone number
	Payroll contact and telephone number
Signature of authorized agency official	Date

U.S. Office of Personnel Management 10/01/01-2023-10/01/01 2010-10/01/01 Previous editions: obsolete Standard Form 2810 Revised July 1998

Cancellation

- **Voluntary**
 - Effective the last day of the pay period in which the HR office receives the cancellation
 - No 31-Day extension of coverage or right to convert
- **Reenrollment**
 - Next Open Season or QLE
- **Annuitants**
 - Can cancel at anytime, however once cancelled they can not reenroll under any circumstance

- **Employed:**
 - The FEHB plan will be primary (pay claims first) and Medicare will pay secondary
- **Annuitants:**
 - Medicare becomes the primary payer, and the FEHB plan will pay claims secondary
- **Suspend**
 - CSRS & FERS annuitants and their eligible family members should not use the SF-2809 but use form RI 79-9, *Health Benefits Cancellation/Suspension Confirmation*

FEHB & Medicare

Temporary Continuation of Coverage (TCC)

What is TCC?

TCC is a feature of the Federal Employees Health Benefits Program that allows eligible individuals to temporarily continue their FEHB coverage

Length of Coverage

- Separated Federal employees* (up to 18 months)
- Eligible children (up to 36 months)
- Former Spouse (up to 36 months)



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When TCC Expires

***If interested in conversion to Non-Group Contract, the enrollee must write for information to the nearest office of the plan in which they have been enrolled**

Enrollee will be entitled to the 31-day extension

***Opportunity to convert to a non-group contract**



SF-2809

When to use it:

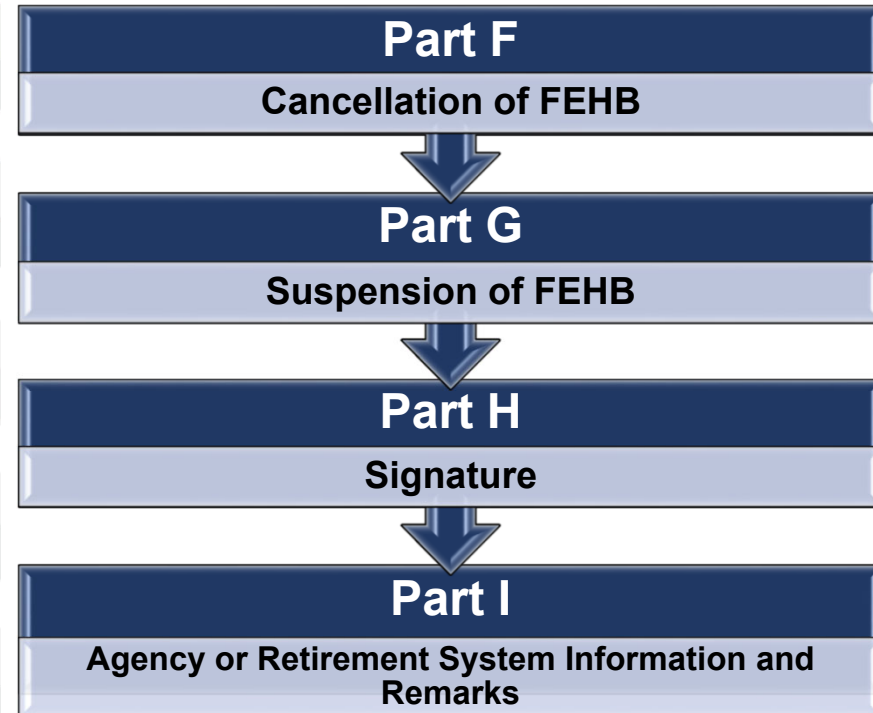
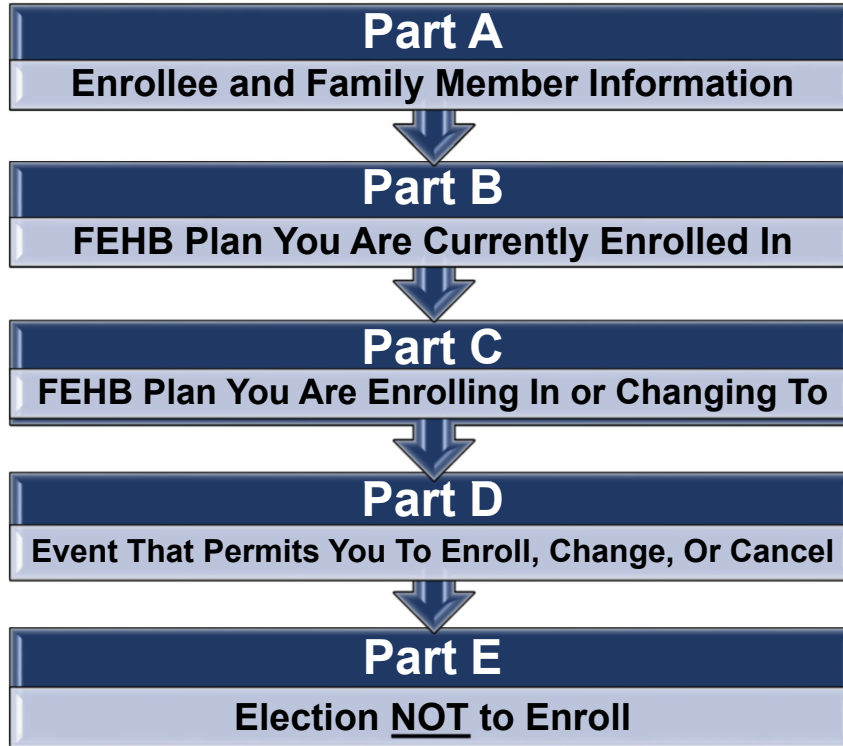
- **Switch designated eligible family members**
- **Enroll or reenroll in the FEHB Program**
- **Elect not to enroll in the FEHB Program (employees only)**
- **Change your FEHB enrollment**
- **Cancel your FEHB enrollment**



