

## Certification of Insured Employee's Retired Status Federal Employees' Group Life Insurance (FEGLI) Program

Important: Read instructions on the Back of Part 3 before completing this form.

A. A	Agency Report of Insurance Coverage	J 111		,				
	ame of retired employee (last, first, middle)	2.	Date of birth (mm/d	dd/yyyy)	3.	Social S	Security numb	er
4. Ma	ailing address (including ZIP code)	5.	Plan or system und	ler which retired	6.	Retirem	ent claim num	nber (if any)
		7.	Annuity commencir (mm/dd/yyyy)	ng date	8.	Did empannuity		n an immediate
an Ye	d employee have Basic life insurance for the 5 years immediately before the anuity commencing date or full periods available?  es "Yes" check  75% Reduction  50% Reduction	10.	Did employee have annuity commencir	option A — Standing date or full perio	dard foods av	Yes or the 5 y ailable?	ears immedia	No tely before the
	opropriate box  No Reduction		Yes			No		
11A. Ho	ow many multiples of Option B is the employee <i>eligible to carry</i> into retirement?	11B.	How many multiple			mployee		vinto retirement?
104 11	(number of multiples)	100	(number of mult	· , <b>-</b> · ·	check	-		Reduction
	ow many multiples of Option C is the employee <i>eligible to carry</i> into retirement?  (number of multiples)	12B.	How many multiple (number of mult		check	. ,	No R	eduction
13. 10	certify that I obtained the above information, except for periods of unverified s	ervic	ce alleged by the re	tired employee, fi	rom o	fficial red		
	ame and mailing address of agency (include ZIP code)		Signature of author	, , ,				
		16.	Typed name of autl	horized agency off	icial			
		17.	Date (mm/dd/yyyy)		18.	Telepho	one number (i	vith area code)
В. О	Certification of the Office of Personnel Managemen	t. B	overs. PA 16	017				
1.	Individual named above has Basic life insurance as a retired employee under the Federal Employees' Group Life Insurance Program.  Individual named above does not have Basic life insurance as a retired employee because:  Not enrolled in Basic for the 5 years immediately before the annuity	2.	Check the box(es) Option B, or Option multiples. If the indi the reason in line B A. Individual name	that apply in line A n C. If you check O ividual does not ha .1, B2, B3, or B4.	ption ive Op type c	B or Option A, Co	on C, enter th option B, or Op al insurance a:	e number of otion C, check s a retired
	commencing date or full periods available.  Not retired on an immediate annuity.		Option A					
			Option B	: Number of Full Number of No			'	
	Other (please explain)		Option C				•	
3. OI	OPM Use Only		B. Individual name				•	
		Ξ	insurance	ect this type of Opti as an employee.	ional	B2.	Not eligible f	1 -
4. Si	gnature of authorized OPM official			B C ed for the 5 years in	mmed	i- B4.	A B Cancelled th	C is type of
5. Ty	rped name of authorized OPM official  6. Date (mm/dd/yyyy)		ately befor cing date o	e the annuity como or full period availa	men-		Optional insu	ırance.
C /	Access Depart of Tarmination of Dating Chatus		A	3 C			A B	С
	Agency Report of Termination of Retired Status eason for termination	2.	Insurance coverage	e at time of termina	tion			
	eath	۷.				eduction	No De	duation
-	ermination of annuity		Basic: 75% I	Reduction	)U% K	eauciion	NO KE	eduction
	ther (please explain)		Option B: Number	r of Full Reduction	multip	oles		
	пет (реазе спрату			r of No Reduction i				
			Option C: Number					
	reason for termination is death, give name and address of next of kin, executor estate or other contact.	4.	Number Signature of author	r of No Reduction in ized agency official		es		
		5.	Typed name of autl	horized agency off	icial			
6. Da	ate annuity terminated (mm/dd/yyyy)	7.	Date (mm/dd/yyyy)		8.	Telepho	one number (i	vith area code)

Previous editions are not usable.



