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

**Federal Employees
Group Life Insurance**

| **To Agency: See reverse for information and instructions** |

1. Name of employee *(Last, first, middle)*	2. Date of birth *(Month, day, year)*	3. Social Security number

4a. Event requiring certification	4b. Employee's retirement system	5. Disposition of Designations of Beneficiary *(SF 54, SF 2823)*

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?

    ☐ No   ☐ Yes
- ☐ Death as a reemployed annuitant
- ☐ End of 12 months non-pay status
- ☐ Other (Specify)

4b. Employee's retirement system
- ☐ CSRS/FERS   ☐ CIA   ☐ Other *(Specify)*
- ☐ TVA   ☐ FICA
- ☐ DCRS*
- ☐ FSRS   **D.C. Police & Fire/Public School Teachers*

4c. OWCP number *(if applicable)*

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

6. Did the employee assign his/her insurance?
- ☐ No
- ☐ Yes (attach *RI 76-10*)

7. Did the employee elect living benefits?
Amount elected *(check one and attach EOB)*
- ☐ No
- ☐ Yes
- ☐ Partial (post-election BIA $ _____)
- ☐ Full

8. Date of event checked in item 4a

9. Date of SF 2819, *Notice of Conversion Privilege* - **Issuance Is Mandatory** *(Prepare SF 2819 for each employee whose coverage as an employee terminates, **including** all retiring employees)*

10. Annual basic pay (not basic insurance amount) on date in item 8 *(Convert hourly, daily, piecework, etc., rate to annual rate)*

11. Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*

12a. Did employee have Option A - Standard Insurance on date in item 8?
- ☐ No
- ☐ Yes

12b. Amount of Option A

12c. Effective date of election

13a. Did employee have Option C - Family Insurance on date in item 8?
- ☐ No
- ☐ Yes

13b. Effective date of election

14a. Did employee have Option B - Additional Insurance on date in item 8?
- ☐ No
- ☐ Yes

14b. Effective date of election

14c. Number of multiples on date in item 8

14d. Lowest number of multiples during last 5 years

15. Personnel records certification *(This form will not be accepted without both personnel and payroll certification.)*
I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

15a. Signature of certifying official (Facsimile not acceptable)	15e. Name and address of agency *(Including ZIP Code)*
15b. Typed name of certifying official	
15c. Title	
15d. Date	15f. Telephone number *(Including area code)*

16. Payroll records certification *(This form will not be accepted without dual certification.)*
I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (Insurance code and SF 50 equivalent) on the date in the item 8.

Alpha code

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	
16d. Date / 16e. Telephone number *(Including area code)*	16g. Payroll office number

Remarks *(For agency use only)*

OPM use only

PART 1 - Original

Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

**Federal Employees
Group Life Insurance**

To Agency: See reverse for information and instructions

1. Name of employee *(Last, first, middle)*	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?

  [ ] No   [ ] Yes
- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other (Specify)

4b. Employee's retirement system
- [ ] CSRS/FERS   [ ] CIA   [ ] Other *(Specify)*
- [ ] TVA   [ ] FICA
- [ ] DCRS*
- [ ] FSRS   *D.C. Police & Fire/Public School Teachers

4c. OWCP number *(if applicable)*

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

6. Did the employee assign his/her insurance?
- [ ] No
- [ ] Yes (attach *RI 76-10*)

7. Did the employee elect living benefits?
Amount elected *(check one and attach EOB)*
- [ ] No
- [ ] Yes
- [ ] Partial (post-election BIA $ _____)
- [ ] Full

8. Date of event checked in item 4a	9. Date of SF 2819, *Notice of Conversion Privilege* - **Issuance Is Mandatory** *(Prepare SF 2819 for each employee whose coverage as an employee terminates, **including** all retiring employees)*

10. Annual basic pay (not basic insurance amount) on date in item 8 *(Convert hourly, daily, piecework, etc., rate to annual rate)*	11. Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*

12a. Did employee have Option A - Standard Insurance on date in item 8?
- [ ] No
- [ ] Yes

12b. Amount of Option A

12c. Effective date of election

13a. Did employee have Option C - Family Insurance on date in item 8?
- [ ] No
- [ ] Yes

13b. Effective date of election

14a. Did employee have Option B - Additional Insurance on date in item 8?
- [ ] No
- [ ] Yes

14b. Effective date of election	14c. Number of multiples on date in item 8	14d. Lowest number of multiples during last 5 years

15. Personnel records certification *(This form will not be accepted without both personnel and payroll certification.)*
I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

15a. Signature of certifying official (Facsimile not acceptable)	15e. Name and address of agency *(Including ZIP Code)*
15b. Typed name of certifying official	
15c. Title	
15d. Date	15f. Telephone number *(Including area code)*

16. Payroll records certification *(This form will not be accepted without dual certification.)*
I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree.
Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (Insurance code and SF 50 equivalent) on the date in the item 8.

Alpha code

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	
16d. 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 Program

Federal Employees Group Life Insurance

To Agency: See reverse for information and instructions

1. Name of employee *(Last, first, middle)*	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?

  ☐ No ☐ Yes

- ☐ Death as a reemployed annuitant
- ☐ End of 12 months non-pay status
- ☐ Other (Specify)

4b. Employee's retirement system

- ☐ CSRS/FERS ☐ CIA ☐ Other *(Specify)*
- ☐ TVA ☐ FICA
- ☐ DCRS*
- ☐ FSRS **D.C. Police & Fire/Public School Teachers

4c. OWCP number *(if applicable)*

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

6. Did the employee assign his/her insurance?

- ☐ No
- ☐ Yes (attach *RI 76-10*)

7. Did the employee elect living benefits? Amount elected *(check one and attach EOB)*

- ☐ No
- ☐ Yes
- ☐ Partial (post-election BIA $ _____)
- ☐ Full

8. Date of event checked in item 4a	9. Date of SF 2819, *Notice of Conversion Privilege* - **Issuance Is Mandatory** *(Prepare SF 2819 for each employee whose coverage as an employee terminates, **including** all retiring employees)*

10. Annual basic pay (not basic insurance amount) on date in item 8 *(Convert hourly, daily, piecework, etc., rate to annual rate)*	11. Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*

12a. Did employee have Option A - Standard Insurance on date in item 8?
- ☐ No
- ☐ Yes

12b. Amount of Option A

12c. Effective date of election

13a. Did employee have Option C - Family Insurance on date in item 8?
- ☐ No
- ☐ Yes

13b. Effective date of election

14a. Did employee have Option B - Additional Insurance on date in item 8?
- ☐ No
- ☐ Yes

14b. Effective date of election	14c. Number of multiples on date in item 8	14d. Lowest number of multiples during last 5 years

15. Personnel records certification *(This form will not be accepted without both personnel and payroll certification.)*

I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

15a. Signature of certifying official (Facsimile not acceptable)	15e. Name and address of agency *(Including ZIP Code)*
15b. Typed name of certifying official	
15c. Title	
15d. Date	15f. Telephone number *(Including area code)*

16. Payroll records certification *(This form will not be accepted without dual certification.)*

I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (Insurance code and SF 50 equivalent) on the date in the item 8.

Alpha code

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	
16d. Date	16e. Telephone number *(Including area code)*	16g. Payroll office number

Remarks *(For agency use only)*

OPM use only

PART 3 - File Copy