



**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:

a. A heart condition?

Yes No

b. High blood pressure?

c. A neurological disorder?

d. Diabetes?

e. Cancer or tumors?

f. Have you ever been diagnosed as having a disease of the immune system?

g. Do you have any known physical impairments, deformities, or ill health not covered above?

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

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

I have read the information on page 3 and instructions on page 4 and understand that:

Please take note:

| If my spouse is...                     | and...  | then...  |
|--|---|--|
| also a member of the uniform services  | we married on or after January 2, 2013  | spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A. |
| not a member of the uniformed services | I am married, or get married after completing this form, and have not declined SGLI | spouse SGLI automatically covers my spouse. I must 484 07 Spouse 0.379 0 Td (t) Tj 0.2w9 0           |




## 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 the title 38 Code of Federal Regulations 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, by the Branch of Service 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 or attach additional documentation to complete your beneficiary designation.  |
| name minors as beneficiaries  | <ul style="list-style-type: none"> <li>■ OSGLI will pay the insurance benefit to the court-appointed guardian of the minor's estate if the beneficiary is a minor at time of claim; or</li> <li>■ you can establish a trust for the benefit of the minor and name the trustee of the trust as beneficiary.</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  | OSGLI 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: Do not send Trust documents to OSGLI until the time of claim.)   |
| have no surviving primary beneficiaries   | OSGLI will pay the insurance benefit to the secondary beneficiaries, if any.   |
| do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law   | OSGLI will pay the insurance benefit in the following order:<br>1. Widow or widower<br>2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)<br>3. Parent(s) in equal shares or all to surviving parent<br>4. A duly appointed executor or administrator of your estate<br>5. Other next of kin                                |

### Payment Options

| If you want the beneficiary to...                        | Then...   |
|--|---|
| receive the insurance proceeds in one lump sum           | 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 Electronic Funds Transfer (EFT).<br><br>* 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. |
| receive the insurance proceeds in equal monthly payments | write "36" under the Payment Option.<br><ul style="list-style-type: none"> <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 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, 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, Your Health.   | <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 OSGI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGI.</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 (TSGI).</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 TSGI 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, by the Branch of Service, of the member's election based on Title 38, USC 1967 (f).</li> </ul> |
| 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.   |  |
|  |   |  |

- 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 OSGI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions