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MRPC

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MARINE CORPS ORDER 1741.8

From: Commandant of the Marine Corps  
To: Distribution List

Subj: MARINE CORPS GOVERNMENT LIFE INSURANCE MANUAL (SHORT TITLE:  
MARCORGLINSMAN)

Ref: (a) H-29-98-1, "Servicemembers' and Veterans' Group Life Insurance Handbook," July 2009  
(b) DODI 7000.14, "Department of Defense Financial Management Policy and Procedures," March 3, 2006  
(c) Publication 93-579, "Privacy Act of 1974," December 31, 1974  
(d) 10 U.S.C. 1007, 12304  
(e) MCTFS PRIUM / APSM  
(f) 26 U.S.C. 211  
(g) 38 U.S.C. 1969  
(h) MCO 1500R.36G

Encl: (1) Marine Corps Government Life Insurance Manual Procedural Guidance

1. Situation. To publish guidance and standard operating instructions for commanders and administrative personnel regarding the administration of Government life insurance programs within the Marine Corps, in accordance with references (a) and (b).

2. Cancellation. MCO P1741.8D.

3. Mission. To implement, execute and manage the Marine Corps Government life insurance programs.

4. Execution

a. Commander's Intent. To ensure those personnel involved in the administration and execution of the Government life insurance programs within the Marine Corps are provided adequate information pertaining to policy, procedures, responsibilities, and technical instruction.

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b. Concept of Operations. This Order should be used in conjunction with references (a), (b) and other current regulations and directives to ensure compliance with policies and procedures established by the CMC and higher headquarters.

5. Administration and Logistics. Recommendations concerning the contents of this Order may be forwarded to CMC (MRPC) via the appropriate chain-of-command.

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.



S. E. MURRAY  
Deputy Commandant for  
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## Chapter 1

Servicemembers' Group Life Insurance (SGLI)1. General

a. SGLI is the life insurance available to all members of the uniformed services and is purchased by the Veterans Administration (VA) from a commercial life insurance company. The VA is responsible for the overall administration of the SGLI program, as well as decisions in questionable cases.

b. SGLI, issued under a group policy, is term insurance. SGLI does not pay dividends, loans, cash, paid-up, or extended insurance values, or any provision for waiver of premiums or benefit because of total disability, accidents, etc., except as described in

c. Marines on active duty, active duty for training or inactive duty training, and members of the Ready Reserve are automatically covered for \$400,000, the maximum amount of coverage.

d. Each Marine must complete an SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate, in order to name a beneficiary, decline coverage, or elect less than the maximum amount of coverage. This form serves as a certificate of coverage.

e. Coverage does not affect a Marine's right to retain any other Government or private insurance, or entitlement to other veterans' benefits. For example, a Marine may be insured for up to \$30,000 in Service-Disability Veterans Insurance coverage and also \$400,000 of SGLI coverage.

f. The Office of Servicemembers' Group Life Insurance (OSGLI) administers the SGLI program.

2. Definitionsa. Active Duty

(1) Full-time duty in the Armed Forces, other than active duty for training;

(2) Full-time duty as a cadet or midshipman at the U.S. Military, Naval, Air Force, or the Coast Guard Academies.

b. Active Duty for Training

(1) Full-time duty in the Armed Forces performed by Reserves

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for training purposes;

(2) Full-time duty as a member, cadet, or midshipman of the Reserve Officer's Training Corps (ROTC) while attending field training or practice cruises.

c. Break in Service

(1) When a member terminates duty or obligation to perform duty in one service and enters on duty, or assumes the obligation to perform duty, in another uniformed service, regardless of the length of time intervening; or

(2) When a member reenters on duty, or resumes an obligation to perform duty as a Reserve Marine in the same uniformed service and 1 day or more has elapsed following termination of the prior period of duty or obligation to perform duty.

d. Dependent Children

(1) All natural born children and legally adopted children under age 18;

(2) All stepchildren under age 18 who are members of the Marine's household;

(3) Any dependent child between the ages of 18 and 23 who is a full-time student; or

(4) Any dependent child who has been declared legally incompetent before age 18.

(5) All stillborn children whose fetal weight is 350 grams or more or whose duration in Utero is 20 or more completed weeks of gestation.

e. Failure to Meet Premiums. When the required remittance is 60 days past due.

f. Inactive Duty Training. Duty (other than full-time duty) authorized for Reserves which is scheduled in advance by competent authority to begin at a specific time and place.

Note: Active duty for training and inactive duty training do not include work or study performed in connection with correspondence courses or attendance at an educational institution in an inactive status.

g. Individual Mobilization Augmentee (IMA). IMAs are individual

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selected reservists who receive training and are pre-assigned to an active component organization billet that must be filled to meet the requirements of the organization to support mobilization (including pre- and/or post-mobilization) requirements, contingency operations, operations other than war, or other specialized or technical requirements).

h. Member

(1) A person on active duty, active duty for training, or inactive duty training in the uniformed services in a commissioned, warrant or enlisted rank or grade, or as a cadet or midshipman at the U.S. Military, Naval, Air Force, or the Coast Guard Academies

(2) A person who volunteers for assignment to the Ready Reserve of a uniformed service and is assigned to a unit or position in which he or she may be required to perform active duty or active duty training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under reference (d).

(3) A member, cadet, or midshipman of the ROTC while attending field training or practice cruises.

i. Ready Reserves. Units and individual Reservist liable for active duty under reference (d).

j. Selected Reserves. Part of the Ready Reserve of each reserve component consisting of units and individuals who participate actively in paid training periods and serve on paid active duty for training each year.

k. Termination of Duty

(1) Discharge, release, or separation from active duty or active duty for training being performed under calls or orders that do not specify a period of less than 31 days; or

(2) In the case of other duty, the member's release from obligation to perform any duty in his or her uniformed service (active duty, active duty for training, or inactive duty training) whether arising from limitations included in a contract of enlistment or similar form of obligation, or arising from resignation, retirement, or other voluntary or involuntary action that terminates the obligation to perform.

l. Uniformed Services

(1) Marine Corps, Army, Navy, Air Force, and Coast Guard; and

(2) Corresponding Reserve and the ROTC of each of the above.

m. Waiver. An election in writing signed by the member (SGLV 8286 or SGLV 8286A) and received by the uniformed service, not to be insured for SGLI.

3. Persons Eligible for Coverage

a. Full-Time Coverage. Full-time coverage is provided for Marines performing full-time active duty or active duty for training, under calls or orders that do not specify periods of less than 31 days to include:

(1) Commissioned, warranted, and enlisted Marines;

(2) Marines of the Ready Reserves (e.g., SMCR), assigned to a unit or position which may require performance of active duty or active duty for training; and each year may be required to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under reference (d);

(3) Members of the Individual Ready Reserve who volunteer for assignment to a "mobilization" category under section 12304 of reference (d);

(4) Individuals who enlist in the Delayed Entry Program (DEP) for assignment as a "Category P" Reservist and are required to attend regularly scheduled inactive duty training periods while awaiting assignment to initial active duty for training;

(5) Cadets or midshipmen of the U.S. Military, Naval, Air Force, or Coast Guard Academies; and

(6) Members, cadets, or midshipmen of the ROTC while attending field training or practice cruises.

b. Part-Time Coverage. Part-time coverage is provided for Reserve Marines who would not otherwise qualify for full-time coverage while performing active duty or active duty for training under calls or orders which specify a period of duty less than 31 days to include:

(1) Commissioned, warranted, and enlisted members of the Marine Corps Reserve;

(2) Marines of the Individual Ready Reserve (IRR) during 1-day call-ups; and

(3) Members, cadets, and midshipmen of the ROTC, while

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attending field training, or practice cruises.

4. Effective Date of Coverage

a. The effective date of coverage for Marines on active duty, active duty for training or inactive duty training is:

(1) The first day of active duty or active duty for training, or;

(2) The beginning of a period of inactive duty training.

b. For Marines who previously declined coverage or elected less than the maximum amount, the effective date of coverage is the date the Marine Corps receives an application electing coverage or an increase in coverage. If the application has to be forwarded to the OSGLI for review, the effective date of coverage will be the date the application is approved by the OSGLI.

5. Periods of Coverage

a. Full-Time Coverage

(1) For Marines performing active duty or active duty for training under a call or order that does not specify a period of less than 31 days, coverage is in effect during the period of such duty and for 120 days following separation or release.

(2) For Marines of the Ready Reserve who are eligible for full-time coverage under the law, coverage is in effect during the period of such duty or status and for 120 days following separation or release.

(3) For Marines who are totally disabled at separation or release, coverage is extended for more than 120 days (see paragraph 6).

b. Part-Time Coverage

(1) Active Periods. Eligible Marines of the Reserves performing active duty or active duty for training, under calls or orders specifying periods less than 31 days, are insured during the actual days of such duty.

(2) Inactive Periods. Eligible Marines of the Reserves performing inactive duty training (brief periods of less than 1-day of drills, etc.) scheduled in advance by competent authority to begin at a specific time and place, are insured during the actual time of the inactive duty training period.

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(3) En Route. Eligible Marines of the Reserves are covered while proceeding directly to and returning directly from a period of active duty for training or inactive duty training.

(4) Marines eligible for part-time coverage become eligible for full-time coverage when active duty or active duty for training is performed under calls or orders that do not specify periods of less than 31 days.

#### 6. Extension of Coverage Based on Disability

##### a. Full-Time Coverage

(1) For Marines who have full-time coverage and are totally disabled at the time of separation or release from active duty or the Ready Reserves, coverage may continue as long as the Marine remains totally disabled up to a maximum of 2 years (upon approval from the OSGLI) from the date of release or separation, but in no event less than 120 days from the date of separation or release. The Marine must submit the Servicemembers' Group Life Insurance Disability Extension Application to the OSGLI for approval (see chapter 9).

(2) Totally disabled Marines, released or separated, may be eligible for VGLI. The Marine must submit an application to the OSGLI within the 1-year period that SGLI remains in effect (see chapter 8).

b. Part-Time Coverage. For a Marine who has part-time coverage and incurs a disability or aggravates an existing disability while coverage is in force:

(1) Insurance is payable if death results from such incurred or aggravated disability within 120 days following the active duty for training or inactive duty training period during which the disability was incurred or aggravated.

(2) If such disability causes the Marine to be uninsurable at standard rates, the insurance will continue for 120 days following the active duty for training or inactive duty training period during which the disability was incurred or aggravated, and the Marine is eligible to convert to VGLI coverage prior to the 121st day. Application must be made to the OSGLI during the 120-day period.

(3) In determining whether a Marine was authorized to perform duty and whether the Marine was rendered uninsurable or died within 120 days thereafter from a disability incurred or aggravated, the following will be taken into account:

(a) The call or order to duty, the order and the

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authorization of competent authority;

(b) The hour on which the Marine began to proceed to or return from such duty;

(c) The hour on which the Marine was scheduled to arrived for, or on which the Marine ceased to perform such duty;

(d) The method of travel employed;

(e) The Marine's itinerary;

(f) The manner in which travel was performed; and

(g) The immediate cause of disability or death.

#### 7. Cost and Payment of Premiums

a. SGLI cost is shared by the Marine and the Government. The Marine pays the normal cost for insurance (the premium), and the Government pays the cost of all death claims in excess of the level of death claims that would result from normal peacetime service.

b. The monthly contribution by active duty and Reserve Marines is contained in figure 1-1. All rates are subject to change based on the experience of the program.

c. No withholdings or deductions will be made for SGLI from terminal leave or separation pay for any period SGLI remains in force following separation or release from active duty.

d. For Marines entitled to coverage, the necessary amount will be deducted from the Marine's pay account or otherwise collected from the Marine by direct remittance. Marines should review the leave and earnings statement to ensure the appropriate premium is deducted for the desired amount of coverage. Failure to make the correct deduction has no affect on the coverage elected by the Marine.

e. Reserve Marines entitled to part-time coverage will have SGLI premium payments collected from their pay due for the first training period of the fiscal year. Reserve Marines in a non-pay status and electing coverage under SGLI will make a premium payment by a check or money order made payable to the U.S. Marine Corps indicating "SGLI payment only" with the Marine's Social Security Number. Payments should be forwarded directly to the CG MOBCOM or payments may be made online with credit/debit card utilizing Pay.Gov where available.

f. Reserve Marines earning retirement credits, but not entitled to pay, who desire SGLI coverage must make advance premium payments by



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a check or money order made payable to the U.S. Marine Corps indicating "SGL payment only" with the Marine's Social Security Number. Payments should be forwarded directly to the Commanding General Mobilization Command (MOBCOM) or payments may be made online with credit/debit card utilizing Pay.Gov where available. Advance payments may be made quarterly, semiannually, or on a fiscal year basis.

(1) The quarterly SGLI payment cycle is January-March, April-June, July-September, and October-December. Reservists entering a status that automatically entitles them to full-time coverage are liable for SGLI payments from the first of the month, if entry was not on the first of the month. The initial payment should include all amounts due, including payment for the remainder of the quarter for which payment was made. For example, a Reservist electing maximum coverage, entering a fully covered status during December and making the initial payment in January, would pay \$112.00. This is \$84.00 for December, January, and February; and \$28.00 for March, which is the last month of the quarter. The initial payment should also be sufficient to bring the payments within the quarterly payment cycle. For example, if the initial payment for basic coverage was in February, it should be for \$56.00 for February and March. In both examples, the next premium payment would be due 1 April.

(2) Commanders will collect and submit payments to the Commanding General, MOBCOM. MOBCOM will complete a DD Form 1131/NavCompt Form 2277, Cash Collection Voucher. The DD Form 1131/NavCompt Form 2277 must identify all payments with each member's name, grade, social security number, unit, coverage selected, and the period covered. MOBCOM will provide the DD Form 1131/NavCompt Form 2277 and payments to the DFAS-KC/PV, Directorate for Military Pay, Disbursing Division. Collections will be credited to appropriation data 17\*1108.2731, OC 007, BCN 000000/0, AAA 00027, TT 3C, PAA 000000000000098004. When completed, a copy of the DD Form 1131/NavCompt Form 2277 will be forwarded to DFAS-KC/PMMC, Reserve Pay Division, for data entry into the MCTFS.

8. Accelerated Benefits Option (ABO). Marines insured under SGLI have access to up to 50 percent of the face value of the coverage through the accelerated benefits option. In order to qualify for this option, the Marine must have a medical prognosis of life expectancy of 9 months or less. See chapter 5.

9. Assignment, Taxation, and Claims of Creditors. SGLI, VGLI, or FSGLI proceeds are not assignable. Proceeds, of any SGLI or VGLI benefits, draw interest from the date of death, are exempt from taxation, and are not subject to claims of creditors of the insured or beneficiary, except certain claims of the United States.

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Full-Time Cost (Per Month)	Amount of Coverage	Part-Time Cost (Per Year)
\$26.00	\$400,000	\$26.00
22.75	350,000	22.75
19.50	300,000	19.50
16.25	250,000	16.25
13.00	200,000	13.00
9.75	150,000	9.75
6.50	100,000	6.50
3.25	50,000	3.25

Figure 1-1.--SGLI Premium Rate Table

**Note:** Active duty and Reserve Marines who qualify for full-time coverage will pay the same rates. Part-time coverage is \$26.00 per month for \$400,000 coverage. Marines of the IRR will be charged a premium of \$1 for \$400,000 coverage for 1-day call-ups. Rates are effective as of July 1, 2008 and are subject to change based on changes in the law.

## Chapter 2

### Termination, Reduction or Cancellation, Forfeiture, Restoration and Conversion of Coverage

1. General. Termination, reduction or cancellation, forfeiture, restoration, and conversion of Servicemembers' Group Life Insurance (SGLI) coverage are as outlined in this chapter.

#### 2. Termination of Coverage

a. Full-Time. Full-time coverage terminates as follows:

(1) On the 120th day after separation or release from duty, or separation or release from assignment to a unit or position of the Ready Reserve.

(2) For Marines who are totally disabled on the date of separation or release, at the end of the last day of the 2-year period following separation or release, or at the end of the day on which the Marine ceases to be totally disabled, whichever is earlier, but in no event, earlier than the 120th day following separation or release from such duty (see chapter 1).

(3) At the end of the 31st day of a continuous period of:

(a) Unauthorized absence;

(b) Confinement by civilian authorities under sentence adjudged by a civilian court; or

(c) Confinement by military authorities under a court-martial sentence involving total forfeiture of pay and allowances.

(4) On the last day of the month in which the Marine files a waiver (SGLV 8286) of an election not to be insured.

(5) At the end of the day before rights to coverage are forfeited, at the end of the day before the termination of the group policy.

(6) Sixty-days after failure to remit premiums (see chapter 7).

(7) Upon the accumulation of a 9th consecutive unauthorized absence from a scheduled period of Inactive Duty Training (see chapter 7).

b. Part-Time. Part-time coverage terminates as follows:

(1) Coverage is in effect only on the days of active duty or active duty for training and the actual hours of inactive duty training, including periods of travel to and from duty. A temporary termination of coverage occurs at the end of each period of duty, including travel time; and coverage is resumed at the commencement of the next period of covered duty or travel.

(2) When part-time coverage is extended for 120 days as the result of a disability, the extended coverage terminates at the end of the 120th day following the active duty for training or inactive duty training period, in which the disability was incurred or aggravated (see chapter 1).

(3) Unless extended for 120 days because of disability, eligibility for coverage terminates at the end of the last day of the Marine's obligation to perform such duty.

(4) If a Marine files a written waiver (SGLV 8286) not to be insured, coverage terminates on the last day of the period of active duty or active duty for training, or at the end of the period of inactive duty training, including travel time while returning from such duty during which the election is filed. If the election is filed during a period other than a period of active duty, active duty for training or inactive duty training, the coverage is terminated immediately.

(5) Sixty-days after failure to remit premiums (see chapter 7 paragraph 4).

c. Full-Time and Part-Time Coverage. Full-time and part-time coverage terminates:

(1) At the end of the day before rights to coverage are forfeited as described in paragraph 4; or

(2) At the end of the day before the termination of the group policy.