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SF-2809 Fillable Parts A - I



Explanation:

- Tables show permissible events that are found in the regulations 5 CFR Parts 890 and 892
- Tables are organized by enrollee category
- Each category is designated by a number to identify enrollee group

Table of Permissible Changes in Enrollment

Table of Permissible Changes in Enrollment

Event Codes

1

Employee electing to receive or receiving premium conversion tax benefits

2

Annuitant (Includes Compensationers)

3

Former Spouse Under The Spouse Equity Provisions

4

TCC For Eligible Employees, Former Spouses, and Children

5

Employees Who Are Not Participating In Premium Conversion

- **Overview of the FEHB Program**
- **Types of Enrollments**
- **Premium Conversion**
- **Effective Dates**
- **Eligibility Requirements**
- **Qualified Life Events (QLEs)**
- **Cancellations**
- **Temporary Continuation of Coverage (TCC)**

Summary



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Questions?





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Federal Employees Group Life Insurance Program (FEGLI)

Bill Russo and Valencia Bellfield | September 28, 2022



FEGLI Program Overview

Describe enrollment options, eligibility requirements, and cost of coverage

Coverage for New Employees

Living Benefits and Assignment of coverage options

Reference FEGLI Standard Forms

Objectives



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Introduction

- **P.L. 83-598 established FEGLI Program**
- **First Effective Date for Basic Insurance was August 29, 1954**
- **Option A began in 1968**
- **Options B & C began in 1981**
- **Assignment of Insurance began in 1994**
- **Living Benefits began in 1995**
- **P.L. 105-311, FEGLI Improvement Act, October 30, 1998**
- **Title 5 U.S.C. Chapter 87**
- **Title 5 CFR Part 870**



