UNITED STATES ARMY HUMAN RESOURCES COMMAND

Servicemembers' Group Life Insurance

November 2009

What is Servicemembers' Group Life Insurance (SGLI)?

- Servicemembers' Group Life Insurance (SGLI) is the life insurance currently available to all members of the uniformed services. SGLI is a group life insurance policy purchased by VA from a commercial life insurance company
- The Office of Servicemembers' Group Life Insurance (OSGLI) administers the SGLI program.
  - Toll-free telephone: 1-800-419-1473
  - E-mail: osgli.osgli@prudential.com

Who is Eligible to be Insured – Full-time Coverage

- Full-time coverage is provided for the following members of the uniformed services while performing full-time active duty or active duty for training, under calls or orders that do not specify periods of less than 31 days
- Members of the Ready Reserve/Guard of a uniformed service
- Members of the Individual Ready Reserve (IRR) who volunteer for assignment to a “mobilization” category

Who is Eligible to be Insured – Part-time Coverage

- Part-time coverage is provided to the following eligible members of the Reserves who do not qualify for full-time coverage while performing active duty or active duty for training under calls or orders specifying periods of less than 31 days
- Members of the Individual Ready Reserve (IRR) during one-day call-ups
- The Army National Guard and Air National Guard while performing duty under 32 U.S.C. 316, 502, 503, 504, or 505

UNITED STATES ARMY HUMAN RESOURCES COMMAND

Servicemembers' Group Life Insurance Election And Certificate (SGLV 8286, Dec 2007)

Purpose of the SGLV 8286

- For the Soldier to make elections concerning SGLI coverage
  - Not to be insured
  - To be insured for a reduced amount (less than $400,000)
  - Designates a beneficiary; or
  - Elects a mode of settlement to the beneficiary

Updating the SGLV 8286

- Service members should update their SGLV 8286 whenever a change in a beneficiary status changes.
  - Members should be encouraged to name a specific beneficiary.
  - If a member does not want to designate a specific beneficiary but prefers the proceeds to be paid in the order of precedence, the member should enter “By Law” in the appropriate space on the form.
  - When designating a married woman as beneficiary, use her given first and middle names, followed by her husband’s last name.

Updating the SGLV 8286 (Con't)

- If a member designates
  - More than one beneficiary
  - Designate a contingent beneficiary
    - Member must identify the principal or contingent
    - A contingent beneficiary is a person or persons designated to receive the insurance proceeds if the principal beneficiaries die before the insured dies

SECTION 1

Servicemember's Information

Soldier's Personal Information

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		

- **Top Left -** Check applicable block
  - Name or update Beneficiary
  - Reduce the amount of insurance
  - Decline coverage
- **Second Line –** Enter personal information
  - Name, rank, and social security number
- **Third Line –** Enter Branch of Service and duty location

SECTION 2

Amount of Insurance

Amount of Insurance

- If no election is made, the soldier is automatically insured for $400,000
- Soldier may elect an amount of less than $400,000
  - Coverage is available in $50,000 increments
- Soldier may chose to decline coverage

Amount of Insurance (Con't)

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.

- If the soldier wants coverage less than $400,000
  - Check the first box "I want coverage in the amount of"
  - Indicate the amount desired in increments of $50,000
  - Enter initials to the right
- If the soldier does not want coverage, follow direction under the second line

SECTION 3

Beneficiary(ies) and Payment Options

Beneficiary(ies) and Payment Options

- If the soldier makes no designation in this section, the beneficiary will be designated “By Law”
- The soldier can designate one or more persons to be principal beneficiary(ies) to receive payments of the insurance
- If the principal(s) precede the soldier in death, the insurance will be paid designated contingent beneficiary(ies)
- Additional principal and contingent beneficiaries can be indicated on page 5 of the SGLV 8286

Beneficiary(ies) Principal

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)
Principal				
1.				
2.				
3.				
4.				
☐ Additional Principals on page 5 (check if applicable)				

- If designating principal beneficiary(ies)
  - Enter their name and address in the blocks on the left
  - Social Security number, relationship, and the share to be provided.
  - Select a payment option