### 3. Reduction or Cancellation of Coverage

#### a. Full-Time

(1) Marines who desire not to be insured or elect less than the maximum coverage must complete and file an SGLV 8286.

(2) Request for reduced coverage or no coverage made prior to any legislated increase in coverage have no effect under the law.

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(3) A reduction or cancellation of insurance coverage is effective at midnight of the last day of the month in which the SGLV 8286 is received.

(4) If, on the first day of duty, a Marine elects not to be insured or elects less than the maximum coverage, the election is effective immediately. If the election is made after the first day of duty, the election is effective at midnight of the last day of the month in which the SGLV 8286 is received.

(5) If a terminally ill Marine requests and receives an accelerated benefit, the face value of the Marine's insurance coverage is reduced by the amount of the accelerated benefit paid to the Marine. The reduction is effective the date which the Marine cashes or deposits the accelerated benefit payment check (see chapter 5 paragraph 1).

b. Part-Time. Marines eligible for part-time coverage may elect not to be covered or request a reduced amount of coverage by written waiver (SGLV 8286). Upon completion of the SGLV 8286, the election or reduction will be effective:

(1) At the end of the last day of the period of duty being performed, if the Marine is on active duty or active duty for training when the waiver or reduction is filed;

(2) At the end of the period of inactive duty training being performed, if the Marine is on inactive duty training when the waiver or reduction is filed; or

(3) On the date the waiver or reduction is received, if the Marine is not on active duty, active duty for training, or inactive duty training on the date the waiver or reduction is filed.

4. Forfeiture of Coverage. SGLI coverage is forfeited when a Marine is guilty of mutiny; treason; spying; in a deserter status; or refuses, because of conscientious objections, to perform service in the Marine Corps or wear the uniform. SGLI is not payable for death inflicted as a lawful punishment for crime or for military or naval offense except when inflicted by an enemy of the United States.

#### 5. Restoration of Coverage

##### a. Automatic Restoration

(1) Maximum and previously declined or reduced coverage is automatically restored without evidence of good health when a member reenters on duty.

(2) The Marine's insurance coverage and beneficiary designation are automatically restored as of the date the Marine is restored to duty with pay, if coverage was terminated as the result of:

(a) Unauthorized absence;

(b) Confinement by civil authorities under a sentence adjudged by a civilian court; or

(c) Confinement by military authorities under a court-martial sentence involving total forfeiture of pay and allowances.

b. Request for Insurance. If a Marine previously elected to decline, cancel or reduce coverage and later desires to obtain or increase coverage, a written request must be made on the Request for Insurance (SGLV 8285).

6. Converting Coverage to an Individual Policy

a. Marines covered under SGLI have the option to convert SGLI coverage to an individual policy of insurance within 120 days from the date of separation from the Marine Corps. In order to convert SGLI coverage, the Marine must:

(1) Select a company from the participating companies listing;

(2) Apply to a local office of the company selected;

(3) Obtain a letter from the Office of Servicemembers' Group Life Insurance (OSGLI) verifying coverage; and

(4) Provide a copy of that letter to the agent receiving the application, along with the Marine's separation document (DD Form 214 or written orders).

b. Coverage may be converted at standard premium rates, without having to provide proof of good health. The conversion policy must be a permanent policy, such as a whole life policy.

c. Other types of policies (such as, term, variable life, or universal life insurance) are not allowed as conversion policies. In addition, supplementary policy benefits (such as, accidental death and dismemberment or waiver of premium for disability) are not considered part of the conversion policy.

d. For a list of participating companies or additional information, contact the OSGLI (appendix A) or visit the Veterans Administration website at: <http://www.insurance.va.gov>.

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## Chapter 3

Beneficiaries and Election of Method of Payment

1. General. Any Marine insured under Servicemembers' Group Life Insurance (SGLI) may designate as principal or contingent beneficiary any person, firm, corporation, or legal entity (including the Marine's estate), individually or as a trustee. Marine's desiring to designate a trust or other legal entity should seek legal assistance prior to designation. The Marine may elect the proceeds of SGLI be paid to the beneficiary in a lump sum payment or in 36-equal monthly installments.

2. Designation of Beneficiary

a. Marines insured under SGLI must complete an SGLV 8286, whenever a beneficiary designation is made or changed.

b. Marines must name a specific beneficiary and are prohibited from utilizing the "By Law" designation (see paragraph 5 and 7).

c. If the Marine designates more than one beneficiary, the Marine must specify in fractions, percentages, or monetary amounts the share to be paid to each beneficiary; otherwise, the beneficiaries will share equally in the proceeds.

d. Marines must designate a principal and should designate a contingent beneficiary. In making such designations, the Marine must clearly identify each beneficiary as the principal or contingent, with the principal beneficiary always listed first. A contingent beneficiary is a person(s) designated to receive the insurance proceeds if the principal beneficiary dies before the Marine.

e. SGLI is a Federal program and operates under Federal law. Under law, the Marine has the absolute right to name and change the beneficiary at any time without the knowledge or consent of a prior beneficiary.

f. Under no circumstances should a Marine be compelled to designate any beneficiary other than one selected by the Marine. The selection of a beneficiary is a personal matter and the Marine must never be forced to designate otherwise. However, when immediate family members are disregarded in designating beneficiaries, it is desirable that the voluntary nature of the designation be a matter of record (see chapter 7 paragraph 2).

g. In those instances when a married Marine designates a Primary Beneficiary for their SGLI coverage other than their lawful spouse, the Marine's spouse will be informed in writing. This advisory should

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be made as quickly as possible (within 30 days of the date the designation was made). Notification will be made on the Unit's letter head correspondence and will not include the name(s) of the actual designated beneficiary(ies). These notices will be sent by First Class postal service to the spouse's current address of official record. Mailing of this letter will be documented in the Command's mail log and a copy of the letter will be maintained in the Unit's correspondence files. Retention of this letter in the Marine's Service Record or Official Military Personnel File is not authorized.

### 3. Designation of Minors

a. The law allows payment of SGLI proceeds be made to a minor surviving beneficiary. If the beneficiary is a minor child, the insurance proceeds will be paid to the guardian of the minor's estate/property, as dictated by State laws, in which the minor resides pertaining to payments to minors. The guardian of the child's estate/property may or may not be the natural parent of the child.

b. The appointment of a guardian of the minor's estate/property is often costly and time consuming and for those reasons, may delay the payment of proceeds. The amount of the proceeds can be greatly reduced by the payment of court costs, attorney fees, bonds, and expenses incurred by the guardian. To avoid such complications and expenses, Marine's should seek legal advice to determine the proper way to designate a pre-appointed trustee of a minor beneficiary.

c. Testamentary Trusts. To fund a testamentary trust with SGLI proceeds, the SGLV 8286 should be completed to read; "To the trustee of the testamentary trust named in my last will and testament, for the benefit of (name of minor)." Note that in such cases, payment can be substantially delayed, as SGLI requires proof of probate and associated court orders before disbursement can be made.

### 4. Designation Change or Cancellation

a. Under Federal law, an insured Marine has the absolute right to name, change, and cancel a previous designation at any time. Consent of the beneficiary is not required. Wills and testaments, State divorce decrees, separation agreements, or other State or municipal court documents are not binding on the determination of a beneficiary and cannot effectively change a Marine's beneficiary designation.

b. The following rules apply when the law governing SGLI is amended to increase the amount of insurance coverage:

(1) A Marine should submit a new beneficiary designation (SGLV 8286).



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(2) If an insured Marine was covered for the maximum amount under a prior law, the prior beneficiary designation and installment payment option filed by the Marine will remain in effect until changed; and the proceeds will be distributed in the same proportionate amount as the portion designated for such beneficiary under the prior law.

c. A beneficiary designation will remain in effect until properly changed by the Marine or automatically canceled (see paragraph 6). Termination of one period of duty and reentry into another period of duty will not automatically cancel the designation unless there is a break in service.

d. A designation change or cancellation will take effect only if it is in writing, signed by the insured Marine, and received by the Marine Corps prior to the date of death of the Marine.

e. If such designation change or cancellation is made during a period of extended coverage following separation or release, such change will take effect only if received by the Office of Servicemembers' Group Life Insurance (OSGLI) prior to the Marine's death.

5. Undesignated Beneficiary. Marines should always name a specific beneficiary. If the Marine does not designate a beneficiary, under Federal law, the proceeds will automatically be paid in the following order or "by law":

- a. To the surviving spouse; if none,
- b. To the child(ren) of the Marine, in equal shares, with the share of any deceased children to be distributed among the descendants of that child; if none,
- c. To the parents in equal shares; if none,
- d. To a duly appointed executor or administrator of the Marine's estate; or
- e. Other next of kin in order of blood relation.

6. Automatic Termination of Designation. A designation of beneficiary made by an insured Marine under SGLI for full-time or part-time coverage will automatically terminate under the following rules:

- a. When the insurance terminates following separation or release from all duty or the obligation to perform duty;

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b. When the Marine reenters duty or assumes an obligation to perform duty in another uniformed service; or

c. When the Marine reenters duty in the Marine Corps more than 1-day after separation or release from all duty.

7. Method of Payment

a. An insured Marine elects whether proceeds are paid to the beneficiary in a lump sum payment or in 36-equal monthly installments.

b. If the Marine elects a lump sum payment or makes no election, the beneficiary may choose either the lump sum settlement or payment in 36-equal monthly installments.

c. If the Marine elects 36-equal monthly installments, the beneficiary may not elect a lump sum settlement.

8. Election or Change of Method of Payment

a. Marines should use the SGLV 8286 to elect a method of payment or to change a previous election. The Marine should indicate the option selected in the appropriate column on the form (i.e., lump sum or 36 months).

b. The SGLV 8286, when completed, signed, and dated, should be reported to the Marine Corps Total Force System and filed in the Marine's service record.

c. If the election or change is made during the period the insurance remains in force following separation or release from duty, the SGLV 8286 should be sent to the OSGLI.

d. The Marine may change the method of payment at any time without the consent of the beneficiary.

9. Effective Date of Method of Payment Election or Change. A method of payment election or change is effective the date the SGLV 8286 is received by the commander or designated representative, or the date such a change is received at the OSGLI, whichever is applicable.

10. Continuity of Elections and Designations. The below rules apply whenever a Marine elects not to be insured, elects to be insured for a reduced amount, designates a beneficiary, or elects or changes a method of payment.

a. Full-Time Coverage

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(1) Method of payment elections and beneficiary designations are effective only during the period of duty in which a Marine is serving, and for 120 days thereafter. If a Marine is totally disabled, the period is extended to 2-years following separation or release.

(2) If the Marine converts SGLI coverage to VGLI coverage and does not designate a beneficiary for VGLI, the beneficiary election for SGLI will remain in effect for not more than 60 days following the effective date of VGLI. After the 60-day period, the beneficiary designation will automatically become a "By Law" designation (see chapter 8 paragraph 8).

(3) A Marine may change the beneficiary designation and/or method of payment during the 120-day period following termination of duty, and such election will replace any prior election and will continue for the remainder of the 120-day period. Designations or elections made during this period should be sent to the OSGLI.

(4) The beneficiary designation and election of method of payment continue to apply for any Marine who resumes the obligation to perform duty or reenters on duty in the Marine Corps on the day following termination of a period of obligation to perform duty.

(5) Any existing election of method of payment and designation of beneficiary is automatically canceled and a new election or designation must be submitted when a Marine resumes an obligation to perform duty, or reenters on duty in the Marine Corps and 1 day or more has elapsed following termination of a previous obligation or duty, or the Marine assumes an obligation to perform duty in a different uniformed service at any time.

b. Part-Time Coverage

(1) Method of payment elections and designations continue in effect during the periods of continuous obligation to perform duty in the Marine Corps including periods of duty or active duty for training which entitle the Marine to full-time coverage.

(2) Any method of payment election or beneficiary designation for Marines who qualify for full-time coverage continues to be effective for the coverage period following separation (generally 120 days) or release from such duty, and continues for part-time coverage thereafter, if the Marine immediately resumes the obligation to perform duty.

(3) If coverage is extended by reason of incurred or aggravated disability for 120 days following a period of active duty,

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the method of payment election or beneficiary designation is effective throughout the extended period.

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## Chapter 4

Family Servicemembers' Group Life Insurance (FSGLI)1. General

a. Family Servicemembers' Group Life Insurance (FSGLI) is a program extended to the spouses and dependent children of members insured under Servicemembers' Group Life Insurance (SGLI). FSGLI provides up to a maximum of \$100,000 of insurance coverage for spouses, not to exceed the amount of SGLI the insured member has in force, and \$10,000 for dependent children (free of charge).

b. Spouse coverage is issued in increments of \$10,000. Maximum coverage is provided automatically under Federal law for insured Marines; therefore, Marines desiring maximum coverage are not required to take any action. Marines desiring reduced or no coverage must complete the SGLV 8286A, Family Coverage Election.

c. FSGLI coverage is provided under a group life insurance policy purchased from a commercial life insurance company by Veterans Administration (VA). FSGLI is administered by the Office of Servicemembers' Group Life Insurance (OSGLI) and supervised by the VA.

d. FSGLI provides life insurance protection only. It does not provide disability or other supplementary benefits. In addition, FSGLI has no cash, loan, paid-up, or extended insurance values, and does not pay dividends.

e. Marines married to another service member may be insured under both the FSGLI and SGLI programs at the same time, for a maximum coverage amount of \$500,000.

2. Persons Eligible to be Insured. Persons eligible to be insured under the FSGLI program are the spouse and the dependent children (see Table 4-1) of Marines covered under the SGLI program on a full-time basis as defined in chapter 1.

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3. Effective Date of Coverage

a. Spouse coverage is effective as outlined in table 4-1 below.

For Marines who...	Coverage will be effective...
are married on the date of entry on duty (active or Ready Reserve)	date of entry on duty
marry while on duty (active or Ready Reserve)	date of the marriage
previously elected to have the spouse insured for less than the maximum amount	date an application electing to increase FSGLI spouse coverage is received by the service, provided the spouse meets good health requirements; or date the application is approved by OSGLI
have applied and been approved for SGLI coverage after previously declining coverage	the date an application electing to increase FSGLI spouse coverage is received by the service, provided the spouse meets good health requirements; or date the application is approved by OSGLI
have applied and been approved for an increase in SGLI coverage that entitles the Marine to an increase in FSGLI coverage	the date an application electing to increase FSGLI spouse coverage is received by the service, provided the spouse meets good health requirements; or date the application is approved by OSGLI

Table 4-1.--Effective Date of Coverage - Spouse

b. Child coverage is effective as outlined in table 4-2 below.

For children who...	Coverage will be effective...
are dependents of the Marine when the member enters on duty (active or Ready Reserve)	date of entry on duty
are born or legally adopted while the Marine is on duty (active or Ready Reserve)	date of birth or date of adoption
become stepchildren due to marriage while the Marine is on duty (active or Ready Reserve)	date a stepchild begins living in the Marine's household
are dependents of a Marine who has applied and approved for SGLI coverage after previously declining coverage	the date an application electing coverage is received by the service, provided the Marine meets good health requirements; or date the application is approved by OSGLI

Table 4-2.--Effective Date of Coverage - Child

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#### 4. Cost of Coverage

a. For Marines entitled to SGLI coverage, the necessary amount will be deducted from the Marine's pay or otherwise collected from the Marine by the Marine Corps.

b. Coverage for dependent children is provided at no cost to the Marine. Spousal premiums are based on the age of the spouse and the amount of coverage (see figure 4-1).

#### 5. Termination of Coverage

a. Spouse Coverage. Spouse coverage terminates:

(1) 120 days after the date of an election made in writing (SGLV 8286A) by the Marine to terminate the coverage or;

(2) The earliest of either:

(a) 120 days after the date of the Marine's death or;

(b) 120 days after the date of termination of the insurance on the Marine's life; or;

(c) 120 days after the termination of the marriage.

b. Dependent Child Coverage. Dependent child coverage terminates the earliest of either:

(1) 120 days after the date of the Marine's death;

(2) 120 days after the date of termination of the insurance on the Marine's life, or

(3) 120 days after the termination of the dependent's status as an insurable dependent of the Marine.

#### 6. Reduction and Cancellation of Coverage

a. Spouse Coverage. An insured Marine may elect to reduce or cancel spouse coverage at any time by completing the SGLV 8286A. If the Marine elects to reduce the amount of spouse coverage, the reduced amount of coverage will remain in effect until coverage is canceled or a request for an increase in coverage is made. When canceled, coverage terminates as outlined in paragraph 5 above.

b. Child Coverage. Coverage may not be reduced for any reason while the Marine is insured. Dependent child coverage automatically terminates as outlined in paragraph 5 above.

7. Request for Coverage. If a Marine declines, cancels, or reduces FSGLI spouse coverage and later desires to obtain or increase FSGLI

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spouse coverage, the Marine must make a written request through the service. Proof of good health is required in these cases; therefore, the Marine must complete the Request for Family Coverage (SGLV 8285A) and the SGLV 8286A (if applicable).

8. Accelerated Benefits Option (ABO). Marines with FSGLI spousal coverage have access to up to 50 percent of the face value of the coverage through the ABO. In order to qualify for the ABO, the spouse must have a medical prognosis of life expectancy of 9 months or less. See chapter 5.

9. Converting Coverage to an Individual Policy

a. Spouses insured under FSGLI have the option to convert coverage to an individual policy of insurance within 120 days from the:

- (1) Date the Marine separates from the Marine Corps;
- (2) Date of divorce from the Marine;
- (3) Date of the Marine's written election (SGLV-8286A) to terminate coverage;
- (4) Date of the Marine's written election (SGLV-8286) to terminate his/her SGLI coverage; or
- (5) Date of the Marine's death.

b. Spouses may convert coverage at standard premium rates, without having to provide proof of good health. The conversion policy must be a permanent policy, such as a whole life policy.

c. Other types of policies (such as term, variable life, or universal life insurance) are not allowed as conversion policies. In addition, supplementary policy benefits (such as accidental death and dismemberment or waiver of premium for disability) are not considered part of the conversion policy.

d. The spouse must:

- (1) Select a company from the participating companies listing;
- (2) Apply to a local sales office of the company selected,
- (3) Obtain a letter from OSGLI verifying coverage,
- (4) Provide a copy of that letter to the agent receiving the application, along with whichever proof is applicable:

(a) The Marine's separation document (DD Form 214 or written orders);



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(b) The divorce decree proving dissolution of marriage from the Marine;

(c) The SGLV-8286A (terminating coverage);

(d) The Marine's SGLV-8286 (terminating coverage); or

(e) Proof of the Marine's death (Report of Casualty (DD Form 1300) or civil death certificate).

e. For a list of participating companies or additional information, contact the Office of Servicemembers' Group Life Insurance (appendix A) or visit the VA website at: <http://www.insurance.va.gov/>.

