



### 1. About You

|                                  |                      |                        |
|----------------------------------|----------------------|------------------------|
| <input type="text"/>             | <input type="text"/> | <input type="text"/>   |
| Print Name (First, Middle, Last) | Rank, title or grade | Social Security Number |
| <input type="text"/>             | <input type="text"/> | <input type="text"/>   |
| Duty Location                    | Branch of Service    | Current Amount of SGLI |

### 2. About Your Coverage

**I am completing this form to:** *(Check all that apply)*

- Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- Increase or restore my SGLI coverage to \$ \_\_\_\_\_. *You must complete sections 3, 4, & 5.*
- Reduce my SGLI coverage to \$ \_\_\_\_\_. *You must complete sections 3 & 5.*
- Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5.*  
" \_\_\_\_\_ "

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

### 3. About Your Beneficiaries *Complete this section unless you are declining coverage*

| Primary<br>Name and Address | Social Security Number<br><i>(If available)</i> | Relationship<br>to you | Share<br>to each<br><i>(% or \$<br/>amounts)</i> | Payment Option<br><i>(Lump sum* or<br/>36 equal monthly<br/>payments)</i> |
|-----------------------------|---|------------------------|--|---|
| 1.                          | <input type="text"/>                            |                        |  |   |
| 2.                          | <input type="text"/>                            |                        |  |   |
| 3.                          | <input type="text"/>                            |                        |  |   |
| 4.                          | <input type="text"/>                            |                        |  |   |

#### Secondary

|    |                      |  |  |  |
|----|----------------------|--|--|--|
| 1. | <input type="text"/> |  |  |  |
| 2. | <input type="text"/> |  |  |  |
| 3. | <input type="text"/> |  |  |  |
| 4. | <input type="text"/> |  |  |  |

**Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

**If you do not name beneficiaries above, your insurance will be paid by law (see page 3).**

\* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by UMB Bank, N.A. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc. and UMB Bank, N.A. are not Prudential Financial companies.

**4. About Your Health** Complete this section *ONLY* if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender  Female  
 Male

**Have you had, been treated for, or had known indications of:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. A heart condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A neurological disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cancer or tumors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Any request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI).

**5. Your Signature** You must complete this section.

**I have read the instructions and understand that:**

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, spouse SGLI automatically covers my spouse. If my spouse is also a member of the uniformed services and we were married on or after January 2, 2013, spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline spouse SGLI coverage by completing SGLV 8286A.
- I am free to name anyone I want as my beneficiary. I certify that I understand if I have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that if I am married, my spouse may be notified that he/she (or my child) is not my designated beneficiary.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. 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.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

**Submit this form to your Unit Personnel Clerk.**

| For Branch of Service Use Only | For OSGLI Use Only |
|--------------------------------|--------------------|
| Name of Personnel Clerk        | Representative     |
| Rank, title or grade           | Approve            |
| Contact telephone/email        | Disapprove         |
| Date                           | Date               |
| Address                        |                    |

## Information for the Service Member

### About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

### Naming Beneficiaries who will receive the insurance

| If you...   | Then...   |
|---|---|
| are married and decline coverage upon entry into service  | your spouse will be notified that you declined coverage.  |
| are married and designate any person other than your spouse or child for any amount of insurance  | your spouse will be notified in writing that he/she or your child is not the named beneficiary, unless:<br>– your spouse has been previously notified, OR<br>– your spouse is not designated as beneficiary for any amount of insurance prior to the new election.  |
| are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage | your spouse will be notified in writing of your election to decline or reduce coverage.   |
| have any life event such as marriage, divorce, or children after completing this form   | you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.   |
| name more than one beneficiary  | the sum of the shares must equal 100% or the full dollar amount of your insurance.  |
| want to name more than four primary or secondary beneficiaries  | you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.   |
| name minors as beneficiaries  | <ul style="list-style-type: none"> <li>■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate if the beneficiary is a minor at time of claim.</li> <li>■ you can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children.</li> <li>■ naming a trust as a beneficiary on this form does NOT create a trust.</li> </ul> |
| name more than one primary beneficiary and one or more of them predeceases you  | SGLI will pay the shares equally among the remaining primary beneficiaries.   |
| want to name a Trust as a beneficiary   | you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)   |
| have no surviving primary beneficiaries   | SGLI will divide the insurance benefit among the secondary beneficiaries.   |
| do not name a beneficiary or there are no surviving primary or secondary beneficiaries<br>OR<br>indicate that payment should be made by law   | <p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> <li>1. Widow or widower</li> <li>2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)</li> <li>3. Parent(s) in equal shares or all to surviving parent</li> <li>4. A duly appointed executor or administrator of your estate</li> <li>5. Other next of kin</li> </ol>  |