Beneficiary(ies) Contingent

Contingent				
1.				
2.				
3.				
4.				
☐ Additional Contingents on page 5 (check if applicable)				

- If designating principal beneficiary(ies)
  - Enter their name and address in the blocks on the left
  - Social Security number, relationship, and the share to be provided.
  - Select a payment option

SECTION 4

Statement of Understanding

Statement of Understanding

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

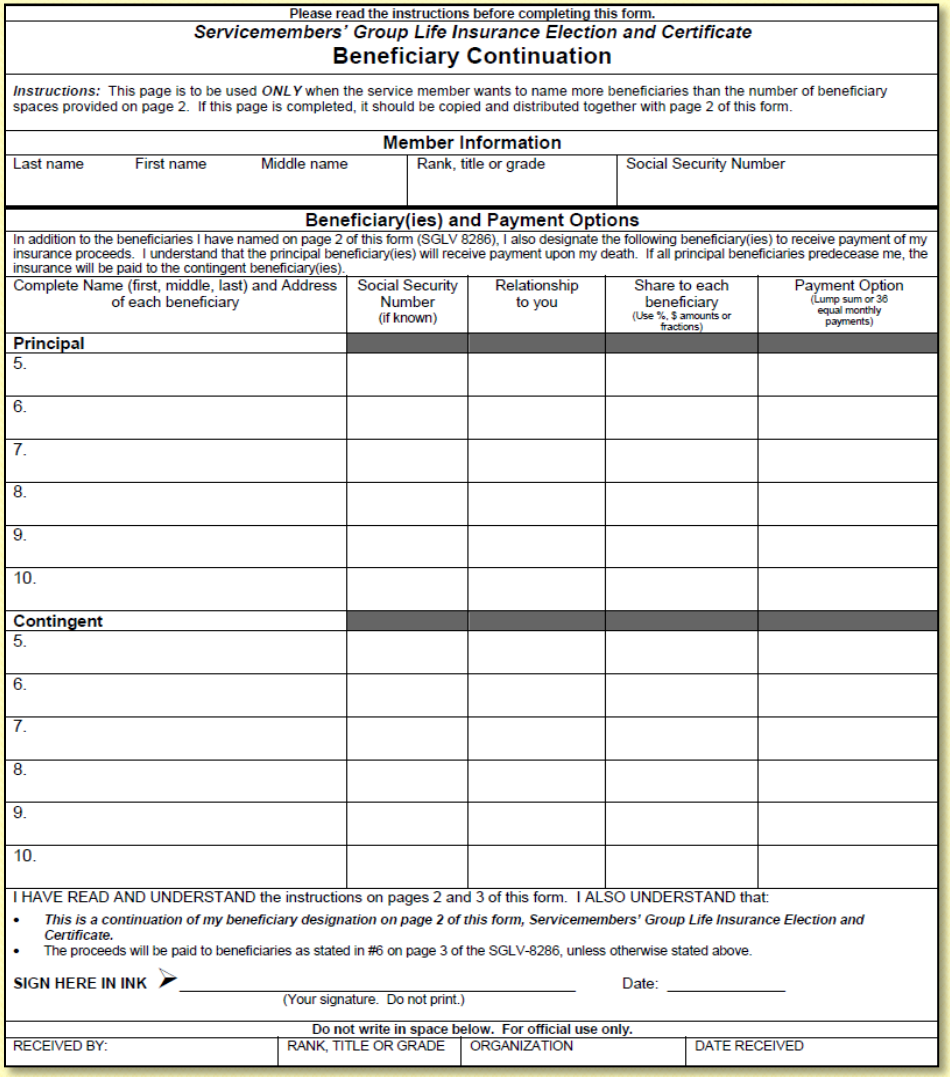
- Read all instructions on page 2 and 3 of the SGLV 8286
- Sign in ink (do not print)
- Enter the date signed

SECTION 5

SGLV 8286, Dec 2007 Continuation Page

Continuation Page 5

- Follow the same instruction for the continuation page when filling in additional beneficiaries