#### 10. Beneficiary

a. Under Federal law, the beneficiary of the spouse and child's coverage is the Marine. If the Marine dies before payment is made, the proceeds will be paid to the Marine's beneficiary, as designated by the Marine on the SGLV 8286.

b. Any determination concerning eligibility of a claimant as beneficiary or any request for evidence required in support of a claim will be made by the OSGLI. This office must receive proof that a claimant is entitled to payment, (i.e., payment in the order of precedence is made to parents; and if one parent is deceased, a certified copy of the death certificate must be furnished).

#### 11. Claims

a. Claims for the death benefit for a spouse or dependent child insured under FSGLI must be submitted to the OSGLI. Prior to submission, the CMC (MRPC) must certify insurance coverage of an insured spouse or dependent child. See chapter 6 concerning claim procedures.

b. Only one service member may make claim for FSGLI proceeds involving the death of a dependent child. In cases where two service members, both covered under the SGLI program, may make claim; the service member eligible for SGLI coverage the longest has the right to make claim over the other service member. If the service members are separated or divorced, the proceeds will be paid to the service member who has custody of the child.

12. Payment of Proceeds. The insurance proceeds for spouse coverage will be paid in a lump sum or installments, as selected by the Marine (see paragraph 6). Proceeds for child coverage will be paid in lump sum only.

Amount of Coverage	Age of Spouse						
	Under 35	35-39	40-44	45-49	50-54	55-59	60 & Over
\$100,000	\$5.50	\$7.00	\$9.00	\$14.00	\$27.00	\$40.00	\$52.00
90,000	\$4.95	\$6.30	\$8.10	\$12.60	\$24.30	\$36.00	\$46.80
80,000	\$4.40	\$5.60	\$7.20	\$11.20	\$21.60	\$32.00	\$41.60
70,000	\$3.85	\$4.90	\$6.30	\$9.80	\$18.90	\$28.00	\$36.40
60,000	\$3.30	\$4.20	\$5.40	\$8.40	\$16.20	\$24.00	\$31.20
50,000	\$2.75	\$3.50	\$4.50	\$7.00	\$13.50	\$20.00	\$26.00
40,000	\$2.20	\$2.80	\$3.60	\$5.60	\$10.80	\$16.00	\$20.80
30,000	\$1.65	\$2.10	\$2.70	\$4.20	\$8.10	\$12.00	\$15.60
20,000	\$1.10	\$1.40	\$1.80	\$2.80	\$5.40	\$8.00	\$10.40
10,000	\$0.55	\$0.70	\$0.90	\$1.40	\$2.70	\$4.00	\$5.20

Figure 4-1.--FSGLI Spousal Premium Rate Table

**Note:** Rates are effective as of 1 Jul 2006 and are subject to change based on changes in the law. Premiums will increase as the spouse reaches each successive age bracket and will become effective the month of the spouse's birthday.

Chapter 5

Accelerated Benefits Option (ABO)

1. General. The ABO permits Marines and spouses insured under Servicemembers' Group Life Insurance (SGLI) and Marines insured under Veterans' Group Life Insurance (VGLI) access to death benefits of the policy before death. The Marine may receive in a lump sum payment a portion of the face value of the insurance.

a. A Marine is eligible to receive accelerated benefits only after a physician has diagnosed the insured, in writing, with a prognosis of 9 months or less to live.

b. The amount of the accelerated benefit available to the Marine is up to 50 percent of the face value of the Marine's or spouse's insurance coverage. If the Marine elects less than the maximum, the amount requested must be in increments of \$5,000. The accelerated benefit paid will be the amount requested, minus an interest deduction, which is the amount the Office of Servicemembers' Group Life Insurance (OSGLI) actuarially determines to be the amount of interest lost due to early payment.

c. The portion of the face value of insurance, which is not paid in a lump sum as accelerated benefits, remain payable to the designated beneficiary upon death of the insured. Monthly deductions for SGLI and premiums for VGLI shall be reduced in a manner consistent with the percentage of accelerated benefits.

d. Marines who elect accelerated benefits and who convert coverage to VGLI are eligible only for a reduced amount of VGLI coverage based on the amount of accelerated benefits received.

e. The amount of accelerated benefits received by the Marine shall not be considered income or resources for purposes of determining eligibility under any Federal or federally assisted program or for any other purpose.

2. Request for Accelerated Benefits

a. The insured Marine is the only individual that may apply for accelerated benefits. No other individual may apply on the Marine's behalf.

b. To apply for the accelerated benefits, the Marine must complete the Servicemembers' and Veterans' Group Life Insurance Accelerated Benefits Option (SGLV 8284), or in the case of the Marine's spouse, the Servicemembers' Group Life Insurance Family Coverage Accelerated Benefits Option (SGLV 8284A). See chapter 9 for application instructions.

c. The completed application form and required documentation should be submitted to the CMC (MRPC) for verification and certification of coverage. Upon certification, the CMC (MRPC) will forward the completed application and any documentation to the OSGLI for payment of the accelerated benefits.

d. Upon approval by the OSGLI, all Accelerated Benefits will be paid via check and will be mailed to the Marine.

3. Effective Date. The election to receive the accelerated benefits becomes effective at the time the Marine cashes or deposits the accelerated benefits check.

#### 4. Cancellation of Accelerated Benefits

a. Accelerated benefits may be canceled prior to cashing or depositing the accelerated benefits check by informing the OSGLI in writing of the request to cancel. If the Marine is in receipt of payment, the check must be returned to the OSGLI.

b. If the Marine dies prior to cashing an accelerated benefit payment, the check must be returned to the OSGLI.

c. Once an election becomes effective (by cashing or depositing the accelerated benefits check), it cannot be revoked. A Marine is not eligible for additional accelerated benefits.

## Chapter 6

### Death Claims and Submission Procedures

#### 1. General

a. Claims for death benefits under Servicemembers' Group Life Insurance (SGLI), Family Servicemembers' Group Life Insurance (FSGLI), or Veterans' Group Life Insurance (VGLI) must be submitted to the Office of Servicemembers' Group Life Insurance (OSGLI). All claims submitted under SGLI or FSGLI must be submitted via the CMC (MRPC).

b. Once proof of death of an insured and certification of coverage is received, the OSGLI will pay in the amount for which the insured is covered. The SGLV 8283, Claim for Death Benefits (SGLI/VGLI), or SGLV 8283A, Claim for Family Coverage Death Benefits (SGLI) is provided for the purpose of claiming the proceeds. Payment will be made to the designated beneficiary surviving at the time of the Marine or spouse's death; or if no beneficiary was designated, the proceeds will be paid in order of precedence as provided by law (see chapter 3).

c. Under no circumstances will more than \$400,000 (plus interest) be paid in settlement of a death claim. This is emphasized for the situation when a Marine reenters on active duty, active duty for training, or inactive duty training during a period of coverage following an earlier period of duty.

d. Any determination as to the eligibility of a claimant as beneficiary or any request for evidence required in support of a claim will be made by the OSGLI. This office must receive proof that a claimant is entitled to payment. If, for example, the payment in the order of precedence is made to parents and one parent is deceased, a certified copy of the death certificate of the deceased parent must be furnished with the claim form.

2. Proof of Death. Proof of death must be established by one of the following:

a. DD Form 1300, Report of Casualty. Upon receipt of the personnel casualty report, the CMC (MRPC) will prepare and distribute the DD Form 1300 in the case of any Marine that dies on active duty, active duty for training, inactive duty training, or as a member of the Selected Marine Corps Reserve.

b. Death Certificate. A civil death certificate is required in cases involving:

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(1) A Marine who is insured under full-time or part-time coverage and dies within the 120-day period that the insurance remains in force following termination of duty;

(2) Members of the Delayed Entry Program (Category P) as defined in reference (h);

(3) Spouse or dependent child;

(4) Coverage under VGLI.

### 3. Certification of Coverage

a. All claims for proceeds, to include Advanced Benefits Option, under SGLI or FSGLI must be certified for coverage. The OSGLI will not settle any claim without certification of coverage from the CMC (MRPC). Upon receipt of proof of death, the CMC (MRPC) will prepare and provide to the OSGLI all required certifications.

b. Commanders are not authorized to prepare any certification documents. The CMC (MRPC) is the sole certifying authority for all claims involving Marines, spouses, and dependent children.

4. Contacting the Beneficiary. When an insured Marine dies, the CMC (MRPC) will examine the Marine's service record (SGLV 8286) to ascertain if the Marine has designated a beneficiary. If no designation was made, efforts will be taken by the CMC (MRPC) to determine the rightful beneficiary according to the order of precedence (see chapter 3). Beneficiaries will be contacted in the following manner:

a. The beneficiary of Marines who die on active duty, active duty for training and inactive duty training will be contacted by the assigned Casualty Assistance Calls Officer (CACO). The CACO will assist the beneficiary in the preparation of all necessary claim forms.

b. The beneficiary of Reserve Marines (not on active duty) and Marines who die within the 120-day period after retirement, release from active duty, or discharged will be contacted by the CMC (MRPC) upon receipt of proof of death.

### 5. Survivors Without Proof of Coverage

a. A beneficiary or survivor without proof of coverage should seek assistance from the CMC (MRPC) or the Veterans Administration (VA) in filing a death claim.

b. Upon contact, the CMC (MRPC) will take the necessary actions to:

(1) Obtain the Marine's service record.

(2) Verify coverage and provide to the OSGLI the required certification; and

(3) Provide the SGLV 8283 to the beneficiary in order to file a claim for the proceeds.

6. Claim Procedures. Upon death of the insured, the beneficiary must complete the appropriate claim form and provide all required documentation, as applicable.

a. SGLI

(1) In cases involving Marines in an active duty status, active duty for training, and inactive duty training, the assigned CACO will ensure the SGLV 8283 is completed by the beneficiary and faxed to the CMC (MRPC).

(2) In cases involving Reserve Marines not on active duty, the reporting unit may assist the beneficiary with completion of the SGLV 8283. The completed form may be mailed or faxed to the CMC (MRPC).

(3) In cases involving Marines who die within 120 days after separation, the beneficiary may mail or fax the completed SGLV 8283 and proof of death to the CMC (MRPC).

(4) In cases involving retired Marines who are totally disabled and die within the 2-year extended period of coverage, the beneficiary may mail or fax the completed SGLV 8283 and proof of death to the CMC (MRPC).

b. FSGLI

(1) The Marine, assisted by the reporting unit, must fax the completed SGLV 8283A and proof of death to the CMC (MRPC).

(2) If the Marine dies prior to payment of proceeds, the principle beneficiary designated on the Marine's SGLI policy (SGLV 8286) must submit the completed SGLV 8283A and proof of death of the insured to the CMC (MRPC).

c. VGLI. The completed SGLV 8283 and proof of death must be submitted directly to the OSGLI.

d. Upon receipt of claims and all required documentation, each claim will be examined for completeness. Upon certification by the CMC (MRPC), the claim and documentation will be faxed to the OSGLI.

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## 7. Payment of Proceeds

a. The beneficiary receiving proceeds in a lump-sum payment will receive the proceeds through the Prudential Alliance Account (PAA). The PAA is an interest bearing checking account. The beneficiary must write a check for any amount of \$250 or more. The amount of interest earned is at a competitive rate and is guaranteed.

b. If the proceeds are to be paid in installments, the first installment will be payable as of the date of death. The amount of the installment will be computed to include interest on the unpaid balance at the effective rate.

(1) If the beneficiary dies before the full 36 monthly installments have been paid, the remaining installments will be paid to the contingent beneficiary as the installments become due.

(2) If the contingent beneficiary dies before receiving all installments, or if there is not a contingent beneficiary and the principal beneficiary dies before receiving all the installments, the unpaid installments, less the interest which would have accrued, will be paid in lump sum to the estate of the beneficiary last receiving payment.

c. Payment of proceeds on behalf of a deceased spouse will be paid as outlined in paragraph 7, selected by the Marine. Payment of proceeds on behalf of a deceased child will be paid in lump sum only.

d. If the principal beneficiary, otherwise entitled to payment of the insurance proceeds, does not make a claim for the proceeds within 1-year following the date of death of the insured, or if payment to such person within that period is prohibited by Federal law or regulation, payment may be made to the contingent beneficiary or in the order of precedence, as if the person had predeceased the insured. Any such payment shall bar recovery by any other person.

e. If, within 2 years after the death of the insured, any person entitled has not made claim, and neither VA nor the OSGLI has received any notice that such a claim will be made, payment may be made to any claimant that may be equitably entitled to the proceeds. Any such payment shall bar recovery by any other person.

## 8. Beneficiary Financial Counseling Services (BFCS)

a. The beneficiary of SGLI, FSGLI, or VGLI proceeds is eligible to receive BFCS. The beneficiary will receive free, personalized, objective financial advice at no cost. BFCS does not include the selling of any products to the beneficiary, and counselors receive no commission for their services.

b. Upon request by the beneficiary, a financial counselor will



meet face-to-face with the beneficiary. The counselor will provide a detailed personalized financial plan and access to additional financial counseling for 1-year, as well as, additional financial counseling resources.

c. Upon the death of the insured, the CMC (MRPC) and the OSGLI will provide BFSC information to the beneficiary. Once the claim has been settled by the OSGLI, the beneficiary may arrange a meeting with a financial counselor.

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## Chapter 7

Counseling and Administrative Requirements1. General

a. Provisions of the Veterans' Benefits Improvements Act of 1996 (Public Law 104-275) requires that the Marine Corps provide general information regarding life insurance whenever a Marine makes an election not to be insured or to be insured in amounts less than the maximum, and at other times periodically.

b. Commanders and administrative personnel must adhere to all counseling and administrative requirements outlined in this chapter.

2. Required Counseling

a. Commanders or designated representatives will thoroughly counsel all Marines on the provisions of Servicemembers' Group Life Insurance (SGLI). Public Law 104-275 requires that Marines be counseled concerning insurance benefits, the rationale behind those benefits, and the general availability of commercial alternatives.

b. Commanders must ensure that Marines are advised of the option to convert SGLI to Veterans' Group Life Insurance (VGLI) (see chapter 8) and converting to an individual policy (see chapter 2); particularly in cases involving Marines who may not be able to purchase insurance due to health reasons after discharge or separation.

c. Required counseling should be conducted at the time initial SGLI coverage is elected, even if the maximum level of coverage is retained, and upon the occasion of any election to increase or decrease the level of SGLI coverage. Required counseling information is contained in figure 7-1.

d. Marines desiring to designate a person, other than an immediate family member (spouse, child, parents), as a beneficiary should be advised that the purpose of SGLI is to provide additional financial security to the family. If the Marine still desires the designation, make the below entry (typed or stamped) in any available space on the front of all copies of the SGLV 8286. The Marine must sign and date the entry.

"I have been counseled concerning my selection of the below named beneficiary."

---

(Marine's signature)

(Date)

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### 3. Administrative Requirements

a. Commanders maintaining service records will ensure each Marine reviews and updates the SGLV 8286 and SGLV 8286A, if applicable, as outlined below:

- (1) Upon joining the unit;
- (2) Upon review/update of the Record of Emergency Data (RED);
- (3) Upon reenlistment;
- (4) At the request of the Marine;
- (5) Upon request for Accelerated Benefits (see chapter 5);
- (6) Prior to deployment or permanent change of station; and
- (7) Prior to appellate leave or separation (retirement, release from active duty, or discharge).

b. Commanders will ensure designated representatives who counsel, witness, and sign any forms associated with SGLI or FSGLI are in the grade of Lance Corporal/E-3, GS-04 or above.

c. Commanders or designated representatives must sign and date, in the appropriate blocks, the properly completed SGLV 8284, SGLV 8284A, SGLV 8285, SGLV 8285A, SGLV 8286, and SGLV 8286A, when received. The date the form is received should be accurately recorded as it determines the reduction or cancellation of the insurance and serves as the basis for payroll deductions or authorizing collections in a reduced amount or none at all.

d. An approved SGLV 8285 or SGLV 8285A serves as the basis for payroll deductions or authorizing collections. If all medical questions are answered "NO", action should be initiated to withhold premium payments effective the date the form is received. If any of the medical questions are answered "YES", the forms must be sent to the Office of Servicemembers' Group Life Insurance (OSGLI) for review and approval. Both the Marine and commander will be advised of the acceptance or rejection of the application by the OSGLI. Premiums should not be deducted until a decision has been received from the OSGLI.

e. Distribute copies of the SGLV 8285, SGLV 8285A, SGLV 8286, and SGLV 8286A according to the instructions attached to each form. A "Member's Official Personnel File" refers to the Marine's OMPF. Do not send the completed form or copies to the Veterans Administration or the OSGLI, unless required.

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f. The use of "By Law" designations is prohibited as defined in reference (a).

