Please read the instructions before completing this form.

Family Coverage Election

Servicemember's Information

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Date of Birth	Social Security Number

Branch of Service (Do not abbreviate)	Rank, title or grade
Choose Branch	

Amount of Insurance

Family Coverage for Dependent Child(ren). By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for $10,000.

Family Coverage for Spouse. By law, if you are insured under SGLI, **your spouse is automatically insured for $100,000 or the amount of your SGLI coverage**, whichever is less. ***If you want less than the automatic amount of coverage for your spouse***, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $10,000. ***If you do not want any coverage for your spouse****, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

☐ I want coverage in the amount of $_____

☐ _____

(Write "I do not want coverage for my spouse at this time.")

****Note:*** Reduced or refused family coverage can *only* be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert to when Family Coverage expires.

Spouse's Information

(To be completed by member. It is not necessary to complete this section if you're declining coverage.)

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number

Date of Birth (dd-mmm-yyyy e.g. 24-AUG-1965)	

Premiums for Spousal Coverage

Spouse's age:	*Monthly rate per $10,000*	*Monthly cost for $100,000 coverage*
Under 35	$.60	$6.00
35-39	$.75	$7.50
40-44	$1.00	$10.00
45-49	$1.90	$19.00
50-54	$2.80	$28.00
55-59	$4.20	$42.00
60 & older	$5.40	$54.00

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.

SIGNATURE OF SERVICEMEMBER ➢ _____ Date: _____
(dd-mmm-yyyy e.g. 01-NOV-2001)

Do not write in space below. For official use only.

Witnessed and received by: (please print)	Rank, title or grade	Organization	Date Received (dd-mmm-yyyy e.g. 01-NOV-2001)

Directions To Servicemember

Instructions For Completing This Form

1. Type or print in ink all items except where otherwise noted.
2. An authorized agent of the Uniformed Services should witness your signature.

What You Should Know

Family Coverage is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to this law and the regulations pertaining to this law.

Periods of Coverage

Coverage for spouses begins on November 1, 2001 for servicemembers insured under SGLI who are married as of that date. Otherwise, coverage for spouses begins on the date of marriage to the insured servicemember.

Coverage for spouses ends 120 days after any the following events:

1). The date a servicemember elects in writing to terminate the spousal coverage.
2). The date a servicemember elects in writing to terminate his or her own coverage.
3). The date of a servicemembers' death.
4). The date a servicemember separates or is released from the uniformed service.
5). The date of divorce from a servicemember.

An insured spouse may elect to convert his or her coverage to a commercial policy within 120 days following one of the events listed above. The servicemember or spouse must contact the Office of Servicemembers' Group Life Insurance (OSGLI) as soon as possible after the event to get a list of participating companies and more information on converting. A list of participating companies can also be found at **www.insurance.va.gov**.

Coverage for dependent children of servicemembers insured under SGLI begins on November 1, 2001. Otherwise, coverage for natural children begins on the date of birth of the child. Coverage for those who are not natural children of the insured servicemember begins on the date when the child becomes a qualified dependent of the member. Dependent children include, but is not limited to, natural born children, legally-adopted children, and stepchildren who are members of the servicemember's household, who are under the age of 18, or who became permanently incapable of self-support prior to age 18, or who are under age 23 and are full-time students. For a more complete definition of dependent children, please refer to title 38 USC, the first sentence of section 101(4)(A).

Coverage for children ends 120 days after any of the following events:

1). The date a servicemember elects in writing to terminate his or her own coverage.
2). The date a servicemember separates or is released from the uniformed service.
3). The date of a servicemember's death.
4). The date the children no longer qualify as an insurable dependent of the servicemember.

Provisions For Payment Of Insurance

The servicemember will receive the proceeds upon the death of his or her spouse or child. If two insured servicemembers are married, the proceeds paid from the death of a child will be paid to the member who was eligible for SGLI coverage the longest. If an insured servicemember is separated or divorced from another insured servicemember, insurance proceeds from the death of a child will be paid to the member who has custody of the child.

How To File A Claim

Upon the death of your spouse or child, you should notify the Casualty Office within your branch of service. The Casualty Office will submit a *Report of Death of Family Member (SGLV 8700)* and a copy of the death certificate to the Office of Servicemembers' Group Life Insurance.