

## Directions To Personnel Clerks Of The Uniformed Services

1. Complete all appropriate items on this form. All entries except the signature and those requested to be in the service member's own handwriting, must be typed or printed in ink.
2. Include the name, address, and social security number (if available) of the beneficiary(ies), and the relationship of the beneficiary(ies) to the service member (e.g. father, sister).
3. If a service member wants to designate a beneficiary other than would be normal under his or her family circumstances, see "Unclear or Unusual Beneficiary Designations" (section 6.03) in the *Servicemembers' Group Life Insurance Handbook*, Handbook 29-75-1 ([www.insurance.va.gov](http://www.insurance.va.gov)).
4. A representative of the Uniformed Services must sign his or her name below that of the service member to indicate that he/she received the form from the member (whether in person, by mail or electronically) and should include the date he/she received it.
5. This form, properly completed, is authority to a payroll office to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.
6. If this form is being used to decline SGLI coverage, inform the service member that this action will mean that he/she will no longer have Family SGLI coverage - both spousal coverage and dependent child coverage - or Traumatic Injury Protection (TSGLI). Have the service member complete SGLV 8286A and take action to end payment of Family spousal premiums. No additional forms need to be completed to end payment of TSGLI premiums.
7. Inform the service member that if he/she is married or gets married after completing this form, his/her spouse is automatically covered under Family SGLI and premiums are due for this coverage and will be deducted from his/her pay if his/her spouse is registered in DEERS. If his/her spouse is not registered in DEERS, premiums cannot be deducted and the member will owe a debt for unpaid premiums.
8. Inform the service member that if he/she has questions about this form, he/she may obtain the advice of a military attorney at no expense to the service member.
9. **After the form is completed in its entirety**, you should:
  - File a copy of pages 2 and 4 in the member's official personnel file.
  - Provide a copy of pages 2-5 to the service member.
  - Provide a copy of pages 2 and 4 to the Active or Reserve component of the Uniformed Services.

**Remember:** If this form is used to decline SGLI coverage and the service member has Spousal Family SGLI coverage, you should take action to discontinue payment of spousal Family SGLI premiums.

**Note:** Please do *NOT* send any of the forms or copies to the Office of Servicemembers' Group Life Insurance or to the Department of Veterans Affairs.

Please read the instructions before completing this form.

# Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

**Important:** This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

|           |            |             |                      |                        |
|-----------|------------|-------------|----------------------|------------------------|
| Last name | First name | Middle name | Rank, title or grade | Social Security Number |
|-----------|------------|-------------|----------------------|------------------------|

|                                       |                       |
|---------------------------------------|-----------------------|
| Branch of Service (Do not abbreviate) | Current Duty Location |
|---------------------------------------|-----------------------|

### Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance\***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

**Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.**

- I want coverage in the amount of \$ \_\_\_\_\_ Your initials \_\_\_\_\_
- \_\_\_\_\_

(Write "I do not want Insurance at this time.")

\*Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

| Complete Name (first, middle, last) and Address of each beneficiary             | Social Security Number (if known) | Relationship to you | Share to each beneficiary (Use %, \$ amounts or fractions) | Payment Option (Lump sum or 36 equal monthly payments) |
|---|-----------------------------------|---------------------|--|--|
| <b>Principal</b>  |                                   |                     |  |  |
| 1.  |                                   |                     |  |  |
| 2.  |                                   |                     |  |  |
| 3.  |                                   |                     |  |  |
| 4.  |                                   |                     |  |  |
| <input type="checkbox"/> Additional Principals on page 4 (check if applicable)  |                                   |                     |  |  |
| <b>Contingent</b>   |                                   |                     |  |  |
| 1.  |                                   |                     |  |  |
| 2.  |                                   |                     |  |  |
| 3.  |                                   |                     |  |  |
| 4.  |                                   |                     |  |  |
| <input type="checkbox"/> Additional Contingents on page 4 (check if applicable) |                                   |                     |  |  |

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.
- If I am married or If I get married after completing this form, **my spouse is automatically covered under Family SGLI for which premiums will be deducted from my pay**, unless I decline Family SGLI coverage by completing SGLV 8286A. For Family SGLI premium deductions, my spouse **MUST** be registered in DEERS. **Failure to do so will result in debts owed for unpaid premiums.**

**SIGN HERE IN INK**

\_\_\_\_\_

Date: \_\_\_\_\_

(Your signature. Do not print.)