4. Failure to Remit Premiums

a. Marines in the Selected Marine Corps Reserve (SMCR) required to make direct remittance of premiums shall be considered as having failed to meet their SGLI obligation when nine consecutive unexcused absences from scheduled drills occur.

b. Marines in the Individual Ready Reserve (IRR) required to make direct remittance of premiums shall be considered as failed to meet their SGLI obligations when the required remittance is 60 days past due. The following conditions apply:

(1) Current date is past the period of coverage associated with all premiums the IRR member has paid to date, whether through deduction of pay or direct remittance;

(2) The Marine was notified via NAVMC 11378, Notice of Servicemembers' Group Life Insurance Termination, at least 30 days in advance of the date on which additional premiums were due, the amount of payment required, the address to which payment should be sent, and that timely payment is necessary to ensure that SGLI coverage continues;

(3) The Marine failed to remit the required premiums as notified via NAVMC 11379, Final Notice of Termination of Servicemembers' Group Life Insurance, at least 30 days in advance of the date on which SGLI coverage would be terminated, the required premium had not been received and informed of the amount of payment required, the address to which payment should be sent, and that if payment in full has not been received by the 60th day (past the original due date), the coverage will be terminated absent acceptable justification; and

(4) The current date is more than 60 days past the original due date of the Marine's next premium payment and the member has not made the required payment in full.

5. Termination Procedures for Failure to Remit Premiums. When, in accordance with the provisions of paragraph 4, it has been determined that a Marine has failed to meet SGLI obligation, SGLI should be terminated as follows:

a. SMCR

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(1) Commanders will complete and send by certified mail (return receipt required) the NAVMC 11378 to the member's official mailing address. The date sent serves as the date of notification. The notice must clearly state that effective 60 days from the date of the notice, SGLI coverage will be terminated.

(2) If the Marine has not attended drills with pay or remitted premiums within 60 days of the notification, the commander will complete the NAVMC 11379 and send to the member's official mailing address (return receipt required), and terminate SGLI coverage per reference (e).

b. IRR

(1) The Commander, MOBCOM will complete and send by certified mail (return receipt required) the NAVMC 11378 to the Marine's official mailing address. The date sent serves as the date of notification. The notice must clearly state that effective 60 days from the date of the notice; SGLI coverage will be terminated.

(2) If the member does not make payment within 60 days of the notification with adequate justification, the Commander, MOBCOM will complete the NAVMC 11379, send to the Marine's official mailing address (return receipt required), and terminate SGLI coverage per reference (e).

6. Continuation After Failure to Remit Premiums. When a Marine has been notified of termination of SGLI coverage in accordance with paragraph 5, coverage may be subsequently continued within 60 days of the notification date if: the Marine makes payment in full for past due premiums; and provides written justification, to the satisfaction of the Commander, for the failure to remit premiums in a timely manner.

#### Minimum Counseling Information

1. Purpose and Role of Life Insurance. Life insurance can serve a number of purposes, but the principle role is to ease the financial burden imposed on survivors when a Marine dies before achieving the financial strength needed to cover the expenses associated with death, and any loss of income to those financially dependent on the Marine. Since death is an eventual certainty, many people plan to be self-insured by a certain age. This is achieved through a savings or investment program. Generally, persons with a family require more insurance during the period when the family is young. Extra money would be needed to meet childcare, education, and personal expenses for their dependent children. Thus, as children reach adulthood, future expenses begin to diminish while financial strength has

increased. As a result, less insurance may be needed or self-insured status may be achieved.

2. Term Insurance Versus Whole Life Insurance. There are several types of life insurance, but the two principle types are term and whole life. Term insurance covers a limited period of time while whole life covers an indefinite period, or the insured person's whole life.

a. Term Insurance. While term insurance may be renewable past the established period of coverage, premiums of the new period will likely be increased to cover the higher risk of death, as the insured person gets older. Thus, while young, premiums for term insurance are generally low, but can be expected to increase between ages 60 to 70. Many term policies stop at age 70 or thereabout. Because the life expectancy for Americans is in the range of 70 to 80 years of age, many people strive to be self-insured by that age and may stop the term policy and rely on investments and permanent income to meet the limited needs which remain. Both SGLI and VGLI are term life insurance policies.

b. Whole Life Insurance. Premiums for whole life insurance depend on the age at which the policy is purchased, but generally do not increase. However, the premiums are initially greater than term insurance premiums at the same age, but in later years, the premiums are less than term policies at that age. During the years when the higher premiums are being paid, the policy may carry a cash value based on the difference between the premium and the accrued risk. At some point, the cash value may grow large enough that no more premiums need to be charged in order to assure a given face value of the policy for life. If the insured takes this option, the policy is paid up for their whole life.

Figure 7-1.--Minimum Counseling Information

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3. SGLI AND VGLI. Another important benefit of SGLI insurance is the ability to convert to VGLI after leaving the military. VGLI can be taken in the amount of SGLI the Marine has at the time of separation or a lesser amount. It can be retained for life or converted to permanent commercial insurance with the extra costs underwritten by the SGLI program. Unless totally disabled, SGLI coverage will terminate at the end of the 120-day period following separation, but the SGLI level of coverage may be maintained through VGLI.

a. If totally disabled, a Marine should contact the OSGLI and provide medical evidence of disability to qualify for an extension of SGLI coverage for 2-years from the date of separation or the date the disability ends, whichever is earlier.

b. VGLI can be applied for up to 1 year following the 120-day period; evidence of good health will be required. The cost of VGLI increases with each new 5-year age group, becoming significantly expensive after age 65. Thus, VGLI is similar to most other term insurance policies. Very few may want to retain the coverage into old age, but those with a greater need, unable to cover the risk through other means, will be assured of VGLI eligibility.

4. Commercial Insurance. Almost any Marine on active duty or in the Ready Reserves should be qualified to buy a commercial life insurance policy at a reasonable cost. It depends on the company and type of policy desired. Many military associations provide a term type of insurance at a group rate. Because applicants are screened for health and high-risk practices like smoking, flying, and parachute jumping, premiums can be fairly competitive, while allowing for some profit. Some associations offer the insurance more as a benefit than as a money-making proposition, and this helps keep premiums down. However, SGLI premiums are the same for everyone, regardless of the risk factors and contain no clause for wartime deaths. Private policies may not pay in the event of a war casualty or if there is no war clause. The company may not have the financial resources to pay if war casualties are high. The SGLI receives DOD money to pay for any extra deaths resulting from wartime.

Figure 7-1.--Minimum Counseling Information (Continued)

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## Chapter 8

Veterans' Group Life Insurance (VGLI)1. General

a. VGLI is a program of post-separation insurance that provides for the conversion of Servicemembers' Group Life Insurance (SGLI) to 5-year renewable term coverage. VGLI provides up to a maximum of \$400,000 of insurance coverage.

b. Marines insured under the VGLI program, like SGLI, are insured under the provisions of a group life insurance policy purchased from a commercial life insurance company by the Veterans Administration (VA). The program is administered by the Office of Servicemembers' Group Life Insurance (OSGLI) and is supervised by the VA.

c. The group coverage does not contain any restrictions on or require any additional premium for military service. It provides for life insurance but not disability or other supplementary benefits. VGLI has no cash, loan, paid-up, or extended insurance values and does not pay dividends.

d. At the end of each term period, the Marine has the right to renew coverage for another 5-year period. A Marine may convert such insurance to an individual policy with any of the participating companies.

e. VGLI is issued in \$10,000 increments up to a maximum of \$400,000, but not for more than the amount of SGLI the Marine had in force at the time of separation. If a Marine declines VGLI or elects an amount less than the amount of SGLI held while on duty, the Marine may later apply for VGLI or increase coverage up to the amount of SGLI held, without evidence of good health, if application is made to the OSGLI within 120 days of release from duty.

f. Marines who separate from active duty, reenlist, and effect other changes in duty status, become eligible for both SGLI and VGLI coverage, and in some cases will become insured under both programs. A Marine can be insured under both programs at the same time, provided the coverage does not exceed \$400,000, the maximum allowed under the law. Listed below are situations when double coverage may occur and what the Marine must do to avoid it:



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(1) If a Marine currently insured under VGLI reenters on active duty or active duty for training, the Marine is automatically covered under SGLI. Members who desire to keep VGLI must decline SGLI coverage on the SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate.

(2) Marines insured under VGLI may stop payment of VGLI premiums and elect to be covered under SGLI. These Marines are entitled to reapply for VGLI upon release or separation, provided duty was performed under a call or order specifying a period of 31 days or longer. If the period of duty is less than 31 days, the Marine is not eligible to apply for a new VGLI period. However, the Marine may apply to have VGLI reinstated.

(3) Marines who have VGLI and elect to become insured under SGLI upon entering a new period of duty may convert any or all of their VGLI to a commercial policy within 60 days after becoming insured under the SGLI program. If a Marine dies within the 60 day period and before converting, VGLI will be payable in an amount which, when added to the SGLI, does not exceed the maximum coverage allowed under the law.

2. Persons Eligible for Coverage. Persons eligible to be insured under the VGLI program are:

(a) Marines insured under SGLI, released from active duty or active duty for training under a call or order to duty that does not specify a period of less than 31 days;

(b) Marines of the Ready Reserves insured under SGLI who are separated, retired, or released from assignment;

(c) Marines assigned to the Individual Ready Reserve (IRR) (must provide orders showing current assignment to the IRR) and members of the Public Health Service Inactive Reserve Corps; or

(d) Marines with part-time SGLI and who, while performing duty, suffer an injury or disability that renders them uninsurable at standard premium rates (this includes travel directly to and from duty).

NOTE: Marines who join the Ready Reserves after release from active duty are eligible to continue SGLI coverage for as long as they remain in the Ready Reserves.

3. Effective Date of Coverage

a. For Marines who have full-time SGLI coverage, the effective date of VGLI will be:

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(1) The 121st day after separation or release, provided the initial premium is mailed or otherwise delivered to the OSGLI on or before the 120th day after separation or release.

(2) The day following the end of the 2-year period, if the Marine is totally disabled on the date of separation, or the date total disability ends, whichever is earlier, but in no event will VGLI become effective prior to the 121st day after separation. An acceptable application and the initial premium must be received at the OSGLI prior to the end of the 2-year period following separation; or

(3) The date an acceptable application and premium is received at the OSGLI within 1 year following termination of SGLI.

b. For Marines who have part-time SGLI coverage and during such period of duty suffer a disability that renders the Marine uninsurable at standard premium rates, VGLI coverage will be effective the 121st day after such separation or release. The initial premium and proof of disability must be submitted before the 121st day after release or separation.

c. For Marines of the IRR, the effective date is the date an application and premium are received at the OSGLI. The application and premium must be received within 1 year and 120 days after entry into this status.

#### 4. Time Allowed to Apply for Coverage

a. Marines with Full-Time SGLI Coverage. The OSGLI will contact the Marine, usually within 45-60 days following release or separation from duty. The OSGLI will send the Marine a computer printed application, SGLV 8714, Application for Veterans' Group Life Insurance, showing the necessary service data with information about continuing group coverage under the VGLI program. Marines, who wish to purchase VGLI and do not receive a computer printed application, may obtain the SGLV 8714 from the VA, the OSGLI, or the VA website: <http://www.insurance.va.gov/>.

(1) Within 120 days after separation, Marines should submit the SGLV 8714 with the required premium to the OSGLI. If the non-computer printed application is used, a copy of the Marine's DD Form 214 or other proof of service must accompany the application.

(2) If the Marine does not submit the premium and application within 120 days, the Marine may be granted VGLI coverage provided the SGLV 8714, initial premiums, proof of service or assignment and proof of good health are submitted within 1 year after the Marine's SGLI

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coverage is terminated (i.e., 1 year after the end of the 120-day period).

(3) If the Marine is totally disabled on the date of separation from service, coverage under the SGLI group policy may continue without charge for 2 years after the separation date, or until the Marine ceases to be totally disabled, whichever is earliest. The Marine must apply to the OSGLI for an extension and may apply for VGLI during the 2-year period that SGLI remains in effect.

(4) If the totally disabled Marine does not apply for VGLI within the 2 years of the extended period, the coverage may be granted, provided the SGLV 8714, evidence of insurability, and the initial premium are submitted within 1 year after the Marine's SGLI coverage is terminated.

(5) Total disability is defined as any one of the following:

(a) Any impairment of mind or body, which continuously renders it impossible for the Marine to follow any substantially gainful occupation;

(b) The permanent loss or loss of use of both feet, both hands, both eyes, or one foot and one hand, or one hand and one eye;

(c) The total loss of hearing in both ears; or

(d) The organic loss of speech. Organic loss of speech means the physiological loss of the ability to express oneself (both voice and whisper) through the normal organs of speech. When such loss exists, the fact that some speech can be produced through the use of an artificial appliance will be disregarded.

b. Marines with Part-Time SGLI Coverage

(1) Marines with part-time coverage do not have the privilege of continuing group coverage under VGLI, unless SGLI is continued in force after the period of duty terminates as a result of disability incurred or aggravated during such duty.

(2) If a Marine believes he/she qualifies for VGLI coverage and such coverage is desired, the Marine should contact the OSGLI well before the end of the 120-day eligibility period. That office will furnish the necessary information on how to obtain VGLI coverage.

c. Marines of the IRR

(1) Marines of the IRR have 1 year and 120 days from the date they become members of the IRR to apply for VGLI.

(2) Marines applying within 120 days of becoming a member of the IRR should submit a completed SGLV 8714, the initial premium, and orders providing membership in the IRR to the OSGLI.

(3) If an application and initial premium are not submitted within 120 days of becoming a member of the IRR, VGLI may be granted provided a completed SGLV 8714, the initial premium, proof of membership, and evidence of insurability are submitted to the OSGLI within 1 year of the expiration of the 120-day period.

#### 5. Payment of Premiums

a. Premium payments for VGLI may be made directly to the OSGLI, by direct remittance, by allotment from military retirement pay or as a deduction from VA disability compensation benefits.

b. The first premium must be sent with the application to the OSGLI even if the Marine desires to pay by allotment or disability compensation benefits. Upon approval of the application, subsequent premiums will be due monthly commencing the month after the insurance becomes effective, or on the last day of the following month, if that month does not have a date corresponding to the effective date.

c. Marines may pay VGLI premiums in advance. Marines who pay premiums annually will receive a discount.

d. Upon approval of the application, the OSGLI will send each insured Marine a certificate of coverage. Marines who have elected to pay directly will receive monthly premium payment coupons. Figure 8-1 contains VGLI premium rates.

6. Application for Incompetent Marines. In the case of incompetent Marines, a guardian, committee, conservator, or curator may make application for VGLI. In the absence of a court-appointed representative, the Marine's spouse, mother, father, or an individual acting on the Marine's behalf may submit the application. In such event, the individual should state on the VGLI application the circumstances under which the application is submitted.

7. Accelerated Benefits Option (ABO). An ABO is available to all terminally ill Marines insured under the VGLI program. The rules regarding the program are the same for both the SGLI and VGLI programs. See chapter 5 for additional information.

#### 8. Beneficiaries and Election of Method of Payment

a. The rules regarding beneficiary designation, methods of payment of insurance proceeds, and BFCS for VGLI are the same as those

for Marines insured under SGLI. See chapter 3 for additional information.

b. When SGLI is converted to VGLI following separation from service, a new beneficiary designation should be made. If the designation is made during a period of time when SGLI is still in effect, the Marine may elect to have the VGLI beneficiary designation become effective immediately or change the SGLI designation. If this election is not made, the VGLI designation will be effective on the first day of VGLI coverage.

(1) Any designation of beneficiary for SGLI filed with the Marine Corps, until changed, will be considered a designation of beneficiary for VGLI, but not for more than 60 days after the effective date of the Marine's VGLI, unless at the end of the 60-day period the insured Marine is incompetent. If the insured Marine is incompetent, such designation may continue in force until the disability is removed, but not for more than 5 years after the effective date of the Marine's VGLI.

(2) To designate a beneficiary for an incompetent Marine, the individual completing the application must submit guardianship papers that authorize the individual to designate beneficiaries on insurance policies. The document must be current and in force.

(3) If the Marine did not designate a beneficiary for VGLI and death occurs more than 60 days after the VGLI coverage is effective, the proceeds will be paid under the order of precedence in the law (see paragraph 5).

#### 9. Conversion to an Individual Policy

a. If SGLI is converted to VGLI, the VGLI coverage may also be converted to a commercial policy with a participating company at any time after the effective date of VGLI, as long as the VGLI premiums are paid up to date of the conversion.

b. Upon request, the OSGLI will provide information on converting VGLI coverage to an individual policy of life insurance with a list of participating companies.

c. The individual policy will be issued at the standard premium rate regardless of health. The policy can be written on any permanent plan offered by the company. The policy cannot be issued for an amount greater than the amount of VGLI and does not provide disability or other supplemental benefits.

d. In the case of an incompetent Marine, a guardian, committee, conservator, or curator may submit the application. In the absence of

such a court-appointed representative, the Marine's spouse, mother, father, or anyone acting on the Marine's behalf may submit the application. In such event, the individual should state on the application the circumstances under which the application is submitted. The proceeds of the converted policy may be payable only to the Marine's spouse, children, mother, father, or other person with insurable interest.

10. Death Claims. All death claims must be submitted directly to the OSGLI. See chapter 6.

11. Lapse and Reinstatement

a. VGLI coverage will lapse unless the premiums are paid when due or within the 60-day grace period.

b. If VGLI lapses for failure to pay timely premiums, the insured Marine will receive notification of the lapse and a reinstatement application form. Reinstatement applications should be submitted to the OSGLI.

(1) The Marine may apply for reinstatement at any time within 5 years of the date of the unpaid premium.

(2) If the application is submitted within 6 months after the date of lapse, the Marine need only provide evidence that his/her health is the same as on the date of reinstatement as he/she was on the date of lapse. If the application is submitted more than 6 months after the date of lapse, the Marine must provide proof of good health.

12. Renewal

a. An insured Marine with VGLI in force at the end of the 5-year coverage period has the privilege of renewing coverage for an additional 5-year period. If coverage has lapsed for non-payment of premiums, coverage must be reinstated, in accordance with paragraph 11, before renewal will be considered.

b. Prior to the expiration of the current 5-year period, the OSGLI will send the Marine a renewal form. The premium rate for the new period will be based on the Marine's age at the time of renewal and the premium rate in effect.

c. The maximum coverage that may be renewed is limited to the amount of VGLI in force at the end of the current period. If the amount had been previously reduced, the Marine may, within 5 years of the reduction, reinstate the reduced amount of insurance and continue this coverage for the renewal period. The 5-year period for reinstatement applies even if it runs into a new term period. For

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For example, if a Marine reduced coverage at the beginning of the third year of a term period, the Marine may reinstate the reduced amount during the first 2 years of the next term period. Medical evidence of good health may be required for reinstatement.

d. Marines insured under VGLI who are members of the IRR may renew VGLI as long as coverage is in force.