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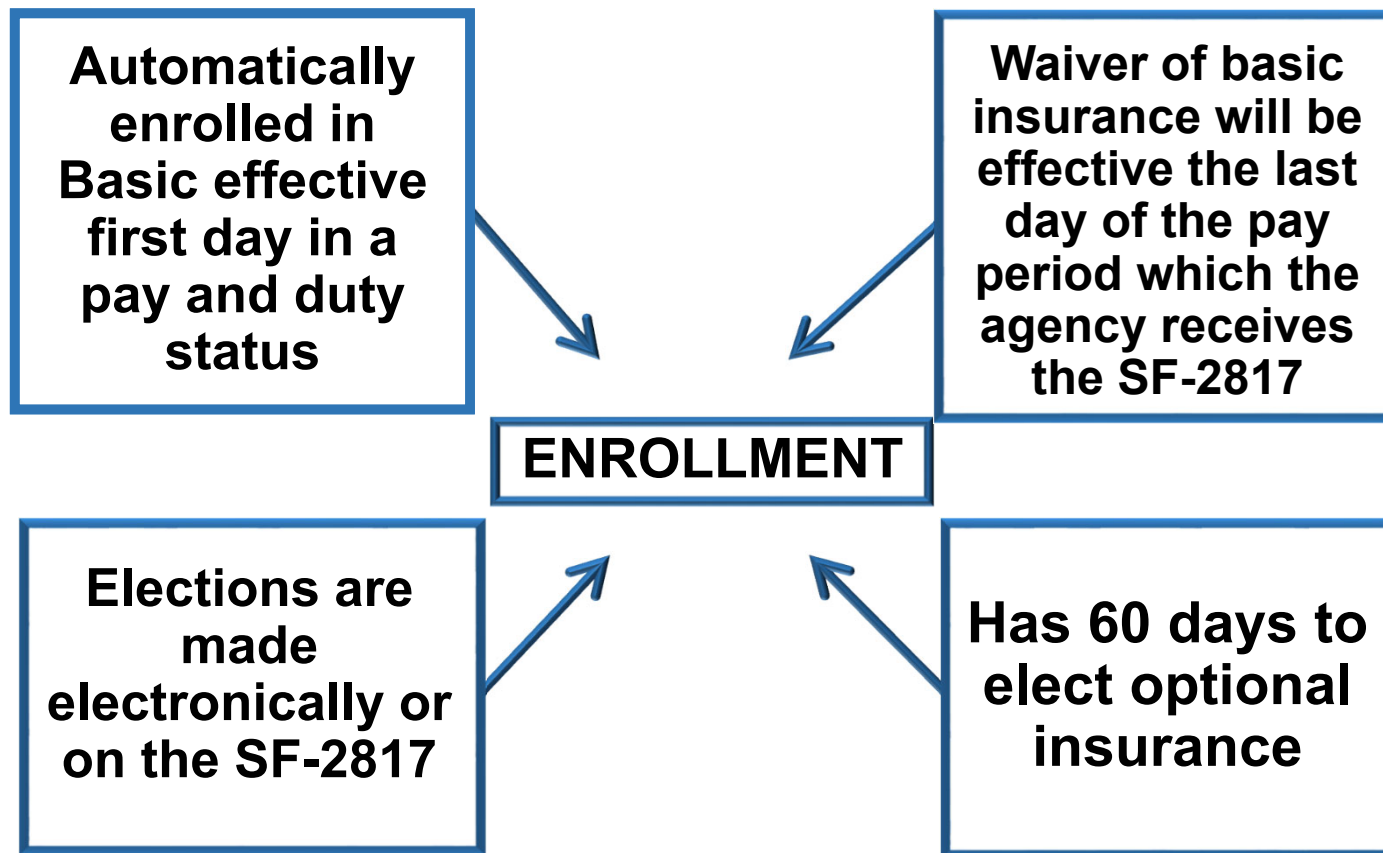
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FEGLI Basics

- **Group Term Life Insurance coverage**
- **Builds no cash or loan value**
- **Provides protection against financial hardship or loss by death**
- **Basic Insurance is automatic depending on appointment – 60 days to elect Optional Insurance**





New Hire / Newly Eligible



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Employee makes an election on SF-2817 (many DoD agencies accept electronic elections only)

Employee has 60 days after becoming eligible to elect Optional insurance

Basic insurance effective – first day employee is in a pay and duty status

Options A, B, & C effective – first day employee is in a pay and duty status after election

Life Insurance Election
Federal Employees' Group Life Insurance Program
See Primary Act Statement on back of Part 3