**Do not write in space below. For official use only.**

|              |                      |              |               |
|--------------|----------------------|--------------|---------------|
| RECEIVED BY: | RANK, TITLE OR GRADE | ORGANIZATION | DATE RECEIVED |
|--------------|----------------------|--------------|---------------|

# Directions To Service Member

## What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid.

## Marriage and SGLI Coverage

If you are married or you get married after completing this form, **your spouse is automatically covered under Family SGLI** and premiums will be deducted from your pay, unless you decline Family SGLI coverage by completing SGLV 8286A. **You must register your spouse in DEERS for Family SGLI premiums to be deducted from your pay.** If you do not register your spouse in DEERS, premiums cannot be deducted. This will result you owing a debt for back premiums.

## Periods of Coverage

SGLI is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of title 10, United States Code. SGLI coverage continues for 120 days following separation or release. You may convert your SGLI to Veterans' Group Life Insurance within 120 days of separation without proof of good health, or within one year and 120 days of separation with proof of good health by contacting the Office of Servicemembers' Group Life Insurance (see below).

## Instructions On Completing This Form (Type or print in ink all items except where otherwise noted.)

### 1. Naming Beneficiaries

- A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without his/her consent. However, your spouse will be notified if you reduce coverage or name a beneficiary other than your spouse.
- If the beneficiary is a married woman, use her given first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
- A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
- If you want to name more than four principal or contingent beneficiaries, list the additional beneficiaries on the Beneficiary Continuation Form (page 5) and check the block under the principal or contingent blocks on page 2, indicating that you have done so. The Beneficiary Continuation Form (page 5) should then be attached to page 2 of the 8286.
- If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
- You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

**2. Social Security Number** - Do not delay completing this form if you do not have a beneficiary's Social Security Number. The Social Security Number helps us to locate the beneficiary, but is not required.

**3. Shares to each Beneficiary** - If you name more than one beneficiary, the sum of the shares must equal 100% or the full dollar amount of your insurance.

|          |              |                  |               |              |
|----------|--------------|------------------|---------------|--------------|
| Example: | nother       | \$200,000        | 50%           | /2           |
|          | <u>ather</u> | <u>\$200,000</u> | <u>or 50%</u> | <u>or /2</u> |
|          | <b>Total</b> | <b>\$400,000</b> | <b>100%</b>   | <b>1</b>     |

**4. Payment Option** - You may choose whether you want the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump sum" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump sum" or leave the block blank.

### 5. Provisions For Payment Of Insurance

- If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
- If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made by law, the proceeds will be paid in the following order:
  - Widow or widower
  - Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
  - Parent(s) in equal shares or all to surviving parent
  - A duly appointed executor or administrator of your estate
  - Other next of kin

### What Your Beneficiaries Should Know

Upon your death, the Casualty Assistance Office for your branch of service will assist your beneficiary in filing a claim for the insurance proceeds. These claims are submitted to the **Office of Servicemembers' Group Life Insurance**, 80 Livingston Avenue, Roseland, NJ 07068-1733. Your beneficiary may also call 1-800-419-1473 for claim information.

Please read the instructions before completing this form.

## Servicemembers' Group Life Insurance Election and Certificate Beneficiary Continuation

**Instructions:** This page is to be used **ONLY** when the service member wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

### Member Information

|           |            |             |                      |                        |
|-----------|------------|-------------|----------------------|------------------------|
| Last name | First name | Middle name | Rank, title or grade | Social Security Number |
|-----------|------------|-------------|----------------------|------------------------|

### Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

| Complete Name (first, middle, last) and Address of each beneficiary | Social Security Number (if known) | Relationship to you | Share to each beneficiary (Use %, \$ amounts or fractions) | Payment Option (Lump sum or 36 equal monthly payments) |
|---|-----------------------------------|---------------------|--|--|
| <b>Principal</b>  |                                   |                     |  |  |
| 5.  |                                   |                     |  |  |
| 6.  |                                   |                     |  |  |
| 7.  |                                   |                     |  |  |
| 8.  |                                   |                     |  |  |
| 9.  |                                   |                     |  |  |
| 10.   |                                   |                     |  |  |
| <b>Contingent</b>   |                                   |                     |  |  |
| 5.  |                                   |                     |  |  |
| 6.  |                                   |                     |  |  |
| 7.  |                                   |                     |  |  |
| 8.  |                                   |                     |  |  |
| 9.  |                                   |                     |  |  |
| 10.   |                                   |                     |  |  |

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:  
***This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.***  
 The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

**SIGN HERE IN INK** \_\_\_\_\_ Date: \_\_\_\_\_  
 (Your signature. Do not print.)

**Do not write in space below. For official use only.**

|              |                      |              |               |
|--------------|----------------------|--------------|---------------|
| RECEIVED BY: | RANK, TITLE OR GRADE | ORGANIZATION | DATE RECEIVED |
|--------------|----------------------|--------------|---------------|



## What You Need To Know About Your Life Insurance Benefits

You are eligible for a variety of life insurance benefits while serving in the military and after discharge. It is important that you understand these benefits so you can make informed decisions about providing for the financial security of your loved ones.

### WHILE IN SERVICE

#### **Servicemembers' Group Life Insurance (SGLI)**

Upon enlistment, service members automatically have the maximum \$400,000 of SGLI coverage. Service members can decline or elect lesser amounts of coverage in writing in increments of \$50,000. SGLI coverage stays in effect for 120 days after discharge. Members who have SGLI automatically have TSGLI.

#### **SGLI Traumatic Injury Protection Program (TSGLI)**

TSGLI provides all service members who have SGLI with traumatic injury protection. TSGLI provides for payment of up to \$100,000 to service members who incur a qualifying loss as the result of a traumatic injury (on or off duty). TSGLI payments are designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury (such as travel, temporary housing, and loss of income).

#### **Family SGLI**

Family SGLI provides automatic coverage to the spouses and dependent children of service members who have SGLI coverage. Spouses are insured for \$100,000 or the amount of the member's coverage, whichever is less. Dependent children are automatically covered for \$10,000 at no cost to the service member. Service members must register their spouse in DEERS to ensure proper premiums are deducted. Members can decline or elect less coverage, but *not* registering a spouse in DEERS is *not* the equivalent of declining spousal coverage.

#### **Veterans' Mortgage Life Insurance (VMLI)**

VMLI provides mortgage life insurance of up to \$90,000 to *severely disabled veterans and service members* who have received a specially adapted housing grant from VA. It is designed to pay off some or all of the home mortgages of disabled veterans and service members in the event of their death.

#### **For More Information**

For more information about these benefits, visit [www.insurance.va.gov](http://www.insurance.va.gov). You can also call us toll-free at the following numbers:

SGLI, SGLI Disability Extension, VGLI: 1-800-419-1473

S-DVI, VMLI: 1-800-669-8477

### AFTER DISCHARGE

#### **SGLI Disability Extension**

The SGLI Disability Extension allows service members who are totally disabled at time of discharge to retain the SGLI coverage they had in service at no cost for up to two years. The service member must apply to the Office of Servicemembers' Group Life Insurance for this extension.

#### **Veterans' Group Life Insurance (VGLI)**

VGLI allows service members to convert their SGLI coverage to lifetime renewable term insurance. The amount of VGLI coverage cannot exceed the amount of SGLI coverage the member has at discharge. Members can apply within 120 days of discharge without proof of good health, and for one year after that with proof of good health.

#### **Service-Disabled Veterans Insurance (S-DVI)**

S-DVI provides up to \$10,000 in coverage to disabled veterans who have received a new VA disability rating. Veterans have two years from the date VA notifies them of their rating to apply for this coverage. Veterans who are totally disabled can apply to have their premiums waived. If approved for waiver, the veteran can apply for an additional \$20,000 in coverage.