**VGLI Premium Rate Table**  
(For policies with effective/renewal dates of 1 Oct 2002 or later)

	0-29				30-34				35-39			
COVERAGE	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
\$400,000	\$32.00	\$93.60	\$184.80	\$364.80	\$44.00	\$128.70	\$254.10	\$501.60	\$56.00	\$163.80	\$323.40	\$638.40
390,000	\$31.20	\$91.26	\$180.18	\$355.68	\$42.90	\$125.48	\$247.75	\$489.06	\$54.60	\$159.71	\$315.32	\$622.44
380,000	\$30.40	\$88.92	\$175.56	\$346.56	\$41.80	\$122.27	\$241.40	\$476.52	\$53.20	\$155.61	\$307.23	\$606.48
370,000	\$29.60	\$86.58	\$170.94	\$337.44	\$40.70	\$119.05	\$235.04	\$463.98	\$51.80	\$151.52	\$299.15	\$590.52
360,000	\$28.80	\$84.24	\$166.32	\$328.32	\$39.60	\$115.83	\$228.69	\$451.44	\$50.40	\$147.42	\$291.06	\$574.56
350,000	\$28.00	\$81.90	\$161.70	\$319.20	\$38.50	\$112.61	\$222.34	\$438.90	\$49.00	\$143.33	\$282.98	\$558.60
340,000	\$27.20	\$79.56	\$157.08	\$310.08	\$37.40	\$109.40	\$215.99	\$426.36	\$47.60	\$139.23	\$274.89	\$542.64
330,000	\$26.40	\$77.22	\$152.46	\$300.96	\$36.30	\$106.18	\$209.63	\$413.82	\$46.20	\$135.14	\$266.81	\$526.68
320,000	\$25.60	\$74.88	\$147.84	\$291.84	\$35.20	\$102.96	\$203.28	\$401.28	\$44.80	\$131.04	\$258.72	\$510.72
310,000	\$24.80	\$72.54	\$143.22	\$282.72	\$34.10	\$99.74	\$196.93	\$388.74	\$43.40	\$126.95	\$250.64	\$494.76
300,000	\$24.00	\$70.20	\$138.60	\$273.60	\$33.00	\$96.53	\$190.58	\$376.20	\$42.00	\$122.85	\$242.55	\$478.80
290,000	\$23.20	\$67.86	\$133.98	\$264.48	\$31.90	\$93.31	\$184.22	\$363.66	\$40.60	\$118.76	\$234.47	\$462.84
280,000	\$22.40	\$65.52	\$129.36	\$255.36	\$30.80	\$90.09	\$177.87	\$351.12	\$39.20	\$114.66	\$226.38	\$446.88
270,000	\$21.60	\$63.18	\$124.74	\$246.24	\$29.70	\$86.87	\$171.52	\$338.58	\$37.80	\$110.57	\$218.30	\$430.92
260,000	\$20.80	\$60.84	\$120.12	\$237.12	\$28.60	\$83.66	\$165.17	\$326.04	\$36.40	\$106.47	\$210.21	\$414.96
250,000	\$20.00	\$58.50	\$115.50	\$228.00	\$27.50	\$80.44	\$158.81	\$313.50	\$35.00	\$102.38	\$202.13	\$399.00
240,000	\$19.20	\$56.16	\$110.88	\$218.88	\$26.40	\$77.22	\$152.46	\$300.96	\$33.60	\$98.28	\$194.04	\$383.04
230,000	\$18.40	\$53.82	\$106.26	\$209.76	\$25.30	\$74.00	\$146.11	\$288.42	\$32.20	\$94.19	\$185.96	\$367.08
220,000	\$17.60	\$51.48	\$101.64	\$200.64	\$24.20	\$70.79	\$139.76	\$275.88	\$30.80	\$90.09	\$177.87	\$351.12
210,000	\$16.80	\$49.14	\$97.02	\$191.52	\$23.10	\$67.57	\$133.40	\$263.34	\$29.40	\$86.00	\$169.79	\$335.16
200,000	\$16.00	\$46.80	\$92.40	\$182.40	\$22.00	\$64.35	\$127.05	\$250.80	\$28.00	\$81.90	\$161.70	\$319.20
190,000	\$15.20	\$44.46	\$87.78	\$173.28	\$20.90	\$61.13	\$120.70	\$238.26	\$26.60	\$77.81	\$153.62	\$303.24
180,000	\$14.40	\$42.12	\$83.16	\$164.16	\$19.80	\$57.92	\$114.35	\$225.72	\$25.20	\$73.71	\$145.53	\$287.28
170,000	\$13.60	\$39.78	\$78.54	\$155.04	\$18.70	\$54.70	\$107.99	\$213.18	\$23.80	\$69.62	\$137.45	\$271.32
160,000	\$12.80	\$37.44	\$73.92	\$145.92	\$17.60	\$51.48	\$101.64	\$200.64	\$22.40	\$65.52	\$129.36	\$255.36
150,000	\$12.00	\$35.10	\$69.30	\$136.80	\$16.50	\$48.26	\$95.29	\$188.10	\$21.00	\$61.43	\$121.28	\$239.40
140,000	\$11.20	\$32.76	\$64.68	\$127.68	\$15.40	\$45.05	\$88.94	\$175.56	\$19.60	\$57.33	\$113.19	\$223.44
130,000	\$10.40	\$30.42	\$60.06	\$118.56	\$14.30	\$41.83	\$82.58	\$163.02	\$18.20	\$53.24	\$105.11	\$207.48
120,000	\$9.60	\$28.08	\$55.44	\$109.44	\$13.20	\$38.61	\$76.23	\$150.48	\$16.80	\$49.14	\$97.02	\$191.52
110,000	\$8.80	\$25.74	\$50.82	\$100.32	\$12.10	\$35.39	\$69.88	\$137.94	\$15.40	\$45.05	\$88.94	\$175.56
100,000	\$8.00	\$23.40	\$46.20	\$91.20	\$11.00	\$32.18	\$63.53	\$125.40	\$14.00	\$40.95	\$80.85	\$159.60
90,000	\$7.20	\$21.06	\$41.58	\$82.08	\$9.90	\$28.96	\$57.17	\$112.86	\$12.60	\$36.86	\$72.77	\$143.64
80,000	\$6.40	\$18.72	\$36.96	\$72.96	\$8.80	\$25.74	\$50.82	\$100.32	\$11.20	\$32.76	\$64.68	\$127.68
70,000	\$5.60	\$16.38	\$32.34	\$63.84	\$7.70	\$22.52	\$44.47	\$87.78	\$9.80	\$28.67	\$56.60	\$111.72
60,000	\$4.80	\$14.04	\$27.72	\$54.72	\$6.60	\$19.31	\$38.12	\$75.24	\$8.40	\$24.57	\$48.51	\$95.76
50,000	\$4.00	\$11.70	\$23.10	\$45.60	\$5.50	\$16.09	\$31.76	\$62.70	\$7.00	\$20.48	\$40.43	\$79.80
40,000	\$3.20	\$9.36	\$18.48	\$36.48	\$4.40	\$12.87	\$25.41	\$50.16	\$5.60	\$16.38	\$32.34	\$63.84
30,000	\$2.40	\$7.02	\$13.86	\$27.36	\$3.30	\$9.65	\$19.06	\$37.62	\$4.20	\$12.29	\$24.26	\$47.88
20,000	\$1.60	\$4.68	\$9.24	\$18.24	\$2.20	\$6.44	\$12.71	\$25.08	\$2.80	\$8.19	\$16.17	\$31.92
10,000	\$0.80	\$2.34	\$4.62	\$9.12	\$1.10	\$3.22	\$6.35	\$12.54	\$1.40	\$4.10	\$8.09	\$15.96

Figure 8-1.--VGLI Premium Rate Table



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	40-44				45-49				50-54			
	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
\$400,000	\$76.00	\$222.30	\$438.90	\$866.40	\$100.00	\$292.50	\$577.50	\$1,140.00	\$160.00	\$468.00	\$924.00	\$1,824.00
390,000	\$74.10	\$216.74	\$427.93	\$844.74	\$97.50	\$285.19	\$563.06	\$1,111.50	\$156.00	\$456.30	\$900.90	\$1,778.40
380,000	\$72.20	\$211.19	\$416.96	\$823.08	\$95.00	\$277.88	\$548.63	\$1,083.00	\$152.00	\$444.60	\$877.80	\$1,732.80
370,000	\$70.30	\$205.63	\$405.98	\$801.42	\$92.50	\$270.56	\$534.19	\$1,054.50	\$148.00	\$432.90	\$854.70	\$1,687.20
360,000	\$68.40	\$200.07	\$395.01	\$779.76	\$90.00	\$263.25	\$519.75	\$1,026.00	\$144.00	\$421.20	\$831.60	\$1,641.60
350,000	\$66.50	\$194.51	\$384.04	\$758.10	\$87.50	\$255.94	\$505.31	\$997.50	\$140.00	\$409.50	\$808.50	\$1,596.00
340,000	\$64.60	\$188.96	\$373.07	\$736.44	\$85.00	\$248.63	\$490.88	\$969.00	\$136.00	\$397.80	\$785.40	\$1,550.40
330,000	\$62.70	\$183.40	\$362.09	\$714.78	\$82.50	\$241.31	\$476.44	\$940.50	\$132.00	\$386.10	\$762.30	\$1,504.80
320,000	\$60.80	\$177.84	\$351.12	\$693.12	\$80.00	\$234.00	\$462.00	\$912.00	\$128.00	\$374.40	\$739.20	\$1,459.20
310,000	\$58.90	\$172.28	\$340.15	\$671.46	\$77.50	\$226.69	\$447.56	\$883.50	\$124.00	\$362.70	\$716.10	\$1,413.60
300,000	\$57.00	\$166.73	\$329.18	\$649.80	\$75.00	\$219.38	\$433.13	\$855.00	\$120.00	\$351.00	\$693.00	\$1,368.00
290,000	\$55.10	\$161.17	\$318.20	\$628.14	\$72.50	\$212.06	\$418.69	\$826.50	\$116.00	\$339.30	\$669.90	\$1,322.40
280,000	\$53.20	\$155.61	\$307.23	\$606.48	\$70.00	\$204.75	\$404.25	\$798.00	\$112.00	\$327.60	\$646.80	\$1,276.80
270,000	\$51.30	\$150.05	\$296.26	\$584.82	\$67.50	\$197.44	\$389.81	\$769.50	\$108.00	\$315.90	\$623.70	\$1,231.20
260,000	\$49.40	\$144.50	\$285.29	\$563.16	\$65.00	\$190.13	\$375.38	\$741.00	\$104.00	\$304.20	\$600.60	\$1,185.60
250,000	\$47.50	\$138.94	\$274.31	\$541.50	\$62.50	\$182.81	\$360.94	\$712.50	\$100.00	\$292.50	\$577.50	\$1,140.00
240,000	\$45.60	\$133.38	\$263.34	\$519.84	\$60.00	\$175.50	\$346.50	\$684.00	\$96.00	\$280.80	\$554.40	\$1,094.40
230,000	\$43.70	\$127.82	\$252.37	\$498.18	\$57.50	\$168.19	\$332.06	\$655.50	\$92.00	\$269.10	\$531.30	\$1,048.80
220,000	\$41.80	\$122.27	\$241.40	\$476.52	\$55.00	\$160.88	\$317.63	\$627.00	\$88.00	\$257.40	\$508.20	\$1,003.20
210,000	\$39.90	\$116.71	\$230.42	\$454.86	\$52.50	\$153.56	\$303.19	\$598.50	\$84.00	\$245.70	\$485.10	\$957.60
200,000	\$38.00	\$111.15	\$219.45	\$433.20	\$50.00	\$146.25	\$288.75	\$570.00	\$80.00	\$234.00	\$462.00	\$912.00
190,000	\$36.10	\$105.59	\$208.48	\$411.54	\$47.50	\$138.94	\$274.31	\$541.50	\$76.00	\$222.30	\$438.90	\$866.40
180,000	\$34.20	\$100.04	\$197.51	\$389.88	\$45.00	\$131.63	\$259.88	\$513.00	\$72.00	\$210.60	\$415.80	\$820.80
170,000	\$32.30	\$94.48	\$186.53	\$368.22	\$42.50	\$124.31	\$245.44	\$484.50	\$68.00	\$198.90	\$392.70	\$775.20
160,000	\$30.40	\$88.92	\$175.56	\$346.56	\$40.00	\$117.00	\$231.00	\$456.00	\$64.00	\$187.20	\$369.60	\$729.60
150,000	\$28.50	\$83.36	\$164.59	\$324.90	\$37.50	\$109.69	\$216.56	\$427.50	\$60.00	\$175.50	\$346.50	\$684.00
140,000	\$26.60	\$77.81	\$153.62	\$303.24	\$35.00	\$102.38	\$202.13	\$399.00	\$56.00	\$163.80	\$323.40	\$638.40
130,000	\$24.70	\$72.25	\$142.64	\$281.58	\$32.50	\$95.06	\$187.69	\$370.50	\$52.00	\$152.10	\$300.30	\$592.80
120,000	\$22.80	\$66.69	\$131.67	\$259.92	\$30.00	\$87.75	\$173.25	\$342.00	\$48.00	\$140.40	\$277.20	\$547.20
110,000	\$20.90	\$61.13	\$120.70	\$238.26	\$27.50	\$80.44	\$158.81	\$313.50	\$44.00	\$128.70	\$254.10	\$501.60
100,000	\$19.00	\$55.58	\$109.73	\$216.60	\$25.00	\$73.13	\$144.38	\$285.00	\$40.00	\$117.00	\$231.00	\$456.00
90,000	\$17.10	\$50.02	\$98.75	\$194.94	\$22.50	\$65.81	\$129.94	\$256.50	\$36.00	\$105.30	\$207.90	\$410.40
80,000	\$15.20	\$44.46	\$87.78	\$173.28	\$20.00	\$58.50	\$115.50	\$228.00	\$32.00	\$93.60	\$184.80	\$364.80
70,000	\$13.30	\$38.90	\$76.81	\$151.62	\$17.50	\$51.19	\$101.06	\$199.50	\$28.00	\$81.90	\$161.70	\$319.20
60,000	\$11.40	\$33.35	\$65.84	\$129.96	\$15.00	\$43.88	\$86.63	\$171.00	\$24.00	\$70.20	\$138.60	\$273.60
50,000	\$9.50	\$27.79	\$54.86	\$108.30	\$12.50	\$36.56	\$72.19	\$142.50	\$20.00	\$58.50	\$115.50	\$228.00
40,000	\$7.60	\$22.23	\$43.89	\$86.64	\$10.00	\$29.25	\$57.75	\$114.00	\$16.00	\$46.80	\$92.40	\$182.40
30,000	\$5.70	\$16.67	\$32.92	\$64.98	\$7.50	\$21.94	\$43.31	\$85.50	\$12.00	\$35.10	\$69.30	\$136.80
20,000	\$3.80	\$11.12	\$21.95	\$43.32	\$5.00	\$14.63	\$28.88	\$57.00	\$8.00	\$23.40	\$46.20	\$91.20
10,000	\$1.90	\$5.56	\$10.97	\$21.66	\$2.50	\$7.31	\$14.44	\$28.50	\$4.00	\$11.70	\$23.10	\$45.60

Figure 8-1.--VGLI Premium Rate Table (Continued)