Form Approved
OMB No. 3208-0200

1 General Instructions
Read the back of Part 3 - Employee Copy carefully.
Assignees completing this form should read Items 5 and 6 on the back of Part 3.
Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.
This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (last, first, middle) DOE, DWAYNE ANDREW	Date of birth (mm/dd/yyyy) 06/17/1970	Social Security Number 225-24-1234
Employing department or agency DEPARTMENT OF DEFENSE	DWCP class number, if applicable work 100	Location of department or agency where you work (state, ZIP code) ALEXANDRIA, VA 22350
		Division telephone number (including area code) (202)-222-2222

3 To elect or reelect Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.
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.)

Basic
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Dwayne A. Doe Date (mm/dd/yyyy)
05/02/2017

4 Optional
If you signed for Basic in Item 3 above, you may elect or retain any or all of the following options. (U.S. Mail: You have previously indicated any or all of these options, in which case you may elect only those options which you are eligible to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited.)
You will not be covered for any options for which you do not sign below, regardless of whether you previously elected the option(s).

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 basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$1,000 upon the death of my spouse, and \$1,500 upon the death of an eligible child. I authorize deductions to pay the full cost.
<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay <input checked="" type="checkbox"/> 3 times my pay	<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay <input checked="" 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 checked="" type="checkbox"/> 3 multiples <input type="checkbox"/> 4 multiples <input type="checkbox"/> 5 multiples
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) Dwayne A. Doe Date (mm/dd/yyyy) 05/02/2017	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) Dwayne A. Doe Date (mm/dd/yyyy) 05/02/2017	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) Dwayne A. Doe Date (mm/dd/yyyy) 05/02/2017

5 If you want NO life insurance coverage, sign and date below.
I want NO life insurance coverage. I understand that my life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.

Waiver of all life insurance coverage
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Date (mm/dd/yyyy)

6 Agency Remarks:
Use _____ if an agency eligible employee, even "0" for none.

Name and address of employing office DEPARTMENT OF DEFENSE 4800 MARK CENTER DRIVE ALEXANDRIA, VA 22350	Date received in employing office (mm/dd/yyyy) 05/02/2017	Effective date of coverage (mm/dd/yyyy) 05/17/2017	If participant eligible employee, enter "0" for none. Number of event permitting change (the back of Part 3) 2
I followed the instructions on the back of Part 3. Signature of authorized agency official			

This form (SF 2817) may, at the discretion of the Department of Defense, be used by other agencies. It is not to be used by other agencies without the express written consent of the Department of Defense.

PART 1 - File in Official Personnel Folder

U.S. Office of Personnel Management
www.opm.gov/OPMForm508

Revised Form 2817
Revised December 2014

Effective Dates of Coverage



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Coverage for New Employees (Basic)

Basic

- Salary rounded up to next \$1,000 plus \$2,000
- Employee must have Basic coverage in order to obtain Optional Insurance
- Provides Extra Benefit until age 45



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Basic Insurance Amount (BIA)



Example:



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- **Provides additional Basic insurance coverage and increases the amount payable upon the death of the employee under the age of 45**
- **Additional coverage is free**
- **Doubles the amount of Basic insurance if the employee is age 35 or younger**
- **Beginning on employee's 36th birthday, the Extra Benefit decreases 10% each year until employee reaches age 45**

Extra Benefit Age Multiplication Factor



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Optional Coverage

Option A Standard

Equal to \$10,000 in Coverage

- Cannot be increased
- Cost is based on employee's age
- Cost increases with age in increments of 5 years beginning at age 35

Option B Additional

- May elect up to five times Annual Basic Pay
- Cost increases with age in increments of 5 years beginning at age 35

Option C Family

- May elect up to five Multiples
- Minimum of \$5,000 for spouse and \$2,500 for eligible dependent child (under age 22*)
- Maximum of \$25,000 for spouse and \$12,500 for eligible dependent child (under age 22)
- Cost increases with employee's age in increments of 5 years beginning at age 35

Note: If enrolled in Option C, all eligible family members are automatically covered; *children over age 22 are covered if certified as disabled and incapable of self support



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What is AD&D?