### Payment Options

| If you want the beneficiary to...                           | Then...   |
|---|---|
| receive the insurance proceeds in one lump sum              | <p>write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account<sup>®*</sup>, by check, or Electronic Funds Transfer (EFT).</p> <p>* Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</p> |
| receive the insurance proceeds in 36 equal monthly payments | <ul style="list-style-type: none"> <li>■ write "36" under the Payment Option.</li> <li>■ your beneficiary cannot change this payment option.</li> </ul>   |
| have a choice   | write the phrase "lump sum" under Payment Option or leave blank.  |

## Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

| If the service member...  | The Personnel Clerk should inform the service member...  | Then the Personnel Clerk should...   |
|---|--|--|
| has just entered the service  | he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.   | have the service member designate beneficiaries by completing SGLV 8286.   |
| is increasing or restoring SGLI   | he or she must complete Section 4, <i>About Your Health</i> .  | <ul style="list-style-type: none"> <li>■ approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions.</li> <li>■ send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.</li> </ul>   |
| Reduces, declines, or cancels SGLI  | <ul style="list-style-type: none"> <li>■ an application with health questions is required to increase, elect, or restore coverage at a later date.</li> <li>■ of the following: <ul style="list-style-type: none"> <li>– the purpose and role of life insurance in financial planning.</li> <li>– the difference between term life insurance and whole life insurance.</li> <li>– the availability of commercial life insurance.</li> <li>– the relationship between SGLI and VGLI.</li> <li>– declining or canceling SGLI will also cancel Family SGLI— both spouse and dependent child coverage— and Traumatic Injury Protection (TSGLI).</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>■ forward the form to payroll to change SGLI premium deductions.</li> <li>■ if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions.</li> <li>■ if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse may be notified in writing of the member's election based on Title 38, USC 1967 (f).</li> </ul> |
| is married or gets married after completing this form (and is <b>not</b> married to another member of the uniformed services) | <ul style="list-style-type: none"> <li>■ spouse SGLI automatically covers spouse.</li> <li>■ he or she must register their spouse in DEERS for payroll to deduct premiums.</li> <li>■ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A.</li> </ul>  | if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.  |
| gets married to another member of the uniformed services on or after January 2, 2013  | spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.  | if member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.   |
| has questions about this form   | the advice of a military attorney is available at no expense.  | direct them to the appropriate resource.   |
| wants to designate more beneficiaries than the form allows  | he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.   | attach the Supplemental Beneficiary Form to the 8286.  |
| designates any person other than his/her spouse or child for any amount of insurance  | <ul style="list-style-type: none"> <li>■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit.</li> <li>■ if the member is married, the member's spouse will be notified in writing that he/she or the member's child is not the named beneficiary, unless: <ul style="list-style-type: none"> <li>– the spouse has been previously notified, OR</li> <li>– the spouse is not designated as beneficiary for any amount of insurance prior to the new election.</li> </ul> </li> </ul>           | <p>have the member sign SGLV 8286 to certify that he/she understands that:</p> <ul style="list-style-type: none"> <li>■ he/she is free to name anyone as beneficiary.</li> <li>■ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds.</li> <li>■ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.</li> </ul>     |

### 2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI  
PO Box 41618  
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