



## Family Coverage Election and Certificate

### Part I – Service Member Information

1. Print Name (First, Middle, Last)

2. Social Security Number

3. Branch of Service

4. Amount of SGLI now in force

5. Amount of coverage desired for spouse

6. Rank, title or grade

### Part II – Spouse Information

7. Print Name (First, Middle, Last)

8. Social Security Number

9. Date of Birth

10. Mailing Address (street, city, state, ZIP)

11. Telephone Number

### Part III – Spouse Information (to add or restore spouse coverage)

12. Weight in pounds

13. Height in feet and inches

14. Gender

Female

Male

15. Have you had or been treated for known indications of:

- a. A heart condition  Yes  No
- b. High blood pressure  Yes  No
- c. A neurological disorder  Yes  No
- d. Diabetes  Yes  No
- e. Cancer or tumors  Yes  No

16. Do you have any known physical impairments, deformities, or ill health not covered above?

Yes  No

17. Have you ever been diagnosed as having a disease or disorder of the immune system?

Yes  No

**18. Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.**

The answers I have given are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Signature of spouse \_\_\_\_\_ Date \_\_\_\_\_



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## Part IV – Spouse Information (to reduce or decline spouse coverage)

### Family of Coverage – Spouse

By law, if you are insured under SGLI, **your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage**, whichever is less. **If you want less than the automatic amount of coverage for your spouse**, please check the appropriate box below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any coverage for your spouse**, check the appropriate box below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

I want spouse coverage in the amount of \$ \_\_\_\_\_

In the space below write: "I do not want coverage for my spouse at this time."

**Note: Family Coverage for Dependent Child(ren).** By law, if you are insured under SGLI, each of your dependent children (see page 4 for a definition of dependent children for SGLI purposes) is automatically insured for \$10,000.

## Part V – Certification by Service Member

The answers provided in Part III are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

The request made in Part IV is to reduce or refuse family coverage. I understand this coverage can only be restored by completing proof of good health and compliance with other requirements. It will also affect the amount of insurance my spouse can convert when Family Coverage expires.

Signature of Service Member \_\_\_\_\_ Date \_\_\_\_\_

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title, or grade	Approve <input type="checkbox"/>
Contact telephone/e-mail	Disapprove <input type="checkbox"/>
Date	Date
Address	



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## Directions To Personnel Clerks Of The Uniformed Services For SGLI Family Coverage Election and Certificate

1. All appropriate items on this form must be completed.
2. The amount of the service member's SGLI coverage should be verified to make sure the amount requested for the spouse does not exceed that of the service member.
3. A representative of the Uniformed Services must sign his or her name below that of the service member to indicate that he or she received the form from the member (whether in person, by mail, or electronically) and should include the date he or she received it.
4. This form, properly completed, is authority to a payroll office to change or stop the deductions for Family Coverage premiums if the amount of insurance is changed or canceled.
5. After the form is completed in its entirety, you should:
  - Enter form data into the SGLI Web application
  - Make one copy of the completed form (pages 1 and 2)
  - File a copy in the member's official personnel file
  - Provide a copy to the service member
6. Additional copies may be required as directed by your service.

### Responses to questions 15, 16, and 17

If the spouse answers "No" to all items in question 15 and questions 16 and 17, then the completed form should be retained in the member's personnel file. Once this is done, action should be initiated to deduct premiums from the member's pay. **It is not necessary to send a copy of this form to the Office of Servicemembers' Group Life Insurance (OSGLI) for approval.**

If the spouse answers "Yes" to any item in question 15 or questions 16 or 17, then he/she should also complete question 18. A copy of the completed form should be sent to:

Office of Servicemembers' Group life Insurance  
80 Livingston Avenue  
Roseland, NJ 07068-1733

Upon receipt, OSGLI will review the application and return an annotated copy to the member's organization showing whether the request is approved or disapproved. The copy returned from OSGLI is to be filed in the member's personnel file. No action should be taken to deduct the premium from the member's pay until the "APPROVED" form is received from OSGLI. At this time, the premium deduction should begin with the pay for the month when a service member elects to have his/her spouse covered. (Note: If the spouse dies between the time the form is submitted to OSGLI and the time it is returned marked "APPROVED," the insurance will be paid. If the form is returned marked "DISAPPROVED," the insurance will not be paid.) If the request for insurance is disapproved, OSGLI will return the form with a letter of explanation to the Commanding Officer. The member should be notified that he/she may write to OSGLI or call 1-800-419-1473 for further explanation.



