## **Agency Certification of Insurance Status** *Federal Employees' Group Life Insurance Program*

Federal Employees Group Life Insurance

To Agency: See reverse for	information and instr	uctions							
1. Name of employee (Last, first, 1		2. Date of birth (Month, day, year)					3. Social Security number		
4a. Event requiring certification  Separation (includes resignation)  Retirement  Death as an employee  Had employee filed Application for Retirement  (SF 2801 or SF 3107) with OPM?		TVA DCRS*	CIA Other (Specify) FICA & Fire/Public School Teachers				5. Disposition of Designations of Beneficiary (SF 54, SF 2823)  Attached None on file with this agency On file in employee's Official Personnel Folder		
No Yes  Death as a reemployed annuitant End of 12 months non-pay status		6. Did the employee assign hi insurance?	Amount elected					its?  check one and attach EOB)  t-election BIA \$	
Other (Specify)  8. Date of event checked in item 4	Yes (attach RI 76-16 9, Notice of Conversion Privi a employee terminates, <b>includ</b>	-10) Yes Full Full rivilege - Issuance Is Mandatory (Prepare SF 2819 for each employee whose							
10. Annual basic pay (not basic in hourly, daily, piecework, etc.,	nsurance amount) on date ir	1 2	11. Effec	tive dat			overage unde	er the FEGLI Program (If any	
12a. Did employee have Option A  No Yes	12b. Amou	ate in item 8? ant of Option A ive date of election	13a. Did	employ	ee have Opti	on C	- Family Ins	urance on date in item 8?	
			1 cs				_	130. Effective date of election	
14a. Did employee have Option B  No Yes			4c. Numbe	r of mu	ltiples on dat	e in i	tem 8	14d. Lowest number of multiples during last 5 years	
15. <b>Personnel records certif</b> I certify that the above info Employee's Group Life Ins  15a. Signature of certifying official	ormation was obtained furance on the date in ite	from, and correctly reflect em 8.	s, official	perso	nnel record	ds, a	eertification and that the	employee was covered by Federal	
15b. Typed name of certifying off	icial		1						
15c. Title			-						
15d. Date				15f. Telephone number (Including area code)					
16. Payroll records certifica I certify that I have compar Payroll deductions were be (Insurance code and SF 50	ed the annual basic pay ing made or would hav	y shown in item 10, above the been made if the emplo	, with cu	rrent p	ayroll reco				
16a. Signature of certifying official (Facsimile not acceptable)			16f. Name and address of payroll office (If different from that given in item 15e)						
16b. Typed name of certifying official			1						
16c. Title									
16d. Date	6d. Date 16e. Telephone number (Including area code)			16g. Payroll office number					
Remarks (For agency use only)			OPM use	only					

## **Agency Certification of Insurance Status**

Federal Employees Group Life Insurance Federal Employees' Group Life Insurance Program

To Agency: See reverse for info	ormation and instr	uctions								
1. Name of employee (Last, first, mida		2. Date o	f birth (M	onth, day,	year)	3	3. Social Security number			
4a. Event requiring certification  Separation (includes resignation)  Retirement  Death as an employee  Had employee filed Application for Retirement  (SF 2801 or SF 3107) with OPM?		TVA DCRS*	CIA Other (Specify) (S. FICA Specify) (S. FICA Specify)				(SF 54, S Attach None o	on file with this agency e in employee's Official Personnel		
No Yes  Death as a reemployed annuitant End of 12 months non-pay status		6. Did the employee assign hi insurance?	s/her	7. Did the	e employee	Amoun	it elected (	fits? check one and attach EOB) tt-election BIA \$		
Other (Specify)  8. Date of event checked in item 4a	Yes (attach RI 76-10) Yes Full  9, Notice of Conversion Privilege - Issuance Is Mandatory (Prepare SF 28)					ull				
10. Annual basic pay (not basic insura hourly, daily, piecework, etc., rate	ance amount) on date in	employee terminates, <b>includ</b> item 8 (Convert	11. Effec	tive date			erage unde	er the FEGLI Program (If any		
12a. Did employee have Option A - St	12b. Amou	nt of Option A	No	employee	e have Optio	ion C - l	Family Ins	nurance on date in item 8?		
Yes		ive date of election	Yes				<del></del>	13b. Effective date of election		
14a. Did employee have Option B - Ad No Yes			1c. Numbe	r of multi	ples on dat	te in ite	m 8	14d. Lowest number of multiples during last 5 years		
15. <b>Personnel records certifica</b> I certify that the above informa Employee's Group Life Insurar  15a. Signature of certifying official (F	ation was obtained f nce on the date in ite	from, and correctly reflects em 8.	s, official	person		ds, and	I that the	employee was covered by Federal		
15b. Typed name of certifying official	I		-							
15c. Title			-							
15d. Date				15f. Telephone number (Including area code)						
16. Payroll records certification I certify that I have compared to Payroll deductions were being (Insurance code and SF 50 equ	the annual basic pay made or would have	shown in item 10, above been made if the employ	, with cu	rrent pa	yroll reco					
16a. Signature of certifying official (Facsimile not acceptable)				16f. Name and address of payroll office (If different from that given in item 15e)						
16b. Typed name of certifying official			-							
16c. Title			1							
16d. Date 16d	e. Telephone number (In	ncluding area code)	16g. Pay	roll office	e number					
Remarks (For agency use only)			OPM us	e only						

## **Agency Certification of Insurance Status**

Federal Employees Group Life Insurance Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions											
1. Name of employee (Last, first, middle)			2. Date o	f birth <i>(Ma</i>	onth, day, j			3. Social Security number			
4a. Event requiring certification  Separation (includes resignation)  Retirement  Death as an employee  Had employee filed Application for Retirement  (SF 2801 or SF 3107) with OPM?  4b. Employee's retirement or CSRS/FER  TVA  DCRS*  FSRS *E  4c. OWCP numb			CIA Other (Specify) (SF 54, SF 2823)  FICA Attached None on file with this agency ice & Fire/Public School Teachers  On file in employee's Official Personnel								
			n) ilege - Issu	Amount elected (check one and attach EOB)  No Partial (post-election BIA \$							
10. Annual basic pay (not basic insu hourly, daily, piecework, etc., ra	11. Effective date of continuous coverage under the FEGLI Program (If any break in service, list dates)										
12a. Did employee have Option A -	12b. Amou	nte in item 8? unt of Option A ive date of election	13a. Did No Yes	employee	have Optio	on C - Fam	nily Insur	rance on date in item 8?  13b. Effective date of election			
14a. Did employee have Option B - A	14b. Effect	tive date of election 1	4c. Numbe					4d. Lowest number of multiples during last 5 years			
<ul> <li>15. Personnel records certific         I certify that the above inforr         Employee's Group Life Insur     </li> <li>15a. Signature of certifying official</li> </ul>	nation was obtained fance on the date in ite	from, and correctly reflected 8.	ts, official	personn	el record		at the e	mployee was covered by Federal			
15b. Typed name of certifying official											
15c. Title											
15d. Date			15f. Telephone number (Including area code)								
16. <b>Payroll records certificati</b> I certify that I have compared Payroll deductions were bein (Insurance code and SF 50 ed	d the annual basic paying made or would hav	y shown in item 10, above to been made if the employed	e, with cu	rrent pay							
16a. Signature of certifying official (Facsimile not acceptable)			16f. Name and address of payroll office (If different from that given in item 15e)								
16b. Typed name of certifying official											
16c. Title											
6d. Date 16e. Telephone number (Including area code)				16g. Payroll office number							
Remarks (For agency use only)			OPM use	e only							