

# LIFE INSURANCE

FEGLI can help you **protect your loved ones** from burdensome funeral costs and catastrophic loss of your income if you die unexpectedly.

## BASIC

**Amount of Coverage:** Your annual salary rounded up to the next even \$1,000, plus \$2,000  
**Who is Covered?:** You  
**Cost each biweekly pay period:** 15¢ per \$1,000 of coverage (Free for postal employees)  
**Cost increases with age?:** No  
**Newly eligible employees automatically enrolled?:** Yes, unless you waive coverage

## OPTION A

**Amount of Coverage:** \$10,000  
**Who is Covered?:** You  
**Cost each biweekly pay period:** Starting at 20¢  
**Cost increases with age?:** Yes  
**Newly eligible employees automatically enrolled?:** No, you must elect this coverage

## OPTION B

**Amount of Coverage:** 1, 2, 3, 4, or 5 multiples of your salary rounded up to the next even \$1,000  
**Who is Covered?:** You  
**Cost each biweekly pay period:** Starting at 2¢ per \$1,000 of coverage  
**Cost increases with age?:** Yes  
**Newly eligible employees automatically enrolled?:** No, you must elect this coverage

## OPTION C

**Amount of Coverage:** 1, 2, 3, 4, or 5 multiples. Each multiple equals \$5,000 for the life of your spouse and \$2,500 for the life of each eligible child  
**Who is Covered?:** Your spouse and unmarried dependent children under age 22  
**Cost each biweekly pay period:** Starting at 22¢ per multiple  
**Cost increases with age?:** Yes  
**Newly eligible employees automatically enrolled?:** No, you must elect this coverage

I want to...	When can I do this?	How can I do this?
Enroll or increase coverage	<ul style="list-style-type: none"> <li>First 60 days as a new or newly eligible employee; or</li> <li>Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or</li> <li>Life insurance Open Season (not annual - infrequent); or</li> <li>When you pass a physical exam (Option C excluded)</li> </ul>	<ul style="list-style-type: none"> <li>Use your agency's electronic enrollment system; or</li> <li>Go to <a href="http://opm.gov/forms/standard-forms">opm.gov/forms/standard-forms</a></li> <li>Submit form SF 2817 to your human resources office</li> <li>Bring a blank form SF 2822 to your human resources office (physical exam applications only)</li> </ul>
Cancel or reduce coverage	Anytime	Use your agency's electronic enrollment system or submit form SF 2817 to your HR office
Designate a (new) beneficiary	Anytime	Submit form SF 2823 to your HR office

**MORE INFO: [www.opm.gov/life](http://www.opm.gov/life)**

For complete information, including terms and conditions, please visit [www.opm.gov/life](http://www.opm.gov/life).