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## Directions To Service Member

Type or print in ink except where otherwise noted.

An authorized agent of the Uniformed Services should witness your signature.

Use this form to:

- Apply for family coverage for your spouse if you previously cancelled or declined coverage.
- Apply for an increase in the amount of Family Coverage for your spouse, if he/she has less than the maximum amount.
- Decline or reduce your amount of spouse coverage.

### Instructions

#### Part I and II

You must complete Parts I and II.

#### Part III

Your spouse must complete Part III to add or restore spouse coverage.

#### Part IV

You must complete Part IV to reduce or decline spouse coverage.

#### Part V

You must affirm whether you are adding or increasing spouse coverage (from Part III) or if you are reducing or declining coverage (from Part IV). You must complete and sign Part V.

#### What You Should Know

Family Coverage is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to this law and the regulations pertaining to this law.

#### Periods of Coverage

Coverage for spouses began on November 1, 2001, for service members insured under SGLI who were married as of that date. Otherwise, coverage for spouses begins on the date of marriage to the insured service member.

Coverage for spouses ends 120 days after any the following events: 1) The date a service member elects in writing to terminate the spousal coverage. 2) The date a service member elects in writing to terminate his or her own coverage. 3) The date of a service members' death. 4) The date a service member separates or is released from uniformed service. 5) The date of divorce from a service member.

An insured spouse may elect to convert his or her coverage to a commercial policy within 120 days following one of the events listed above. The service member or spouse must contact the Office of Servicemembers' Group Life Insurance (OSGLI) as soon as possible after the event to get a list of participating companies and more information on converting. A list of participating companies can also be found at [www.insurance.va.gov](http://www.insurance.va.gov).

Coverage for dependent children of service members insured under SGLI began on November 1, 2001. For natural children born after November 1, 2001, coverage begins on the date of birth of the child. Coverage for those who are not natural children of the insured service member begins on the date when the child becomes a qualified dependent of the member. Dependent children include, but are not limited to, natural born children, legally adopted children, and stepchildren who are members of the service member's household, who are under the age of 18, or who became permanently incapable of self-support prior to age 18, or who are under age 23 and are full-time students. For a more complete definition of dependent children, please refer to title 38 USC, the first sentence of section 101(4)(A).



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Coverage for children ends 120 days after any of the following events: 1) The date a service member elects in writing to terminate his or her own coverage. 2) The date a service member separates or is released from the uniformed service. 3) The date of a service member's death. 4) The date the children no longer qualify as insurable dependents of the service member.

**Provisions for Payment of Insurance**

The service member will receive the proceeds upon the death of his or her spouse or child. Payment of the proceeds for the death of a spouse will be made through the Alliance Account®, check, Electronic Funds Transfer (EFT), or 36 equal monthly payments. Payment of the proceeds for the death of a child will be made through the Alliance Account, check, or Electronic Funds Transfer (EFT). If two insured service members are married, the proceeds paid from the death of a child will be paid to the member who was eligible for SGLI coverage the longest. If an insured service member is separated or divorced from another insured service member, insurance proceeds from the death of a child will be paid to the member who has custody of the child.

**How to File a Claim**

Upon the death of your spouse or child, you should notify the Casualty Office within your branch of service. The Casualty Office will submit a *Report of Death of Family Member (SGLV 8700)* and a copy of the death certificate to the Office of Servicemembers' Group Life Insurance.

**Cost of Coverage – Premiums for Spousal Coverage**

Spouse's age	Monthly rate per \$10,000	Monthly cost for \$100,000 coverage	Spouse's age	Monthly rate per \$10,000	Monthly cost for \$100,000 coverage
Under 35	\$0.50	\$5.00	50–54	\$2.50	\$25.00
35–39	\$0.65	\$6.50	55–59	\$3.70	\$37.00
40–44	\$0.85	\$8.50	60 & older	\$5.00	\$50.00
45–49	\$1.30	\$13.00			

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