	55-59				60-64				65-69			
	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
\$400,000	\$280.00	\$819.00	\$1,617.00	\$3,192.00	\$450.00	\$1,316.25	\$2,598.75	\$5,130.00	\$600.00	\$1,755.00	\$3,465.00	\$6,840.00
390,000	\$273.00	\$798.53	\$1,576.58	\$3,112.20	\$438.75	\$1,283.34	\$2,533.78	\$5,001.75	\$585.00	\$1,711.13	\$3,378.38	\$6,669.00
380,000	\$266.00	\$778.05	\$1,536.15	\$3,032.40	\$427.50	\$1,250.44	\$2,468.81	\$4,873.50	\$570.00	\$1,667.25	\$3,291.75	\$6,498.00
370,000	\$259.00	\$757.58	\$1,495.73	\$2,952.60	\$416.25	\$1,217.53	\$2,403.84	\$4,745.25	\$555.00	\$1,623.38	\$3,205.13	\$6,327.00
360,000	\$252.00	\$737.10	\$1,455.30	\$2,872.80	\$405.00	\$1,184.63	\$2,338.88	\$4,617.00	\$540.00	\$1,579.50	\$3,118.50	\$6,156.00
350,000	\$245.00	\$716.63	\$1,414.88	\$2,793.00	\$393.75	\$1,151.72	\$2,273.91	\$4,488.75	\$525.00	\$1,535.63	\$3,031.88	\$5,985.00
340,000	\$238.00	\$696.15	\$1,374.45	\$2,713.20	\$382.50	\$1,118.81	\$2,208.94	\$4,360.50	\$510.00	\$1,491.75	\$2,945.25	\$5,814.00
330,000	\$231.00	\$675.68	\$1,334.03	\$2,633.40	\$371.25	\$1,085.91	\$2,143.97	\$4,232.25	\$495.00	\$1,447.88	\$2,858.63	\$5,643.00
320,000	\$224.00	\$655.20	\$1,293.60	\$2,553.60	\$360.00	\$1,053.00	\$2,079.00	\$4,104.00	\$480.00	\$1,404.00	\$2,772.00	\$5,472.00
310,000	\$217.00	\$634.73	\$1,253.18	\$2,473.80	\$348.75	\$1,020.09	\$2,014.03	\$3,975.75	\$465.00	\$1,360.13	\$2,685.38	\$5,301.00
300,000	\$210.00	\$614.25	\$1,212.75	\$2,394.00	\$337.50	\$987.19	\$1,949.06	\$3,847.50	\$450.00	\$1,316.25	\$2,598.75	\$5,130.00
290,000	\$203.00	\$593.78	\$1,172.33	\$2,314.20	\$326.25	\$954.28	\$1,884.09	\$3,719.25	\$435.00	\$1,272.38	\$2,512.13	\$4,959.00
280,000	\$196.00	\$573.30	\$1,131.90	\$2,234.40	\$315.00	\$921.38	\$1,819.13	\$3,591.00	\$420.00	\$1,228.50	\$2,425.50	\$4,788.00
270,000	\$189.00	\$552.83	\$1,091.48	\$2,154.60	\$303.75	\$888.47	\$1,754.16	\$3,462.75	\$405.00	\$1,184.63	\$2,338.88	\$4,617.00
260,000	\$182.00	\$532.35	\$1,051.05	\$2,074.80	\$292.50	\$855.56	\$1,689.19	\$3,334.50	\$390.00	\$1,140.75	\$2,252.25	\$4,446.00
250,000	\$175.00	\$511.88	\$1,010.63	\$1,995.00	\$281.25	\$822.66	\$1,624.22	\$3,206.25	\$375.00	\$1,096.88	\$2,165.63	\$4,275.00
240,000	\$168.00	\$491.40	\$970.20	\$1,915.20	\$270.00	\$789.75	\$1,559.25	\$3,078.00	\$360.00	\$1,053.00	\$2,079.00	\$4,104.00
230,000	\$161.00	\$470.93	\$929.78	\$1,835.40	\$258.75	\$756.84	\$1,494.28	\$2,949.75	\$345.00	\$1,009.13	\$1,992.38	\$3,933.00
220,000	\$154.00	\$450.45	\$889.35	\$1,755.60	\$247.50	\$723.94	\$1,429.31	\$2,821.50	\$330.00	\$965.25	\$1,905.75	\$3,762.00
210,000	\$147.00	\$429.98	\$848.93	\$1,675.80	\$236.25	\$691.03	\$1,364.34	\$2,693.25	\$315.00	\$921.38	\$1,819.13	\$3,591.00
200,000	\$140.00	\$409.50	\$808.50	\$1,596.00	\$225.00	\$658.13	\$1,299.38	\$2,565.00	\$300.00	\$877.50	\$1,732.50	\$3,420.00
190,000	\$133.00	\$389.03	\$768.08	\$1,516.20	\$213.75	\$625.22	\$1,234.41	\$2,436.75	\$285.00	\$833.63	\$1,645.88	\$3,249.00
180,000	\$126.00	\$368.55	\$727.65	\$1,436.40	\$202.50	\$592.31	\$1,169.44	\$2,308.50	\$270.00	\$789.75	\$1,559.25	\$3,078.00
170,000	\$119.00	\$348.08	\$687.23	\$1,356.60	\$191.25	\$559.41	\$1,104.47	\$2,180.25	\$255.00	\$745.88	\$1,472.63	\$2,907.00
160,000	\$112.00	\$327.60	\$646.80	\$1,276.80	\$180.00	\$526.50	\$1,039.50	\$2,052.00	\$240.00	\$702.00	\$1,386.00	\$2,736.00
150,000	\$105.00	\$307.13	\$606.38	\$1,197.00	\$168.75	\$493.59	\$974.53	\$1,923.75	\$225.00	\$658.13	\$1,299.38	\$2,565.00
140,000	\$98.00	\$286.65	\$565.95	\$1,117.20	\$157.50	\$460.69	\$909.56	\$1,795.50	\$210.00	\$614.25	\$1,212.75	\$2,394.00
130,000	\$91.00	\$266.18	\$525.53	\$1,037.40	\$146.25	\$427.78	\$844.59	\$1,667.25	\$195.00	\$570.38	\$1,126.13	\$2,223.00
120,000	\$84.00	\$245.70	\$485.10	\$957.60	\$135.00	\$394.88	\$779.63	\$1,539.00	\$180.00	\$526.50	\$1,039.50	\$2,052.00
110,000	\$77.00	\$225.23	\$444.68	\$877.80	\$123.75	\$361.97	\$714.66	\$1,410.75	\$165.00	\$482.63	\$952.88	\$1,881.00
100,000	\$70.00	\$204.75	\$404.25	\$798.00	\$112.50	\$329.06	\$649.69	\$1,282.50	\$150.00	\$438.75	\$866.25	\$1,710.00
90,000	\$63.00	\$184.28	\$363.83	\$718.20	\$101.25	\$296.16	\$584.72	\$1,154.25	\$135.00	\$394.88	\$779.63	\$1,539.00
80,000	\$56.00	\$163.80	\$323.40	\$638.40	\$90.00	\$263.25	\$519.75	\$1,026.00	\$120.00	\$351.00	\$693.00	\$1,368.00
70,000	\$49.00	\$143.33	\$282.98	\$558.60	\$78.75	\$230.34	\$454.78	\$897.75	\$105.00	\$307.13	\$606.38	\$1,197.00
60,000	\$42.00	\$122.85	\$242.55	\$478.80	\$67.50	\$197.44	\$389.81	\$769.50	\$90.00	\$263.25	\$519.75	\$1,026.00
50,000	\$35.00	\$102.38	\$202.13	\$399.00	\$56.25	\$164.53	\$324.84	\$641.25	\$75.00	\$219.38	\$433.13	\$855.00
40,000	\$28.00	\$81.90	\$161.70	\$319.20	\$45.00	\$131.63	\$259.88	\$513.00	\$60.00	\$175.50	\$346.50	\$684.00
30,000	\$21.00	\$61.43	\$121.28	\$239.40	\$33.75	\$98.72	\$194.91	\$384.75	\$45.00	\$131.63	\$259.88	\$513.00
20,000	\$14.00	\$40.95	\$80.85	\$159.60	\$22.50	\$65.81	\$129.94	\$256.50	\$30.00	\$87.75	\$173.25	\$342.00
10,000	\$7.00	\$20.48	\$40.43	\$79.80	\$11.25	\$32.91	\$64.97	\$128.25	\$15.00	\$43.88	\$86.63	\$171.00

Figure 8-1.--VGLI Premium Rate Table (Continued)



	70-74				75+			
	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
\$400,000	\$900.00	\$2,632.50	\$5,197.50	\$10,260.00	\$1,800.00	\$5,265.00	\$10,395.00	\$20,520.00
390,000	\$877.50	\$2,566.69	\$5,067.56	\$10,003.50	\$1,755.00	\$5,133.38	\$10,135.13	\$20,007.00
380,000	\$855.00	\$2,500.88	\$4,937.63	\$9,747.00	\$1,710.00	\$5,001.75	\$9,875.25	\$19,494.00
370,000	\$832.50	\$2,435.06	\$4,807.69	\$9,490.50	\$1,665.00	\$4,870.13	\$9,615.38	\$18,981.00
360,000	\$810.00	\$2,369.25	\$4,677.75	\$9,234.00	\$1,620.00	\$4,738.50	\$9,355.50	\$18,468.00
350,000	\$787.50	\$2,303.44	\$4,547.81	\$8,977.50	\$1,575.00	\$4,606.88	\$9,095.63	\$17,955.00
340,000	\$765.00	\$2,237.63	\$4,417.88	\$8,721.00	\$1,530.00	\$4,475.25	\$8,835.75	\$17,442.00
330,000	\$742.50	\$2,171.81	\$4,287.94	\$8,464.50	\$1,485.00	\$4,343.63	\$8,575.88	\$16,929.00
320,000	\$720.00	\$2,106.00	\$4,158.00	\$8,208.00	\$1,440.00	\$4,212.00	\$8,316.00	\$16,416.00
310,000	\$697.50	\$2,040.19	\$4,028.06	\$7,951.50	\$1,395.00	\$4,080.38	\$8,056.13	\$15,903.00
300,000	\$675.00	\$1,974.38	\$3,898.13	\$7,695.00	\$1,350.00	\$3,948.75	\$7,796.25	\$15,390.00
290,000	\$652.50	\$1,908.56	\$3,768.19	\$7,438.50	\$1,305.00	\$3,817.13	\$7,536.38	\$14,877.00
280,000	\$630.00	\$1,842.75	\$3,638.25	\$7,182.00	\$1,260.00	\$3,685.50	\$7,276.50	\$14,364.00
270,000	\$607.50	\$1,776.94	\$3,508.31	\$6,925.50	\$1,215.00	\$3,553.88	\$7,016.63	\$13,851.00
260,000	\$585.00	\$1,711.13	\$3,378.38	\$6,669.00	\$1,170.00	\$3,422.25	\$6,756.75	\$13,338.00
250,000	\$562.50	\$1,645.31	\$3,248.44	\$6,412.50	\$1,125.00	\$3,290.63	\$6,496.88	\$12,825.00
240,000	\$540.00	\$1,579.50	\$3,118.50	\$6,156.00	\$1,080.00	\$3,159.00	\$6,237.00	\$12,312.00
230,000	\$517.50	\$1,513.69	\$2,988.56	\$5,899.50	\$1,035.00	\$3,027.38	\$5,977.13	\$11,799.00
220,000	\$495.00	\$1,447.88	\$2,858.63	\$5,643.00	\$990.00	\$2,895.75	\$5,717.25	\$11,286.00
210,000	\$472.50	\$1,382.06	\$2,728.69	\$5,386.50	\$945.00	\$2,764.13	\$5,457.38	\$10,773.00
200,000	\$450.00	\$1,316.25	\$2,598.75	\$5,130.00	\$900.00	\$2,632.50	\$5,197.50	\$10,260.00
190,000	\$427.50	\$1,250.44	\$2,468.81	\$4,873.50	\$855.00	\$2,500.88	\$4,937.63	\$9,747.00
180,000	\$405.00	\$1,184.63	\$2,338.88	\$4,617.00	\$810.00	\$2,369.25	\$4,677.75	\$9,234.00
170,000	\$382.50	\$1,118.81	\$2,208.94	\$4,360.50	\$765.00	\$2,237.63	\$4,417.88	\$8,721.00
160,000	\$360.00	\$1,053.00	\$2,079.00	\$4,104.00	\$720.00	\$2,106.00	\$4,158.00	\$8,208.00
150,000	\$337.50	\$987.19	\$1,949.06	\$3,847.50	\$675.00	\$1,974.38	\$3,898.13	\$7,695.00
140,000	\$315.00	\$921.38	\$1,819.13	\$3,591.00	\$630.00	\$1,842.75	\$3,638.25	\$7,182.00
130,000	\$292.50	\$855.56	\$1,689.19	\$3,334.50	\$585.00	\$1,711.13	\$3,378.38	\$6,669.00
120,000	\$270.00	\$789.75	\$1,559.25	\$3,078.00	\$540.00	\$1,579.50	\$3,118.50	\$6,156.00
110,000	\$247.50	\$723.94	\$1,429.31	\$2,821.50	\$495.00	\$1,447.88	\$2,858.63	\$5,643.00
100,000	\$225.00	\$658.13	\$1,299.38	\$2,565.00	\$450.00	\$1,316.25	\$2,598.75	\$5,130.00
90,000	\$202.50	\$592.31	\$1,169.44	\$2,308.50	\$405.00	\$1,184.63	\$2,338.88	\$4,617.00
80,000	\$180.00	\$526.50	\$1,039.50	\$2,052.00	\$360.00	\$1,053.00	\$2,079.00	\$4,104.00
70,000	\$157.50	\$460.69	\$909.56	\$1,795.50	\$315.00	\$921.38	\$1,819.13	\$3,591.00
60,000	\$135.00	\$394.88	\$779.63	\$1,539.00	\$270.00	\$789.75	\$1,559.25	\$3,078.00
50,000	\$112.50	\$329.06	\$649.69	\$1,282.50	\$225.00	\$658.13	\$1,299.38	\$2,565.00
40,000	\$90.00	\$263.25	\$519.75	\$1,026.00	\$180.00	\$526.50	\$1,039.50	\$2,052.00
30,000	\$67.50	\$197.44	\$389.81	\$769.50	\$135.00	\$394.88	\$779.63	\$1,539.00
20,000	\$45.00	\$131.63	\$259.88	\$513.00	\$90.00	\$263.25	\$519.75	\$1,026.00
10,000	\$22.50	\$65.81	\$129.94	\$256.50	\$45.00	\$131.63	\$259.88	\$513.00

Figure 8-1.--VGLI Premium Rate Table (Continued)

Chapter 9

Traumatic Injury Coverage

1. General

a. Traumatic injury protection under Servicemembers' Group Insurance (TSGLI) provides coverage to any Marine insured under SGLI who sustains a serious traumatic injury that results in certain prescribed losses. TSGLI provides between \$25,000 and \$100,000 of coverage depending on the loss incurred.

b. TSGLI coverage is automatic for those service members insured under SGLI. The Marine cannot decline TSGLI coverage unless he or she also declines SGLI.

c. TSGLI coverage is a "rider" provided under a group life insurance policy purchased from a commercial life insurance company by the VA. TSGLI is administered by OSGLI and is supervised by the VA.

d. TSGLI has no cash, loan, paid-up or extended insurance values and does not pay dividends.

e. TSGLI is the Marine's benefit and the Marine is the automatic beneficiary of the policy.

f. TSGLI coverage is not payable to:

(1) Spouses and children covered under FSGLI

(2) Veterans covered by SGLI:

(a) During the 120-day post-separation period;

(b) During the 2-year SGLI disability extension;

(3) Veterans covered under VGLI

g. Certain injuries and conditions are excluded from coverage. The TSGLI benefit will not be paid if a scheduled loss is due to a traumatic injury caused by:

(1) An attempted suicide, while sane or insane.

(2) An intentionally self-inflicted injury or an attempt to inflict such injury.

(3) Medical or surgical treatment of an illness or disease.

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(4) Willful use of an illegal or controlled substance, unless administered or consumed on the advice of a medical doctor.

(5) Sustained in the process of committing or attempting to commit a felony.

(6) A physical or mental illness or disease, whether or not caused by a traumatic injury, other than a pyrogenic infection or physical illness or disease caused by biological, chemical, or radiological weapons or accidental ingestion of a contaminated substance; or

(7) A mental disorder whether or not caused by a traumatic injury.

## 2. Persons Eligible to be Insured

a. Effective December 1, 2005, every Marine who has SGLI will also have TSGLI. This includes active duty members, reservists and one day muster duty.

b. Also eligible is any Marine who experienced a traumatic injury between October 7, 2001 through and including November 30, 2005 if the Marine sustained a loss as a direct result of injuries incurred:

(1) While deployed outside the United States on orders in support of Operation Enduring Freedom or Operation Iraqi Freedom; or

(2) While serving in a geographic location that qualified the Marine for the Combat Zone Tax Exclusion under reference (f).

## 3. Effective Date of Insurance

a. With the exception of those eligible for retroactive coverage, the earliest effective date of TSGLI coverage is December 1, 2005.

b. For those individuals insured under SGLI prior to December 1, 2005, the effective date of TSGLI coverage is December 1, 2005 as long as the Marine's SGLI remains in effect on that date.

c. For those Marines who enter service after December 1, 2005 or elect SGLI coverage after December 1, 2005, the effective date of coverage is the date the Marine enters service or the date the Marine elects coverage, respectively.

d. For Marines who previously declined SGLI coverage and therefore do not have TSGLI, the effective date of TSGLI coverage is the date an application electing SGLI coverage is received by the Marine's branch of service. If it is necessary for such application to be forwarded to the OSGLI for review, the effective date of

coverage will be the date the application for SGLI coverage is approved.

#### 4. Cost of Insurance

a. The cost of TSGLI is shared by the Marine and the Government. The Marine pays the premium, which is intended to cover only the civilian incidence of such injuries, and the Government pays the cost of all traumatic injury claims in excess of the level of traumatic injury claims that would result from civilian experience.

b. For all members entitled to TSGLI coverage, the necessary amount will be deducted from the Marine's service pay or otherwise collected from the Marine by the uniformed service.

c. Figure 10.1 outlines the rates for various categories of SGLI coverage.

d. Reference (g) requires the uniformed services to remit amounts equal to the deduction which should have been made for members who are provided full-time or part-time coverage and who are not receiving pay. DOD is responsible for seeking reimbursement from the Marine for the cost of coverage provided to those not receiving pay.

#### 5. Termination of Insurance

a. TSGLI coverage terminates at midnight of date of the Marine's separation from service.

b. TSGLI coverage is not in effect during the 120-day post-separation period or during a 2-year SGLI disability extension.

c. TSGLI cannot be converted to Veterans' Group Life Insurance or to commercial coverage.

d. TSGLI coverage terminates by the election to terminate SGLI coverage.

#### 6. Claims

a. To file a claim, form GL 2005.261 must be completed in its entirety and submitted to OSGLI. The form consists of three parts:

(1) The Marine or the Marine's guardian or attorney-in-fact must complete Part A of the form to provide basic identifying information, select how they would like to receive payment, and authorize the release of medical information to the branch of service and OSGLI.



(2) A medical professional must complete Part B of the form, indicating whether the Marine sustained a traumatic injury or injuries and a scheduled loss as a direct result of the injury or injuries that would make the Marine eligible for the TSGLI benefit. A medical professional is a physician, registered nurse, or a Certified Case Manager.

(3) The Marine Corps must complete Part C of the form to certify that the Marine is covered and that the injury qualifies the Marine for payment under TSGLI. All claims for traumatic injury benefits must be submitted to: Headquarters, U.S. Marine Corps, WWR-TSGLI, 3280 Russell Road, Quantico, Va 22134.

b. When OSGLI receives the fully completed TSGLI certification form indicating that the Marine is entitled to payment, OSGLI will pay to the Marine, guardian, attorney-in-fact or beneficiary, if applicable, the amount that corresponds to the scheduled loss resulting from the traumatic injury.

c. If a Marine suffers more than one scheduled loss as a result of a single traumatic event, payment will be made for the scheduled loss with the highest benefit amount.

d. In the case of multiple traumatic events occurring within a seven-day period, the Marine will receive the greatest benefit under the schedule for one of the events up to \$100,000, the maximum amount payable for a single traumatic injury.

e. If a Marine suffers more than one scheduled loss from separate traumatic events occurring more than seven full days apart, the scheduled losses will be considered separately and a benefit will be paid for each loss up to the maximum amount according to the schedule.

f. If form GL 2005.261 is not furnished to the Marine, one may be obtained from OSGLI or from the USMC TSGLI website at [www.woundedwarriorregiment.org](http://www.woundedwarriorregiment.org) or the VA website at [www.insurance.va.gov/sgliSite/forms/forms](http://www.insurance.va.gov/sgliSite/forms/forms).

