Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)
- ❑ Name or update your beneficiary
- ❑ Reduce the amount of your insurance coverage
- ❑ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name	Rank, title or grade	Social Security Number

Branch of Service (Do not abbreviate)	Current Duty Location

Amount of Insurance

By law, you are automatically insured for $400,000. ***If you want $400,000 of insurance***, skip to *Beneficiary(ies) and Payment Options.* ***If you want less than $400,000*** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $50,000. ***If you do not want any insurance****, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

❑ I want coverage in the amount of $_____ Your initials_____

❑ _____

(Write "I do not want Insurance at this time.")

Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
☐ Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
☐ Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This form cancels any prior beneficiary or payment instructions.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than $400,000.

SIGN HERE IN INK ➢ _____ Date: _____

(Your signature. Do not print.)

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

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

Directions To Servicemember

What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services must witness your signature.

Periods of Coverage

This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release. You may convert your SGLI to Veterans' Group Life Insurance within 120 days of separation without proof of good health, or within one year and 120 days with proof of good health by contacting the Office of Servicemembers' Group Life Insurance (see below).

Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.

2. **Naming Beneficiaries**
   A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without his/her consent. However, your spouse will be notified if you reduce coverage or name a beneficiary other than your spouse.
   B. If the beneficiary is a married woman, use her given first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
   C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
   D. If you want to name more than four principal or contingent beneficiaries, list those beneficiaries on the Beneficiary Continuation Form (page 5) and check the block under the principal or contingent blocks on page 2, indicating that you have done so. The Beneficiary Continuation Form (page 5) should then be attached to page 2 of the 8286.
   E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
   F. 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. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

3. **Social Security Number -** Do not delay completing this form if you do not have a beneficiary's Social Security Number. The Social Security Number helps us to locate the beneficiary, but is not required.

4. **Shares to each beneficiary -** If you name more than one beneficiary, the sum of the shares must equal 100% or the full dollar amount of your insurance.

Example:	mother	$200,000		50%		1/2
	father	$200,000	**or**	50%	**or**	1/2
	Total	$400,000		100%		1

5. **Payment Option -** You may choose whether you want the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump sum" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump sum" or leave the block blank.

6. **Provisions For Payment Of Insurance**
   A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
   B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made by law, the proceeds will be paid in the following order:
      1. Widow or widower
      2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
      3. Parent(s) in equal shares or all to surviving parent
      4. A duly appointed executor or administrator of your estate
      5. Other next of kin

What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the **Office of Servicemembers' Group Life Insurance**, 290 West Mt. Pleasant Ave, Livingston, NJ 07039. Your beneficiary may also call 1-800-419-1473 for claim information.

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Beneficiary Continuation

Instructions: This page is to be used ***ONLY*** when the servicemember wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

Member Information

Last name First name Middle name	Rank, title or grade	Social Security Number

Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
5.				
6.				
7.				
8.				
9.				
10.				
Contingent				
5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

SIGN HERE IN INK ➢ _____ Date: _____

(Your signature. Do not print.)

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

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

Department of Veterans Affairs

What You Should Know About VA Benefits

Once you enter into the service, you may be eligible for a variety of benefits offered by the U.S. Department of Veterans Affairs (VA). These benefits include, but are not limited to, the following:

Compensation & Pension

You may be eligible for compensation for any injuries or illnesses you suffer while on active duty or any pre-existing disabilities which are aggravated by your service in the Armed Forces. You may also be eligible for a disability pension if you are a wartime veteran with limited income and you are no longer able to work.

Education & Training

The Montgomery GI Bill is your chance to secure a source of financial assistance for your future education and training needs. *You can only enroll in this program when you are entering active duty for the first time.* After completing 24 months of active duty service, you can begin receiving your GI Bill benefits for an approved program of education or training. Some family members of disabled or deceased veterans are also eligible for education benefits.

Vocational Rehabilitation & Employment

The Vocational Rehabilitation & Employment program helps certain servicemembers and veterans who incur injuries and/or illnesses during their military service to get and keep suitable employment. Among the services offered are employment assistance, self-employment assistance, training in a rehabilitation facility, and college and other training. Severely disabled veterans may receive assistance to improve their ability to live independently.

Life Insurance

You may be eligible for VA life insurance if you are injured or disabled while you are in the service and VA gives you a rating for your injury or disability. Up to $10,000 in life insurance coverage is available at standard insurance rates. If you are totally disabled, you may also apply for a waiver of premiums. For those veterans who are eligible for this waiver, additional coverage of up to $20,000 is available. You can also convert your SGLI insurance to Veterans' Group Life Insurance, which offers renewable term coverage at competitive rates.

Home Loans

VA can guarantee part of a loan from a private lender to help you buy a home, a manufactured home, a lot, or certain types of condominiums. VA also guarantees loans for building, repairing, and improving homes. If you already have a mortgage, VA may be able to help you refinance your loan at a lower interest rate.

How To Contact VA

For more information about VA benefits, you may visit your local VA office or call us toll-free at **1-800-827-1000**. For information on VA life insurance benefits, call **1-800-669-8477**. For more information on VA education benefits, call **1-888-442-4551**. You can also get information on VA's website at www.va.gov by clicking on *Veterans Benefits & Services*.