- **Automatic coverage as part of Basic & Option A enrollment payable based on accidental death and/or accidental dismemberment**
- **Amounts payable based on benefit and percentages of BIA & Option A coverage**
- **Separate from, and in addition to, benefits payable under Basic and Option A insurance**
- **There is no AD&D coverage for Options B & C**
- **Annuitants and Compensationers are not covered by AD&D**

Accidental Death and Dismemberment (AD&D)



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Under Basic

Benefit equals one-half of Basic Insurance Amount for the loss of one limb or sight in one eye

For the loss of 2 or more (from the limb and eye category) in a single accident, benefit equals the Basic Insurance Amount

Under Option A

Benefit equals one-half of Option A for the loss of a limb or eye

For the loss of 2 or more (from the limb and eye category) in a single accident, benefit equals the amount of Option A

Note: AD&D benefits are not paid in the event of suicide

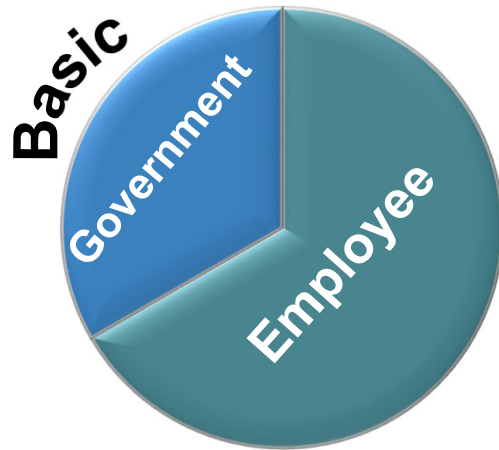
Accidental Death and Dismemberment (AD&D)



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Premiums Are Deducted From Wages:



- Shared cost
 - Employee pays 2/3 cost
 - Government pays 1/3 cost



- Employee pays full cost

Cost of Coverage



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Qualifying Life Events (QLE) & Permissible Changes

Qualifying Life Events (QLE)

Marriage

Divorce

**Death of spouse or
child**

**Birth or Adoption
of child**



Employees may at any time:

Cancel Basic

**Cancel Options A,
B, or C**

**Reduce Multiples of
Options B or C**



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Insufficient Pay

When pay is insufficient to cover premiums, employee must be given notice of options to:

- **Terminate coverage or**
- **Contact their Human Resources Office for procedures with direct payment of premiums**
- **No response within 31 days (45 days overseas)**
 - **coverage automatically terminated and HR must complete:**
 - **SF-2819; Notice of Conversion Privilege**
 - **SF-2821; Agency Certification of Insurance Status**



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**Breaks in service
of 180 days or
more**

=

**An opportunity to make
new election within 60
days**

**Waivers of Basic coverage or declining to
enroll in Optional insurance remain in effect
for breaks of less than 180 days (retain same
coverage)**