#### 7. Payment of Proceeds

a. The Marine will receive the insurance proceeds through Electronic Funds Transfer (EFT) or a Prudential Alliance Account (PAA). A PAA is an interest bearing draft account with an account book similar to a checking account. Insurance proceeds are deposited in the Marine's name and the Marine can write drafts for any amount up to the full amount of the proceeds. The amount of interest earned is at a competitive rate and is guaranteed by Prudential. Through the PAA, the Marine has immediate access to any or all of their money.

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b. In the event the Marine is legally incapacitated, the Marine's guardian or attorney-in-fact will be paid the benefit on behalf of the Marine. This payment will be made via check.

c. In the event the Marine dies before receiving payment of the TSGLI benefit, the payment will be made to the Marine's SGLI beneficiary via the Alliance Account.

Duty Status	Premium
Active Duty Members	\$1.00 per month
Reservists w/ full time coverage	\$1.00 per month
Reservists w/ part time coverage	\$1.00 per year
Funeral Honors duty	no charge
1 day muster duty	no charge

Figure 9-1.--Rates for Various Categories of SGLI Coverage

Note: Premiums effective December 1, 2005. These rates are determined by VA and are subject to change based on claims experience.



## Chapter 10

### Insurance Forms

#### 1. General

a. All forms associated with the Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) programs are available through the supply system. Additionally, forms may be obtained by contacting the CMC (MRPC), the Office of Servicemembers' Group Life Insurance (OSGLI), the Veterans Administration (VA), or may be accessed and downloaded in Adobe Portable Document Format from the VA website at: <http://www.insurance.va.gov/>. All forms outlined in this chapter are approved for local reproduction.

b. Forms should be completed and distributed according to the instructions attached to each form. Ensure all required information is provided and the appropriate beneficiary signs the claim form. Failure to submit required information may result in a delay in settlement of claims.

#### 2. SGLV 8283, Claim for Death Benefits (SGLV/VGLI)

a. When filing a claim for insurance proceeds under the SGLI or VGLI program, the SGLV 8283 (figure 10-1) must be completed by the designated beneficiary or, in the absence of designation, by the appropriate beneficiary as listed in the order of precedence (chapter 3).

b. Information may be printed or typed. If printed, ensure handwriting is legible. The address provided will be the address proceeds are mailed to. The following applies:

(1) Designated Beneficiary: Complete items 1-6; part I items 7-10 and part IV only.

(2) All Others: Complete items 1-6 and parts I-IV.

c. Ensure all requested information is furnished per the instructions attached to the form. The omission of answers, incomplete answers, or the failure to furnish necessary or requested information may delay settlement of the claim.

#### 3. SGLV 8283A, Claim for Family Coverage Death Benefits (SGLI)

a. When filing a claim for insurance proceeds under FSGLI, the SGLV 8283A (figure 10-2) must be completed by the Marine or the appropriate beneficiary (see chapter 4).

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b. Information may be printed or typed. If printed, ensure handwriting is legible. The address provided will be the address to which proceeds are mailed. The beneficiary must complete items 1-12.

c. Ensure all requested information is furnished per the instructions attached to the form. The omission of answers, incomplete answers, or the failure to furnish necessary or requested information may delay settlement of the claim.

4. SGLV 8284, Servicemembers' and Veterans' Group Life Insurance Accelerated Benefits Option

a. When an insured Marine desires to apply for accelerated benefits under the SGLI program, the SGLV 8284 (figure 10-3) must be completed by the Marine.

b. In the case of active duty Marines, portions of the form must be completed by the Marine, the attending physician, the Marine's personnel office, and the CMC (MRPC).

c. Ensure all requested information is furnished per the instructions attached to the form. The omission of answers, incomplete answers, or the failure to furnish necessary or requested information may delay payment of the accelerated benefit.

5. SGLV 8284A, Servicemembers' Group Life Insurance Family Coverage Accelerated Benefits Option

a. When an insured Marine desires to apply for accelerated benefits under the FSGLI program because of a terminally ill spouse, the SGLV 8284A (figure 10-4) must be completed by the Marine.

b. In the case of active duty Marines, portions of the form must be completed by the Marine, the attending physician, the Marine's personnel office, and the CMC (MRPC).

c. Ensure all requested information is furnished per the instructions attached to the form. The omission of answers, incomplete answers, or the failure to furnish necessary or requested information may delay payment of the Accelerated Benefit.

6. SGLV 8285, Request for Insurance (SGLI)

a. Marines desiring to increase or restore SGLI or VGLI coverage must complete the SGLV 8285 (figure 10-5) in addition to the SGLV 8286.

b. Part I of the SGLV 8285 must be completed and signed by the Marine and then submitted to the Marine's commander, or designated representative, who completes part II.

c. See chapter 7 for information pertaining to the collection of premiums.

7. SGLV 8285A, Request for Family Coverage

a. Marines desiring to increase or restore spouse coverage under FSGLI must complete the SGLV 8285A (figure 10-6).

b. Parts I and II of SGLV 8285A must be completed and signed by the Marine and the Marine's spouse, then submitted to the Marine's commander, or designated representative, who completes the certification in part III.

c. See chapter 7 for information pertaining to the collection of premiums.

8. SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate

a. Marines desiring to elect reduced coverage, decline coverage, name or change beneficiaries must complete the SGLV 8286 (figure 10-7).

b. Complete all appropriate items. All entries, except the signature and those requested to be in the Marine's own handwriting, must be typed or printed in ink. It is recommended that beneficiary information not be typed but printed in the Marine's own handwriting.

c. Include the name, address, social security number (if available), and relationship of the beneficiary to the Marine. If the Marine desires to designate a beneficiary other than would be considered normal under his/her family circumstances, the Marine must be counseled per chapter 7.

d. The commander or designated representative must witness, by signing the appropriate block, the Marine's signature and include the date the form was received.

e. The SGLV 8286, when properly completed, constitutes authority to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.

f. A copy of the newly completed SGLV 8286 must be filed in the Marine's service record and one copy forwarded to CMC (MMSB-20) for

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retention in the OMPF. The old SGLV 8286 should be removed and destroyed.

9. SGLV 8286A, Family Coverage Election

a. Spouse coverage under FSGLI is provided automatically under Federal law; therefore, if the Marine desires the maximum coverage amount, it is not necessary for the Marine to complete the SGLV 8286A (figure 10-8).

b. Marines desiring to elect no coverage, a reduced amount, or terminate spouse coverage, must complete the SGLV 8286A. The SGLV 8286A, when completed, must be filed in the Marine's OMPF and provided to the CMC (MRPC) upon death of the spouse.

10. SGLV 8700, Report of Death of Family Member

a. The SGLV 8700 (figure 10-9) serves as verification and certification of coverage in the case of a deceased spouse or child covered under FSGLI.

b. The SGLV 8700 will be completed and provided to the OSGLI by the CMC (MRPC) upon receipt of proof of death. The CMC (MRPC) is the sole certifying authority and any SGLV 8700 not provided by the CMC (MRPC) will be rejected.

11. SGLV 8714, Application for Veterans' Group Life Insurance

a. Marines desiring to convert or apply for VGLI coverage must complete the SGLV 8714 (figure 10-10). Ensure all required sections are completed and signed prior to submission.

b. Make check or money order payable to the OSGLI. Ensure the check or money order contains the Marine's social security number.

c. Proof of SGLI coverage (e.g., DD Form 214, proof of enlistment in the IRR or most recent LES) must be provided along with the SGLV 8714.

d. The completed application must be mailed directly to the OSGLI.

12. SGLV 8715, Servicemembers' Group Life Insurance Disability Extension Application

a. Eligible Marines desiring to request a 2-year extension of SGLI coverage must complete the SGLV 8715 (figure 10-11).

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b. The SGLV 8715 must be completed according to the instructions attached. The Marine should ensure completion of the "Beneficiary Information" section and sign the completed application. Enclose proof of SGLI coverage (e.g., DD Form 214 or the most recent LES) and a copy of the medical board findings of disability.

c. The completed application must be mailed directly to the OSGLI.

13. SGLV 8721, Beneficiary Designation Form Veterans' Group Life Insurance (VGLI)

a. Marines insured under the VGLI program desiring to designate, change beneficiary, or payment option must complete the SGLV 8721 (figure 10-12).

b. Completion of the SGLV 8721 will cancel any prior beneficiary or payment option. The completed application should be submitted directly to the OSGLI.

14. NAVMC 11378, Notice of Servicemembers' Group Life Insurance Termination

a. See chapter 7 for procedures involving Marines who are required to remit premiums.

b. Ensure the NAVMC 11378 (figure 10-13) is completed and forwarded to the Marine by certified mail.

15. NAVMC 11379, Final Notice of Termination of Servicemembers' Group Life Insurance

a. See chapter 7 for termination procedures in cases involving Marines who fail to remit required premiums.

b. Ensure the NAVMC 11379 (figure 10-14) is completed and forwarded to the Marine by certified mail.

c. The SGLV 8286, when properly completed, constitutes authority to initiate or change the deductions for insurance premiums if the amount of insurance is changed or cancelled.

d. A copy of the newly completed SGLV 8286 must be filed in the Marine's service record and one copy forwarded to CMC (MMSB-20) for retention in the OMPF. The old SGLV 8286 should be removed and destroyed.

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CLAIM FOR DEATH BENEFITS (Service members' Group Life Insurance) (Veterans' Group Life Insurance)		RETURN COMPLETED FORM TO: OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE 80 Livingston Avenue Roseland, NJ 07068-1733	
FOR OGBL USE ONLY			
NOTE: THIS FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSURANCE (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR and JS or UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI) Policy Numbers Prefixed by K			
1. NAME OF DECEASED (First, middle, last)		2. SOCIAL SECURITY NUMBER	
3. DATE OF DEATH			
4. BRANCH OF SERVICE	5. DUTY STATUS ON DATE OF DEATH (If known) <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> DISCHARGED OR SEPARATED <input type="checkbox"/> DRILLING RESERVIST <input type="checkbox"/> INDIVIDUAL READY RESERVIST		6. IF DISCHARGED OR SEPARATED, GIVE DATE (If known) (Month, day, year)
PLEASE READ THE IMPORTANT INFORMATION AND INSTRUCTIONS ON REVERSE BEFORE COMPLETING.			
PART I — INFORMATION CONCERNING CLAIMANT			
7. NAME (First, middle, last)		8. RELATIONSHIP TO DECEASED	9. DATE OF BIRTH (Month, day, year)
10. SOCIAL SECURITY NUMBER			
NOTE — Complete items 11A through 14C if you are the widow or widower of deceased.			
11A. DATE OF MARRIAGE (Mo., day, y.)	11B. PLACE OF MARRIAGE (City and State)		12. DID MARRIAGE CONTINUE UNTIL DATE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
13A. DID DECEASED HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete 13B and 13C)	13B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		13C. DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 5 years, attach copy of the divorce decree)
14A. DID YOU HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete 14B and 14C)	14B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		14C. DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 5 years, attach copy of the divorce decree)
NOTE — If you are not the named beneficiary, widow or widower of the deceased, complete Parts II and III.			
List below the name, age, relationship, and address of: (Check appropriate places below)			
(a) Widow or Widower, <input type="checkbox"/> None If none, was insured ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, did marriage terminate by <input type="checkbox"/> Death    Give Date _____ <input type="checkbox"/> Divorce    Give Date _____			
(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children. If none, check here <input type="checkbox"/>			
(c) If there are no children or descendants of children, list the surviving parent or parents Is father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.)			
15A. NAME	15B. AGE	15C. RELATIONSHIP TO DECEASED	15D. ADDRESS
NOTE — Complete items 16 and 17 ONLY if any of the persons listed above are under age 21.			
16. NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Attach copy of appointment paper issued by court)		17. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART III — INFORMATION CONCERNING THE ESTATE OF THE DECEASED			
18. NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR, IF ANY, APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED		19. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART IV — CERTIFICATION BY CLAIMANT			
I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected monthly installments, I request that the death benefit be paid in. (Check one) <input type="checkbox"/> One Sum <input type="checkbox"/> 36 Equal Monthly Installments			
20. SIGNATURE OF CLAIMANT (Do not print)		21. ADDRESS (Number and Street, Apt. No., City, State and ZIP Code)	
22. DATE		23. DAYTIME PHONE NUMBER	
WARNING — Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).			

SGLV-8283 SEPTEMBER 2007

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SIGNED SHEETS.

Figure 10-1.--SGLV 8283, Claim for Death Benefits (SGLI/VGLI)

SGLV-82834, September 2007 - Form can be found on the VA website at [www.insurance.va.gov](http://www.insurance.va.gov)

Figure 10-2.--SGLV 8283A, Claim for Family Coverage Death Benefits

19 FEB 2010

OMB Control No.: 2600-0618  
Respondent Burden: 12 minutes**To Be Completed By Insured****a) Claim For Accelerated Benefits**

<i>Your Name</i>	<i>Social Security Number</i>	
<i>Your home address</i>	<i>Date of birth</i>	<i>Branch of Service</i> (if covered under SGLI)
<i>Your mailing address (if different from above)</i>	<i>Amount of SGLI Coverage</i>	<i>Amount of Claim</i> (can be no more than one-half of coverage)
	\$	\$
<i>Type of coverage:</i> <i>(check one)</i> <input type="checkbox"/> SGLI <i>(circle one of the following)</i> Active Duty   Ready Reserve   Army or Air National Guard   Separated or Discharged  <input type="checkbox"/> VGLI  <i>Note: If you checked SGLI, you must also have your military unit complete the attached form.</i>		
I acknowledge that I have read all of the attached information about the accelerated benefit. I understand that I can get this benefit only once during my lifetime and that I can use it for any purpose I choose. I further understand that the face amount of my coverage will reduce by the amount of accelerated benefit I choose to receive now.		
<i>Your Signature</i> _____		<i>Date</i> _____

**b) Authorization to Release Medical Records**

To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:

You are authorized to release a copy of all my medical records, including examinations, treatments, history, and prescriptions, to the Office of Servicemembers' Group Life Insurance (OSGLI) or its representatives.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*A photocopy of this authorization will be considered as effective and valid as the original.  
Valid for one year from date signed.*

Figure 10-3.--SGLV 8284, Servicemembers' and Veterans' Group Life Insurance Accelerated Benefits Option



**To Be Completed By Physician**

**Attending Physician's Certification**

<i>Patient's Name</i>		<i>Patient's Social Security Number</i>	
<i>Diagnosis</i>		<i>ICD-9-CM Disease Code*</i>	
<i>Description of Present Medical Condition (please attach results of x-rays, E.E.G. or other tests)</i>			
Is the patient capable of handling his/her own affairs? YES <input type="checkbox"/> NO <input type="checkbox"/>			
The patient applied for an accelerated benefit under his/her government life insurance coverage. To qualify, the patient must have a life expectancy of nine (9) months or less. Does your patient meet this requirement? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>Attending Physician's Name (please print)</i>		<i>State in which you are licensed to practice</i>	<i>Specialty</i>
<i>Mailing address</i>		<i>Telephone Number</i>	
		<i>Fax Number</i>	
<i>Signature</i> _____		<i>Date</i> _____	

\*ICD-9-CM is an acronym for *International Classification of Diseases, 9<sup>th</sup> revision, Clinical Modification*

SGLV 8284, Edition 09/2007

Figure 10-3.--SGLV 8284, Servicemembers' and Veterans' Group Life Insurance Accelerated Benefits Option (Continued)

**To Be Completed By Personnel Office of Servicemember's Unit.**  
(Complete this form only if the applicant for Accelerated Benefits is covered under SGLI.)

**Branch of Service Statement**

<i>Servicemember's Name</i>	<i>Social Security Number</i>	<i>Branch of Service</i>
<i>Amount of SGLI Coverage</i> \$	<i>Monthly Premium Amount</i> \$	
<i>Name of Person Completing This Form</i>	<i>Telephone Number</i>	<i>Fax Number</i>
<i>Title of Person Completing This Form</i>	<i>Duty Station and Address</i>	
<i>Signature _____ Date _____</i> <i>of person completing this form</i>		

Notice: It is fraudulent to complete these forms with information you know to be false or to omit important facts.  
Criminal and/or civil penalties can result from such acts.