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Important: Read instructions on the Back of Part 3 before completing this form.

1	Life Insurance Federal Employees Group Li	e III	isurance (FLGLI) Program		ack of Fart 5 before completing this form.
Α.	Agency Report of Insurance Coverage				
1.	Name of retired employee (last, first, middle)	2.	Date of birth (mm/dd/yyyy)	3.	Social Security number
4.	Mailing address (including ZIP code)	5.	Plan or system under which retired	6.	Retirement claim number (if any)
		7.	Annuity commencing date	8.	Did employee retire on an immediate
			(mm/dd/yyyy)		annuity? No
9.	Did employee have Basic life insurance for the 5 years immediately before the	10.	Did employee have Option A — Standa	ard fo	
	annuity commencing date or full periods available?		annuity commencing date or full period	ls av	ailable?
	Yes  If "Yes" check  \$\int_{\text{30\% Reduction}} 75\% Reduction  50\% Reduction				
	appropriate box  No Reduction		Yes		No
11A.	How many multiples of Option B is the employee <i>eligible to carry</i> into retirement?	11B.	. How many multiples of Option B does	the e	
	(number of multiples)		(number of multiples)	heck	No Reduction
12Δ	How many multiples of Option C is the employee <i>eligible to carry</i> into retirement?	12B	. How many multiples of Option C does		Tull Reduction
1271.		120.	-~		No Reduction
_	(number of multiples)		(number of multiples) (cl	heck	one) Full Reduction
13.	I certify that I obtained the above information, except for periods of unverified s	ervic	ce alleged by the retired employee, fro	от о	fficial records and it is correct.
14.	Name and mailing address of agency (include ZIP code)	15.	Signature of authorized agency official		
		16.	Typed name of authorized agency office	ial	
		17.	Date (mm/dd/yyyy)	18.	Telephone number (with area code)
В.	Certification of the Office of Personnel Managemen	. D	OVER DA 16017		
D. 1.	Individual named above has Basic life insurance as a retired employee	2.	Check the box(es) that apply in line A b	nelov	v if the retired employee has Option A
	under the Federal Employees' Group Life Insurance Program.		Option B, or Option C. If you check Opmultiples. If the individual does not have	tion	B or Option C, enter the number of
	Individual named above does not have Basic life insurance as a retired employee because:		the reason in line B1, B2, B3, or B4.		
	Not enrolled in Basic for the 5 years immediately before the annuity		<ul> <li>Individual named above has this ty employee under the Federal Emplo</li> </ul>	pe c	of Optional insurance as a retired ss' Group Life Insurance Program.
	commencing date or full periods available.		Option A		
	Not retired on an immediate annuity.		Option B: Number of Full I	Redu	uction multiples
	Other (please explain)		Number of No R	Redu	ction multiples
					ıction multiples ction multiples
3.	OPM Use Only				,
		_	B. Individual named above does not l retired employee because:	lave	this type of Optional insurance as a
			B1. Did not elect this type of Optio insurance as an employee.	nal	B2. Not eligible for Basic.
4.	Signature of authorized OPM official		A B C		A B C
•	organical of carron and of monitorial		B3. Not enrolled for the 5 years im		
5.	Typed name of authorized OPM official 6. Date (mm/dd/yyyy)		ately before the annuity comm cing date or full period availab		Optional insurance.
			A B C		A B C
C.	Agency Report of Termination of Retired Status				
1.	Reason for termination	2.	Insurance coverage at time of termination	ion	
	Death		Basic: 75% Reduction 50	)% R	Peduction No Reduction
	Termination of annuity		Option A		
	Other (please explain)		Option B: Number of Full Reduction n		
			Number of No Reduction m	•	
			Option C: Number of Full Reduction n  Number of No Reduction m		
3.	If reason for termination is death, give name and address of next of kin, executor	4.	Signature of authorized agency official	<i>a</i>	
	of estate or other contact.				
		5.	Typed name of authorized agency office	ial	
6.	Date annuity terminated (mm/dd/yyyy)	7.	Date (mm/dd/yyyy)	8.	Telephone number (with area code)



