FEGLI
Federal Employees Group Life Insurance

Designation of Beneficiary

Federal Employees' Group Life Insurance (FEGLI) Program

*(**Do not** erase or cross-out. Use a new form.)*

OMB Approval 3206-0136

Important:
Read instructions on the Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured *(Last, first, middle)*	Date of birth of Insured *(mm/dd/yyyy)*	Social Security Number of Insured *(9 digits)*

The Insured is:
Place an "X" in the appropriate box.

- ☐ an employee
- ☐ a retiree
- ☐ a compensationer

If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:

Department or agency where the Insured works *(If retired, last department or agency where the Insured worked):*

Department or agency	Bureau or division	Location *(city, state, and ZIP code)*

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number *(9 digits)*	Address *(Including ZIP code)*	Relationship	Percent or fraction designated

Total (Must equal 100% or 1.0) (Do not use dollar amounts)
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

C. Statement of Insured or Assignee (type or print)

Your name and address *(Including ZIP code)*

Please check one:
I am:

- ☐ the Insured
- ☐ an Assignee

See Back of Part 2 for definitions

Please check all three:

- ☐ I have not assigned the insurance.
- ☐ Two people who witnessed my signature signed below.
- ☐ I did not name either witness as a beneficiary.

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee *(Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)* **This form is not valid unless the Insured/Assignee signs in this box.**	Date *(mm/dd/yyyy)*
➲	

D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness	Address *(Including ZIP code)*
➲	
Signature of witness	Address *(Including ZIP code)*
➲	

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency	Date of receipt *(mm/dd/yyyy)*	Signature of authorized official	Title

Part 1 - Original

Select Part 1 - Original, then use the print button.
Next, select Part 2 - Duplicate, then print again.

Print Save Clear

Note: If you need more space when completing this form, see "What if I need more room?" in the instructions on the Back of Part 2.

Examples of Designations

1. How to designate one beneficiary Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

2. How to designate more than one beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
Jose P. Lopez	111-11-1111	360 Williams Street Red Band, NJ 07701	Domestic Partner	one-half
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half

3. How to designate a contingent beneficiary ***(Someone to receive the benefits if the person you designate dies before the Insured dies)***

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Spouse	100%
Otherwise to: Susan A. Parrish	444-44-4444	810 West 180th Street New York, NY 10033	Sister	100%

4. How to designate different beneficiaries for Basic and Optional You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

5. How to designate an inter vivos trust ***(A trust that you set up during your lifetime)***

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 10/15/2013, if valid. Otherwise to:			Trustee	100%
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

6. How to designate a testamentary trust ***(A trust that is set up when you die, according to terms in your will)***

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:			Trustee	100%
Maria Sufuentes	999-99-9999	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

7. How to cancel all designations of beneficiary

First name, middle initial, and last name of each beneficiary	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction designated
Cancel prior designations				

Instructions: The Insured or assignee must sign this form. Two people must witness the signature and sign as witnesses. The Insured's agency (or U.S. Office of Personnel Management [OPM], if the Insured is an annuitant or insured as a compensationer) must receive the designation before the Insured's death. A person with a power of attorney or other similar legal authority may not sign for the Insured or assignee. A witness cannot be a beneficiary. The agency or OPM, as appropriate, must receive valid court orders involving FEGLI before the Insured's death.

Please read the additional instructions below before completing this form.

"You" and "your" refer to the person completing this form (the Insured or an assignee). The "Insured" is the insured employee, annuitant or compensationer. The "Assignee" is a person(s), firm(s), or trust(s) (usually named on an Assignment form, RI 76-10) who owns and controls the Insured's life insurance coverage. An assignment is NOT the same as a designation of beneficiary.

Who receives benefits when the Insured dies? By law, the Office of Federal Employees' Group Life Insurance (OFEGLI) pays benefits in this order:

- If the Insured assigned ownership of his/her insurance (usually by filing an RI 76-10, *Assignment of Life Insurance*), OFEGLI will pay:
  First, to the beneficiary(ies) the assignee(s) validly designated;
  Second, if none, to the assignee(s).
- If the Insured did not assign ownership and there is a valid court order (see 5 Code of Federal Regulations Part 870) on file with the agency or OPM, as appropriate, OFEGLI will pay benefits according to the court order.
- If the Insured did not assign ownership and there is no valid court order on file with the agency or OPM, as appropriate, then OFEGLI will pay:
  First, to the beneficiary(ies) the Insured validly designated;
  Second, if none, to the Insured's widow or widower;
  Third, if none of the above, to the Insured's child or children in equal shares, and the descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
  Fourth, if none of the above, to the Insured's parents in equal shares, or the entire amount to the surviving parent;
  Fifth, if none of the above, to the court-appointed executor or administrator of the Insured's estate;
  Sixth, if none of the above, to the Insured's other next of kin entitled under the laws of the State where the Insured lived.