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)
Principal				
5.				
6.				
7.				
8.				
9.				
10.				
Contingent				
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

UNITED STATES ARMY HUMAN RESOURCES COMMAND

Request for Insurance (Sevicemembers' Group Life Insurance) (SGLV 8285, Sep 2001)

Purpose of the SGLV 8285

- Used when a Soldier previously selected an amount of SGLI coverage on the SGLV Form 8286 for less than the maximum amount of $400,000 and now wishes to increase the coverage up to the maximum amount or when you wish to restore coverage if you previously cancelled or declined coverage
  - Increasing coverage requires evidence of insurability by the Servicemembers' Group Life Insurance
  - Only beneficiaries listed on the current SGLV 8286 are included in the change; new beneficiaries require a new SGLV 8286

Part 1

Service Member's Application

Soldier's Personal Information

- Block 1 – Enter current amount of SGLI (for example: $250,000)
- Block 2 – Enter the of increase desired (for example: $150,000)
- Block 3 – Block 1 + Block 2 (for our example: $400,000)
- **Second Line –** Enter personal information
  - Name and social security number
- **Third Line –** Enter Branch of Service, Date of Birth, Current Weight and Height and check the appropriate box in Block 10

Medical History

- Block 11 – 13 contains specific medical history questions that must be answered completely
- If you answer “yes” to any of the questions, you must provide details for your answer in Block 14

Certification

- Blocks 15A – 15C: You certify by signing and dating the form and providing your organization's information
- Blocks 16A – 16D: Your commanding officer must fill out these blocks certifying, to the best of his or her knowledge that the information you have provided is correct

Automatic Restoration

- Maximum coverage is automatically restored without evidence of good health when a Soldier re-enters military service, whether that Soldier had reduced or declined SGLI previously

UNITED STATES ARMY HUMAN RESOURCES COMMAND

Family SGLI

FSGLI Coverage Defined

- Family Servicemembers' Group Life Insurance (FSGLI) is a family insurance program extended to the spouse and dependent children of Servicemembers insured under the SGLI program.
- FSGLI provides a maximum of $100,000 of insurance coverage for spouses.
- $10,000 for each child.
- Enrollment is automatic
- The service member can decline FSGLI spousal coverage.
- FSGLI dependent child coverage is not affected by declining FSGLI spousal coverage.

FSGLI Premiums

- The Servicemember pays premiums for the spousal coverage. The dependent child coverage is free.
- The FSGLI coverage terminates 120 days after any of the following events:
  - Service member terminates spousal coverage, in writing
  - Service member terminates his or her own coverage, in writing
  - Death of the service member
  - Service member is released from the uniform service
  - Service member divorces spouse
- Spousal insurance can be converted during the 120-day period without proof of good health
- Dependent child coverage cannot be converted.

UNITED STATES ARMY HUMAN RESOURCES COMMAND

Traumatic SGLI (TSGLI)

TSGLI Coverage

- TSGLI provides coverage to any service member insured under SGLI who sustains a serious traumatic injury that results in certain prescribed losses.
- TSGLI provides between $25,000 and $100,000 of coverage depending on the type of loss incurred.
- TSGLI coverage is automatic for those service members covered under SGLI and those entitled have $1 deducted from their pay

TSGLI Payment Restrictions

- TSGLI is not payable to:
  - Spouses and Children covered under FSGLI
  - Veterans covered by SGLI:
    - During the 120-day post-separation period
    - During the 2-year SGLI disability extension
- TSGLI terminates at midnight of the last day of the month that the member is no longer covered by SGLI or at midnight of the date of the member's separation from service, whichever occurs first.
- TSGLI cannot be converted to VGLI or a commercial policy

UNITED STATES ARMY HUMAN RESOURCES COMMAND

Office of SGLI (OSGLI)

Contact Information

- To contact OSGLI:
  - Toll-free telephone: 1-800-419-1473
  - E-mail: osgli.osgli@prudential.com
  - Web : www.insurance.va.gov