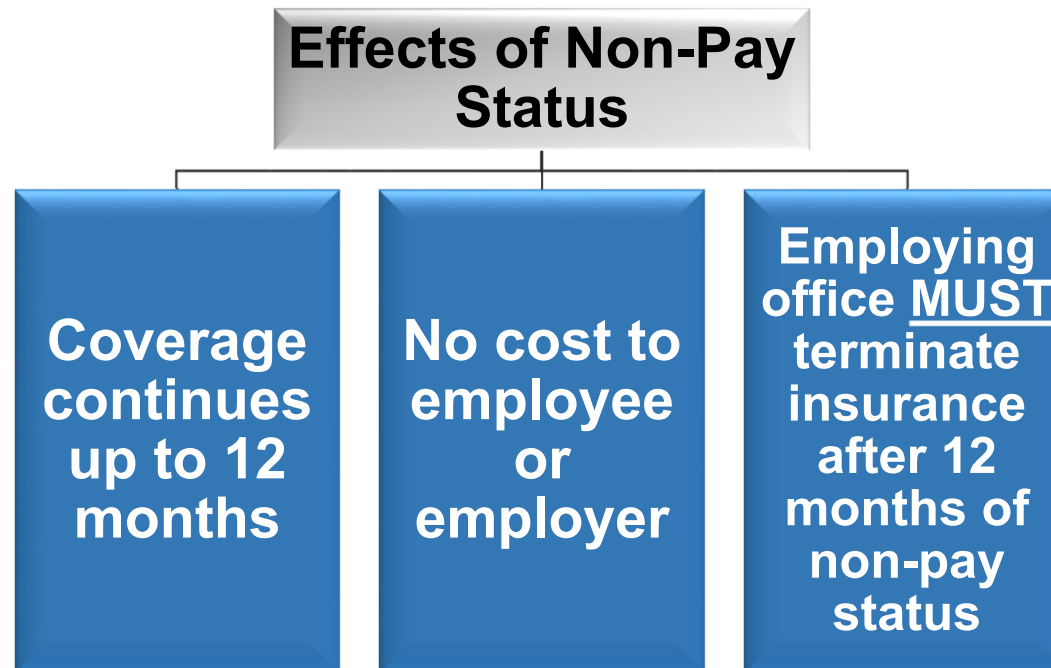
Breaks in Service



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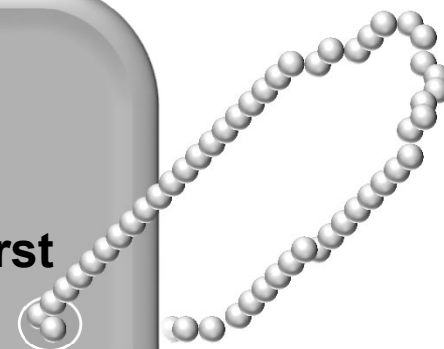
Leave Without Pay (LWOP)



Note: HR must complete the SF-2819; Notice of Conversion Privilege and the SF-2821; Agency Certification of Insurance Status when FEGLI terminates



- BAL 08-203
- Coverage continues up to 24 months
- No cost to employee or employer for first 12 months
- Employee pays full cost for the additional 12 months – totaling 24 months of coverage
- Employing office **MUST** terminate insurance after 24 months of non-pay status



Leave Without Pay (Absent-US)



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Employees receiving compensation may continue FEGLI coverage if specific requirements are met:

- **Completes 12 months in a non-pay status, coverage continues for the first 12 months in non-pay status or you separate**
- **Unable to return to duty as determined by the Department of Labor (DOL)**
- **Employee was insured 5 years before the date compensation begins; or if less than 5 years, the full period of service which the employee was eligible**
- **Employee has not converted to an individual policy**

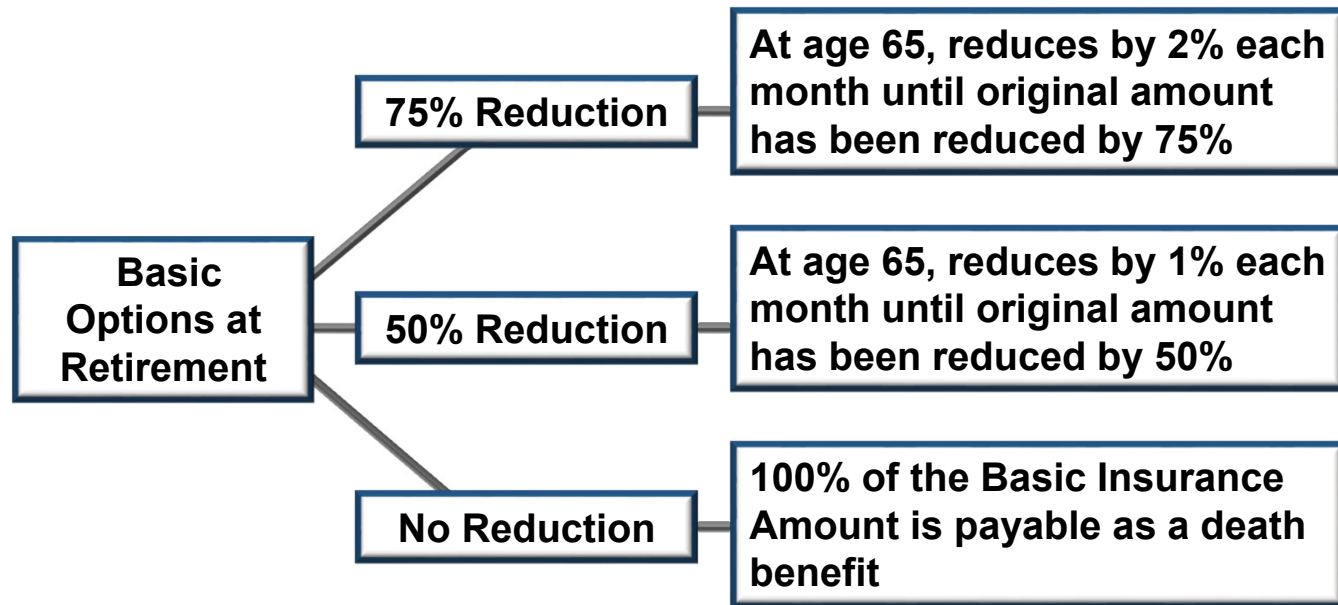
If employee is ineligible or appears to be ineligible:

- **Coverage continues for the first 12 months in non-pay status or you separate**
- **Agency must complete a Notice of Insurance Ineligibility at the same time the CA-7 is sent:**
 - **Notice is provided to OWCP and the employee**
 - **Sample notice can be found on DOL website**
- **OWCP will flag its system to stop the withholdings at the end of 12 months**
- **At the end of your 12 months, your coverage terminates**
- **Agency must complete and provide employee with:**
 - **SF-2819; Notice of Conversion Privilege**
 - **SF-2821; Agency Certification of Insurance Status**

Leave Without Pay (OWCP)

Retirement: Basic

Employee must be entitled to retire on an immediate annuity and must have been enrolled in FEGLI at least 5 years immediately preceding retirement in order to retain coverage as an annuitant



Note: Employee must complete the SF-2818

Retirement: Optional

Employee must have been enrolled in “*Each Option*” at least 5 years immediately preceding retirement in order to retain coverage as an annuitant

Option A

Automatically reduces upon reaching age 65 (coverage reduces by 2% each month until reduction has reached 75% - \$2,500 will be payable as a death benefit)

Option B & Option C

Elect how many multiples you wish to continue into retirement and choose no reduction or full reduction

Note: Employee must complete the SF-2818

Assignment, Viatical Settlement & Living Benefit

*This is NOT a Designation of Beneficiary, use SF-2823 to designate beneficiaries

- Assigned to an individual, corporation, or trustee
- No requirement for life expectancy

Assignment

- Terminally ill with 24 months or less to live
- Sale to a firm in exchange for cash payout before death

Viatical Settlement

- Terminally ill with 9 months or less to live
- Employee receives cash from Basic Insurance full or partial amount

Living Benefit

Note: Employee, annuitant, and or compensationers must complete the RI 76-10; Assignment of FEGLI



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If form is not on file, the order of precedence is followed for payments

Employee is responsible for maintaining updated designation of beneficiary forms

Employing office reviews form based on agency established procedures

Designation made prior to November 17, 1986, is not valid if employee transfers to another agency

A valid court order and assignment will take precedence over a designation of beneficiary

Total designations must equal 100%

Designation of Beneficiary SF-2823



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2022 DoD VIRTUAL BENEFITS & WORK-LIFE SYMPOSIUM

Which form do I use?

**FE-6, Claim for
Death Benefits**

**Used for the
death of anyone
enrolled in the
FEGLI program**

**FE-6 DEP,
Statement of
Claim – Option C**

**Used to claim
death of family
members
covered under
Option C**

Claim for Death Benefits



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2022 DoD VIRTUAL BENEFITS & WORK-LIFE SYMPOSIUM



Overview of the FEGLI Program

Described enrollment options, eligibility requirements, and cost of coverage

Explained Coverage for New Employees

Discussed Living Benefits and Assignment of coverage options

Referenced FEGLI Standard Forms

Summary



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Questions?