Do I have to designate a beneficiary? No. But if you want OFEGLI to pay differently than listed above and you have not assigned the life insurance and there is no valid court order on file with the agency or OPM, as appropriate, you need to designate a beneficiary.

What if one of the beneficiaries dies or is disqualified for any reason? Unless you indicate otherwise on your designation of beneficiary, OFEGLI will distribute that beneficiary's share equally among the surviving beneficiaries, or entirely to the sole survivor.

What if none of the beneficiaries is living when the Insured dies? OFEGLI will pay the benefits according to the order of precedence listed above.

Can I cancel or change this designation at any time? Yes, you may cancel or change your designation at any time, without the knowledge of or consent of the beneficiary(ies), unless you assigned the insurance or there is a valid court order on file with the agency or OPM, as appropriate.

Is a change or cancellation of beneficiary in my last will or testament valid? It is valid only if you sign your will, two people who witnessed your signature sign your will, and your agency (or OPM, for retirees or insured compensationers) receives your will before the Insured's death.

What if I don't know a beneficiary's social security number? If you don't know the number, leave it blank. But having the number helps speed up the payment of benefits.

Can a witness receive benefits as a designated beneficiary? No.

Who can I name as a beneficiary? You may name any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia government).

Can I use a common disaster clause? Yes. A common disaster clause is a statement that says that a designated beneficiary is entitled to the benefits only if he/she survives the Insured by a specified minimum number of days. The number of days cannot exceed 30. You can name a contingent beneficiary. If you don't name a contingent and your beneficiary does ***not*** live long enough to qualify, OFEGLI will pay according to the order listed in the first column.

Can I designate a trust? Yes. See examples 5 and 6 on the Back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent, OFEGLI will pay according to the order listed in the first column. The trust designation should include the name of the grantor, the trust name (if different), the name(s) of the trustees, and the date the trust was signed.

When is a designation canceled? A designation of beneficiary is automatically canceled 31 days after the Insured stops being insured. It is also canceled if either the Insured or assignee assigns the insurance or if the Insured or assignee submits another valid designation.

What if the Insured elected a full living benefit? Then there is no Basic left. So if you want to designate different types of insurance to different beneficiaries (see example 4 on the Back of Part 1), you should only list Option A and Option B.

Who can sign this form? The Insured or Assignee (if applicable) must sign this form. The signature of a guardian, conservator or other fiduciary (including, but not limited to, those acting according to a Power of Attorney or a Durable Power of Attorney) is ***not*** acceptable.

What if I erase or cross out something on this form? You should complete another form. Erasures, cross-outs and alterations cause a delay in the payment of benefits and may make the entire designation invalid.

What if I need more room? Write "See Attached" in Part B of the form. Use a blank sheet. Print your name, date of birth and social security number at the top of the attachment. List the information required in Part B for each beneficiary. Sign the form and attachment. Have the same two people witness both of your signatures and sign the form and attachment.

Where can I get more information? The FEGLI Handbook (RI 76-26) and FEGLI Booklet (FE 76-21 or FE 76-20 for Postal employees) contain more information. You can read them at www.opm.gov/healthcare-insurance/life-insurance.

Where should I send this form? Send it to the Insured's employing agency if the Insured:

- is an employee; or
- has been receiving compensation payments from the Office of Workers' Compensation Programs for less than 12 months and is still on the agency's rolls as an employee.

Send it to the Office of Personnel Management, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045 if the Insured:

- is a retiree; or
- is receiving compensation payments from the Office of Workers' Compensation Programs and is not still employed or has been receiving compensation payments for at least 12 months.

The agency or OPM will note receipt in section E of the form and return a copy to you as evidence that it received and filed the original.

Properly completed designations are not valid unless that appropriate office listed above receives them before the insured's death.

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form pursuant to Title 5, U. S. Code, Chapter 87, Section 8705, which, provides that employees and annuitants enrolled in the Federal Employees' Group Life Insurance (FEGLI) Program may designate beneficiaries to receive monies payable under the FEGLI Program after the death of the enrollee. OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information to identify where to send claim forms upon the insured's death. OPM's contractor uses the information on this form to pay life insurance benefits. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at *www.opm.gov/privacy.* **Consequences of Failure to Provide Information:** Providing this information is voluntary. However, OPM's contractor cannot pay life insurance benefits as the insured or assigned desired without access to this information. The information collected can only be obtained from the respondents.

Public Burden Statement

We estimate this form takes an average of 15 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0136), Washington, D.C. 20415-0001. The OMB number, 3206-0136, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Keep your designation current. Submit a new one if the address of one of your beneficiaries changes or if your intentions change (for example, due to a change in family status, such as marriage, divorce, death, birth, etc.).