## Certification of Insured Employee's Retired Status Federal Employees' Group Life Insurance (FEGLI) Program

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A.	Agency Report of Insurance Coverage		
1.	Name of retired employee (last, first, middle)	2.	Date of birth (mm/dd/yyyy)  3. Social Security number
4.	Mailing address (including ZIP code)	5.	Plan or system under which retired 6. Retirement claim number (if any)
		7.	Annuity commencing date 8. Did employee retire on an immediate annuity?
			Yes No
9.	Did employee have Basic life insurance for the 5 years immediately before the annuity commencing date or full periods available?	10.	Did employee have Option A — Standard for the 5 years immediately before the annuity commencing date or full periods available?
	Yes  If "Yes" check  75% Reduction  50% Reduction		
	appropriate box No Reduction		Yes No
11A.	How many multiples of Option B is the employee <i>eligible to carry</i> into retirement?	11B.	B. How many multiples of Option B does the employee <i>want to carry</i> into retirement?
	(number of multiples)		No Reduction No Reduction (number of multiples) <b>[ (check one)</b> Full Reduction
12A.	How many multiples of Option C is the employee $\emph{eligible to carry}$ into retirement?	12B	How many multiples of Option C does the employee <i>want to carry</i> into retirement?
	(number of multiples)		No Reduction (number of multiples) <b>\( \) (check one)</b> Full Reduction
13.	I certify that I obtained the above information, except for periods of unverified	ervio	ce alleged by the retired employee, from official records and it is correct.
14.	Name and mailing address of agency (include ZIP code)	15.	Signature of authorized agency official
		16.	Typed name of authorized agency official
		17.	Date (mm/dd/yyyy) 18. Telephone number (with area code)
В.	Certification of the Office of Personnel Managemen	t R	Sovers PA 16017
1.	Individual named above has Basic life insurance as a retired employee	2.	Check the box(es) that apply in line A below if the retired employee has Option A,
	under the Federal Employees' Group Life Insurance Program.		Option B, or Option C. If you check Option B or Option C, enter the number of multiples. If the individual does not have Option A, Option B, or Option C, check
	Individual named above does not have Basic life insurance as a retired employee because:		the reason in line B1, B2, B3, or B4.  A. Individual named above has this type of Optional insurance as a retired
	Not enrolled in Basic for the 5 years immediately before the annuity commencing date or full periods available.		employee under the Federal Employees' Group Life Insurance Program.
	Not retired on an immediate annuity.		Option A Option B: Number of Full Reduction multiples
	Other (please explain)		Option B: Number of Full Reduction multiples  Number of No Reduction multiples
	Otter (prease explain)		Option C: Number of Full Reduction multiples
3.	OPM Use Only		Number of No Reduction multiples
		_	B. Individual named above does not have this type of Optional insurance as a retired employee because:
		Ε	B1. Did not elect this type of Optional B2. Not eligible for Basic. insurance as an employee.
4.	Signature of authorized OPM official		A B C
	Signature of authorized of Wolfields		B3. Not enrolled for the 5 years immediately before the annuity commen-  B4. Cancelled this type of Optional insurance.
5.	Typed name of authorized OPM official 6. Date (mm/dd/yyyy)		cing date or full period available.  A B C A B C
C	Agency Report of Termination of Retired Status		
1.	Reason for termination	2.	Insurance coverage at time of termination
	Death		Basic: 75% Reduction 50% Reduction No Reduction
	Termination of annuity		Option A
	Other (please explain)		Option B: Number of Full Reduction multiples
			Number of No Reduction multiples
			Option C: Number of Full Reduction multiples  Number of No Reduction multiples
3.	If reason for termination is death, give name and address of next of kin, executor of estate or other contact.	4.	Signature of authorized agency official
		5.	Typed name of authorized agency official
6.	Date annuity terminated (mm/dd/yyyy)	7.	Date (mm/dd/yyyy)  8. Telephone number (with area code)

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## Instructions and Definitions

Completion of Form — Complete Section A of this form for each insured employee who has retired under any system other than the Civil Service Retirement System (CSRS) or Federal Employees' Retirement System (FERS) and who submits a completed *Agency Certification of Insurance Status* (SF 2821).

*Disposition of Form* — Send Part 1 and Part 2 of this form and all life insurance forms (SF 2817, SF 2818, SF 2819, SF 2821, SF 2823, RI 76-10, RI 76-27, FE-8C, etc.) and applicable court order(s), if any, to the Office of Personnel Management (OPM), P.O. Box 45, Boyers, PA 16017-0045. Keep Part 3 in the annuitant's file. We will complete Section B and send you a copy for your records, indicating whether the retired annuitant is insured.

*Immediate Annuity* — See item 8 of Section A. This means an annuity which begins to accrue no later than 1 month after the date that the insurance would otherwise stop. (You can find this date on the *Agency Certification of Insurance Status* [SF 2821] that the retiring employee submitted to you.)

**Reduction or Cancellation of Insurance** — An annuitant can cancel Basic and/or Optional insurance at any time, unless he/she assigned the coverage. In that case only the assignee(s) may cancel the coverage. Cancellation of Basic automatically cancels all Optional insurance.

In order to cancel, the annuitant (or assignee(s), as applicable) should write to you requesting the change, so that you can reduce or stop deductions. The change is effective at the end of the month in which you receive the request. You should send the original letter to OPM, P.O. Box 45, Boyers, PA 16017-0045. Keep a copy in the annuitant's file.

Changing Post-Retirement Basic to 75% Reduction — An annuitant can change Basic from No Reduction or 50% Reduction to 75% Reduction at any time, unless he/she assigned the coverage. In that case, only the assignee(s) can change the Basic. The annuitant (or assignee(s), as applicable) should write to you to request the change. The change is effective at the end of the month in which you receive the request. You should send the original letter to OPM at the above address. Keep a copy in the annuitant's file. The annuitant is not entitled to a refund of withholdings you already made.

Neither the annuitant nor the assignee(s) can change from No Reduction to 50% Reduction or vice versa, nor from 75% Reduction to either 50% or No Reduction.

Changing Post-Retirement Option B or Option C — An annuitant can change all multiples of Option B and/or Option C from Full Reduction to No Reduction or vice versa at any time before reaching age 65, unless he/she assigned the coverage. In that case, only the assignee(s) can change Option B from No Reduction to Full Reduction. The annuitant (or assignee(s), as applicable) should write you to request the change. The change is effective at the end of the month in which you receive the request. You should send the original letter to OPM at the above address. Keep a copy in the annuitant's file. (Of course such changes before age 65 have no practical meaning. Annuitants continue to pay for Option B and Option C coverage until they reach age 65. Whether they continue to pay premiums after age 65 depends on their choice of No Reduction or Full Reduction.)

Age 65 Birthday Letter — You need to send a letter to all annuitants shortly before they reach age 65, or shortly after they retire if they retire after age 65. This letter should give the annuitant a choice to mix and match Option B and Option C multiples with No Reduction and Full Reduction. You may also need to write to assignees. Please contact us if you need more information about this.

After reaching age 65, the annuitant can only change some or all multiples from No Reduction to Full Reduction, unless he/she assigned the coverage. In that case, only the assignee(s) can change Option B from No Reduction to Full Reduction. The annuitant is not entitled to a refund of withholdings you already made. Neither the annuitant nor assignee(s) can change from Full Reduction to No Reduction.

**Reporting Terminations of Annuity**— When the annuitant dies or the annuity terminates, complete Section C and send the form to OPM. If you receive a completed *Claim for Death Benefits* (Form FE-6) and/or certified death certificate, also send them to OPM.