

## Directions To Personnel Clerks Of The Uniformed Services

1. Complete all appropriate items on this form. All entries except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Include the name, address, and social security number (if available) of the beneficiary(ies), and the relationship of the beneficiary(ies) to the servicemember (e.g. father, sister).
3. If a servicemember wants to designate a beneficiary other than would be normal under his or her family circumstances, see "Unclear or Unusual Beneficiary Designations" (section 6.03) in the *Servicemembers' Group Life Insurance Handbook*, Handbook 29-75-1 ([www.insurance.va.gov](http://www.insurance.va.gov)).
4. An authorized agent of the Uniformed Services must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should include the date he or she received the form.
5. This form, properly completed, is authority to a payroll office to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.
6. If this form is being used to decline SGLI coverage, inform the servicemember that this action will mean that he/she will no longer have Family SGLI coverage - both spousal coverage and dependent child coverage. Have the servicemember complete SGLV 8286A and take action to end payment of Family spousal premiums.
7. Inform the servicemember that if he or she has questions about this form, he or she may obtain the advice of a military attorney at no expense to the servicemember.

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Please read the instructions before completing this form.

# Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage	<b>Important:</b> 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.
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Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Branch of Service (Do not abbreviate)	Current Duty Location
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### 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)
<b>Principal</b>				
1.				
2.				
3.				
4.				

Additional Principals on page 5 (check if applicable)

# 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 must be established within 120 days of separation or release.

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
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### 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)
<b>Principal</b>				
5.				
6.				
7.				
8.				
9.				
10.				
<b>Contingent</b>				
5.				
6.				
7.				
8.				
9.				
10.				