Figure 10-3.--SGLV 8284, Servicemembers' and Veterans' Group Life Insurance Accelerated Benefits Option (Continued)

19 FEB 2010

**To Be Completed By Servicemember**  
(applying for Spousal SGLI Family Coverage accelerated benefits)

**a) Claim For Accelerated Benefits**

<i>Servicemember's Name</i>	<i>Servicemember's Social Security Number</i>	
<i>Servicemember's Mailing address and telephone number</i>  (     )	<i>Servicemember's Branch of Service</i>	<i>Servicemember's Duty Status: (check one)</i> <input type="checkbox"/> <i>Active Duty</i> <input type="checkbox"/> <i>Ready Reserves</i> <input type="checkbox"/> <i>Army/Air Nat'l Guard</i> <input type="checkbox"/> <i>Separated/Discharged</i> <small>If separated/discharged provide date.</small>
<i>Spouse's Name</i>	<i>Spouse's Social Security Number</i>	<i>Spouse's Date of birth</i>
<i>Amount of Spousal Coverage</i>	<i>Amount of Claim (can be no more than one-half of spousal coverage)</i>	
<p>I acknowledge that I have read all of the attached information about the spousal accelerated benefit. I understand that I can get this benefit only once during my spouses' lifetime and that I can use it for any purpose I choose. I further understand that the face amount of the spousal coverage will be reduced by the amount of accelerated benefit I choose to receive now.</p> <p><i>Servicemember's Signature</i> _____ <i>Date</i> _____</p>		

**TO BE COMPLETED BY SPOUSE**

<p><b>b) Authorization to Release Medical Records</b></p> <p>To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:</p> <p>You are authorized to release a copy of all my medical records, including examinations, treatments, history, and prescriptions, to the Office of Servicemembers' Group Life Insurance (OSGLI) or its representatives.</p> <p>Spouse's Printed Name _____</p> <p>Spouse's Signature _____ Date _____</p> <p style="text-align: center;"><small>A photocopy of this authorization will be considered as effective and valid as the original. Valid for one year from date signed.</small></p>
---

SGLV 8284A September 2007

Figure 10-4.--SGLV 8284A, Servicemembers' Group Life Insurance Family Coverage Accelerated Benefits Option

19 FEB 2010

**To Be Completed By Physician****Attending Physician's Certification**

<i>Patient's Name</i>	<i>Patient's Social Security Number</i>	
<i>Diagnosis</i>	<i>ICD-10-CM Disease Code*</i>	
<i>Description of Present Medical Condition (please attach results of x-rays, E.K.G. or other tests)</i>		
Is the patient mentally competent in the handling of his/her own affairs? YES <input type="checkbox"/> NO <input type="checkbox"/>		
The patient applied for an accelerated benefit under his/her government life insurance coverage. To qualify, the patient must have a life expectancy of nine (9) months or less. Does your patient meet this requirement? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Attending Physician's Name (please print)</i>	<i>State in which you are licensed to practice</i>	<i>Specialty</i>
<i>Mailing address</i>	<i>Telephone Number</i>	
	<i>Fax Number</i>	
<i>Signature</i> _____ <i>Date</i> _____		

\*ICD-10-CM is an acronym for *International Classification of Diseases, 10<sup>th</sup> revision, Clinical Modification*

SGLV 8284A September 2007

Figure 10-4.--SGLV 8284A, Servicemembers' Group Life Insurance Family Coverage Accelerated Benefits Option (Continued)

19 FEB 2010

**To Be Completed By Personnel Office of Servicemember's Unit***(Complete this form only if the spouse is covered under SGLI Family Coverage.)***Branch of Service Statement**

<i>Applicant's Name (Servicemember)</i>	<i>Servicemember's Social Security Number</i>	<i>Servicemember's Branch of Service</i>
<i>Spouse's Name</i>	<i>Spouse's Social Security Number</i>	
<i>Amount of SGLI Coverage/Family Coverage</i>	<i>Monthly Premium Amount</i>	
\$ _____	\$ _____	
<i>Name of Person Completing This Form</i>	<i>Telephone Number</i>	<i>Fax Number</i>
<i>Title of Person Completing This Form</i>	<i>Servicemember's Duty Station and Address</i>	
<i>Signature of person completing this form</i> _____ <i>Date</i> _____		

*The Personnel Unit prepares the statement, while the Casualty Branch certifies "coverage"; please complete box below.*

**To be Completed by the Servicemember's CASUALTY BRANCH**

<b>Certified by:</b>	
_____	
<b>Name/Title</b> _____	
<b>Branch of Service</b> _____	
<b>Date Certified</b> _____	
<b>FAX Number:</b> _____	<b>Telephone Number:</b> _____

**Notice:** It is fraudulent to complete these forms with information you know to be false or to omit important facts.  
Criminal and/or civil penalties can result from such acts.

SGLV 8284A September 2007

Figure 10-4.--SGLV 8284A, Servicemembers' Group Life Insurance Family Coverage Accelerated Benefits Option (Continued)

<b>REQUEST FOR INSURANCE</b> <b>(SERVICEMEMBERS' GROUP LIFE INSURANCE)</b>			<b>IMPORTANT-</b> This form is for use by ACTIVE DUTY and RESERVE MEMBERS. Please read instructions on reverse before completing this form. NOTE: No insurance may be granted unless a completed application form has been received. (38 C.F.R. 9.8)		
<b>PART I - TO BE COMPLETED BY MEMBER</b>					
1. AMOUNT OF SGLI NOW IN FORCE		2. AMOUNT OF INCREASE DESIRED		3. TOTAL (BLOCK 1 + BLOCK 2)	
4. FIRST NAME - MIDDLE NAME - LAST NAME				5. SOCIAL SECURITY NUMBER	
6. BRANCH OF SERVICE (Do not abbreviate) <div style="text-align: center;">Public Health Service</div>		7. DATE OF BIRTH (Mo, day, yr)		8. WEIGHT	9. HEIGHT
11. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM?				10. SEX <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div>	
12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:		YES	NO	C. NERVOUS DISORDER?	
A. HEART CONDITION?		YES	NO	D. DIABETES?	
B. HIGH BLOOD PRESSURE?		YES	NO	E. CANCER OR TUMORS?	
13. DO YOU HAVE ANY KNOWN PHYSICAL OR MENTAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE?					
14. IF YOUR ANSWER TO ANY PART OF ITEMS 11 THROUGH 13 IS "YES", REFER TO ITEM NUMBER AND GIVE DATES, DURATION AND OTHER DETAILS (If more space is needed, attach a separate sheet)					
<b>CERTIFICATION</b>					
The answers that I have given are for securing approval of this request for insurance and I CERTIFY that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested required approval of evidence of insurability by the Office of Servicemembers' Group Life Insurance (OSGLI). I further understand that should I fail to furnish satisfactory evidence of insurability, the fact that withholdings have been made from my pay for the insurance being requested shall not create any liability for insurance, and that I shall be entitled to appropriate credit for such withholdings. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim. I consent that OSGLI may obtain copies of any medical record pertaining to me. A photostatic copy of this consent will be considered as valid as the original.					
15A. SIGNATURE AND RANK, TITLE OR GRADE OF MEMBER		15B. ORGANIZATION AND MAILING ADDRESS			15C. DATE COMPLETED
<b>PART II - TO BE COMPLETED BY MEMBER'S COMMANDING OFFICER</b>					
I CERTIFY THAT the statements made above to the best of my knowledge are true and correct and that the member is now performing full and unrestricted military duty and is physically qualified to perform all duties of his/her rank or position and that there is no obvious impairment. I further certify that the signature above is that of the member named and according to the records of this department, this member is eligible to apply for the additional insurance requested on this form.					
16A. SIGNATURE OF COMMANDING OFFICER		16C. ORGANIZATION AND MAILING ADDRESS			16D. DATE RECEIVED
16B. RANK, TITLE OR GRADE					
<b>FOR USE BY THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE</b>		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		SIGNATURE OF OSGLI REPRESENTATIVE DATE	

SGLV 8285, SEP 2001

TO BE RETAINED IN MEMBER'S  
OFFICIAL PERSONNEL FILE

Figure 10-5.--SGLV 8285, Request for Insurance (SGLI)

Request for Family Coverage					
<b>Part I - To Be Completed By Member</b>					
1. First Name - Middle Name - Last Name - Suffix		2. Social Security Number		3. Branch of Service	
4. Amount of SGLI Now In Force		5. Amount of Coverage Desired for Spouse			
I understand that if I fail to furnish satisfactory evidence of my spouse's insurability, the fact that withholdings have been made from my pay for the insurance being requested will not create any liability for insurance, and that I will be entitled to appropriate credit for such withholdings.					
6. Signature of Servicemember		7. Date (dd-mmm-yyyy e.g. 12-NOV-2001)			
<b>Part II - To Be Completed By Spouse</b>					
8. First Name - Middle Name - Last Name - Suffix		9. Social Security Number		10. Date of Birth (dd-mmm-yyyy e.g. 12-NOV-2001)	
11. <input type="checkbox"/> Weight (lbs) <input type="checkbox"/>		12. Height (ft & ins)		13. Gender Male Female	
		Yes	No	Yes	No
14. Have you ever been diagnosed as having a disease or disorder of the immune system?				C. Nervous disorder?	
15. Have you had or been treated for known indications of:				D. Diabetes?	
A. A heart condition?				E. Cancer or tumors?	
B. High blood pressure?				14. Do you have any known physical or mental impairments, deformities, or ill health not covered above?	
17. If your answer to any part of items 12 through 14 is yes, please refer to item number and give dates, duration and other details. (If more space is needed, attach a separate sheet)					
The answers I have given are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.					
18. Signature of Spouse		19. Mailing Address		20. Date (dd-mmm-yyyy e.g. 12-NOV-2001)	
<b>Part III - To Be Completed By Member's Commanding Officer (or designee)</b>					
I certify that the signature in Part I above is that of the member named and according to the records of this department, this member is eligible to apply for the amount of family coverage requested above.					
21. Name of Commanding Officer or designee (please print)		22. Organization and Mailing Address		23. Rank, Title or Grade	
24. Signature of Commanding Officer or designee				25. Date (dd-mmm-yyyy e.g. 12-NOV-2001)	
<b>For OSGLI Use Only</b>					
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		Signature of OSGLI Representative		Date (dd-mmm-yyyy e.g. 12-NOV-2001)	

INSTRUCTIONS - PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

Figure 10-6.--SGLV 8285A, Request for Family Coverage

Please read the instructions before completing this form. <b>Servicemembers' Group Life Insurance Election and Certificate</b>				
<b>Use this form to:</b> (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.		
Last name	First name	Middle name	Rank, title or grade	Social Security Number
Branch of Service (Do not abbreviate)		Current Duty Location		
<b>Amount of Insurance</b> 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 and traumatic injury protection under the SGLI program.				
<input type="checkbox"/> I want coverage in the amount of \$_____ Your initials _____ <input type="checkbox"/> _____ (Write "I do not want insurance at this time.")				
<small>*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 Veterans' Group Life Insurance you can convert to upon separation from service.</small>				
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 %, 5 amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
<b>Contingent</b>				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				
<b>I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:</b> <ul style="list-style-type: none"> <li>This form cancels any prior beneficiary or payment instructions.</li> <li>The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.</li> <li>If I have legal questions about this form, I may consult with a military attorney at no expense to me.</li> <li>I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.</li> </ul>				
<b>SIGN HERE IN INK</b> _____ (Your signature. Do not print.)			<b>Date:</b> _____	
Do not write in space below. For official use only.				
RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED	

SGLV 8286, September 2007

Copy 1 - Members Office, Personnel File 2

Figure 10-7.--SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate



Please read the instructions before completing this form.

<b>Family Coverage Election</b>					
<b>Servicemember's Information</b>					
Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Date of Birth	Social Security Number
Branch of Service (Do not abbreviate) <b>Choose Branch</b>				Rank, title or grade	
<b>Amount of Insurance</b>					
<p><b>Family Coverage for Dependent Child(ren).</b> 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.</p> <p><b>Family Coverage for Spouse.</b> 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."</p>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> I want coverage in the amount of \$ _____                 </div> <div style="width: 40%;"> <input type="checkbox"/> _____                      (Write "I do not want coverage for my spouse at this time.")                 </div> </div>					
<p>*Note: Reduced or refused family coverage can only be restored by completing form SGLV 8265A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert when Family Coverage expires.</p>					
<b>Spouse's Information</b>					
(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-mm-yyyy e.g. 24-AUG-1985)					
<b>Premiums for Spousal Coverage</b>					
Spouse's age:	Monthly rate per \$10,000		Monthly cost for \$100,000 coverage		
Under 35	\$5.55		\$5.50		
35-39	\$7.70		\$7.00		
40-44	\$9.90		\$9.00		
45-49	\$14.00		\$14.00		
50-54	\$27.00		\$27.00		
55-59	\$40.00		\$40.00		
60 & older	\$52.00		\$52.00		
<p>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.</p>					
SIGNATURE OF SERVICEMEMBER ➤ _____				Date: _____ (dd-mm-yyyy e.g. 01-NOV-2001)	
Do not write in space below. For official use only.					
Received by: (please print)	Rank, title or grade	Organization	Date Received (dd-mm-yyyy e.g. 01-NOV-2001)		
<p>SGLV 8286A, July 2006</p> <p style="text-align: right;">Original Copy - Members Office Personnel File      p. 2                      Photocopy 1 - To Member                      Photocopy 2 - To Payroll Unit</p>					

Figure 10-8.--SGLV 8286A, Family Coverage Election

19 FEB 2010

<b>Report of Death of Family Member</b>		Report Type Death of Spouse <input type="checkbox"/> Death of Child <input type="checkbox"/>		Branch of Service Address	
1. Dependent's Name (Last, First, MI)			2. Social Security Number		
3. Date of Death		4. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		5. Date of Birth	
6. <input type="checkbox"/> CIVILIAN DEATH CERTIFICATE ATTACHED <input type="checkbox"/> SEE FORM SGLV-8285A ATTACHED (if required) <input type="checkbox"/> SEE FORM SGLV-8286A ATTACHED (if required)					
Servicemember must be insured under SGLI for Family Coverage to be in effect.					
7. Family Member Was Eligible for SGLI as provided by Public Law 107-14.  Dependent Child is automatically insured, by law, for \$10,000.  Dependent Spouse is covered for \$_____.  Were spousal premiums collected from the member's pay? _____ Yes _____ No      Amount owed: \$_____ for the months of _____ through _____					
8. Servicemember's Duty Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Ready Reservist					
9. Servicemember's Name (Last, First, MI)			10. Social Security Number		
11. Certifying Command Location and Address			12. Servicemember's Home/Mailing Address (required)		
13. Servicemember's Telephone Number Daytime: _____ Evening: _____					
Reporting Information					
14. Certifying Command Signature			15. Command Agency Point of Contact (please print)		
			16. Telephone Number		

Form Number SGLV-8700 edition March 2003

Figure 10-9.--SGLV 8700, Report of Death of Family Member

# APPLICATION FOR Veterans' Group Life Insurance

Return completed application to:  
OSGLI  
PO Box 41618, Philadelphia, PA 19176-9913

**IMPORTANT:** No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Follow these easy steps!" before completing this application. Please complete all fields.

1. Service Member Information				For OSGLI Use Only																																																																															
<div> <div>Last</div> <div>First</div> <div>MI</div> </div>				Action Taken																																																																															
<div> <div>No.</div> <div>Street</div> </div>				OSGLI Representative																																																																															
<div> <div>City</div> <div>State</div> <div>ZIP</div> </div>				Date																																																																															
E-mail Address																																																																																			
<div> <div>Telephone Number</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div>		<div> <div>Social Security Number</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div>		Date of Separation																																																																															
<div> <div>Date of Birth</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div>		<div> <div>Gender</div> <div></div> </div>		<div> <div>Age</div> <div></div> </div>		Branch of Service																																																																													
<b>2. Coverage Amount</b> <b>I elect the following VGLI coverage amount:</b> <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____																																																																																			
<b>3. Coverage Election and Payment Method</b> <b>I agree to make future payments by:</b> <input type="checkbox"/> Mail Please select frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually If you elect Annually, please submit the Annual Premium.  <b>I am enclosing my first premium payment of: \$</b> _____  <div> <input type="checkbox"/> Automatic Monthly Deductions from military retirement pay (or from VA compensation if switched from military retired pay to VA compensation).  <input type="checkbox"/> Automatic Monthly Deductions from VA compensation. My VA claim file number is _____            Have you been able to work since leaving the service?  <input type="checkbox"/> Yes   <input type="checkbox"/> No            If no, is this due to a disability incurred while in the service?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Military Disability Rating _____ % (NOT your VA compensation rating)         </div>																																																																																			
NOTE: For Those Receiving Military Retirement Pay or VA Disability Compensation—Automatic Monthly Payment option. Your first month's premium must be submitted with this application.																																																																																			
<b>4. Health Statement</b> (Only complete this section if you are applying more than 120 days after you were discharged from the service.) Attach separate sheet with complete details for any question answered "Yes."   Height _____   Weight _____  <table border="0"> <thead> <tr> <th>Have you had or been treated for or had known indications of:</th> <th>Y</th> <th>N</th> <th>Have you within the past five years:</th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>A. Heart trouble or abnormal pulse?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>M. Been advised to have a surgical procedure?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. High blood pressure?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>N. Been a patient or been advised to enter a hospital or health care facility?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. Mental health conditions?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>O. Consulted, been attended, or examined by a doctor or other practitioner exclusive of annual or periodic physicals?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. Diabetes or sugar in urine?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>P. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>E. Cancer or tumors?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Q. Have you ever been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related complex (ARC)?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>F. Lung or respiratory disorders?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>R. Do you have any known physical impairments, deformities, or ill health not covered above?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>G. Disorder of kidney, bladder, or urinary system?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>S. Do you have a service-connected disability?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>H. Liver or gallbladder disorder?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If yes, what is the VA claim file number? _____</td> <td></td> <td></td> </tr> <tr> <td>I. Stomach or intestinal disorders?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>J. Arthritis?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>K. Have you ever been declined or postponed for any form of life or health insurance or offered a policy with a higher premium because of health reasons only?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L. Have you been absent from work because of sickness or injury during the last six months?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Have you had or been treated for or had known indications of:	Y	N	Have you within the past five years:	Y	N	A. Heart trouble or abnormal pulse?	<input type="checkbox"/>	<input type="checkbox"/>	M. Been advised to have a surgical procedure?	<input type="checkbox"/>	<input type="checkbox"/>	B. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	N. Been a patient or been advised to enter a hospital or health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	C. Mental health conditions?	<input type="checkbox"/>	<input type="checkbox"/>	O. Consulted, been attended, or examined by a doctor or other practitioner exclusive of annual or periodic physicals?	<input type="checkbox"/>	<input type="checkbox"/>	D. Diabetes or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	P. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>	E. Cancer or tumors?	<input type="checkbox"/>	<input type="checkbox"/>	Q. Have you ever been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>	F. Lung or respiratory disorders?	<input type="checkbox"/>	<input type="checkbox"/>	R. 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Figure 10-10.--SGLV 8714, Application for Veterans' Group Life Insurance

19 FEB 2010

**5. Beneficiary(ies) and Benefit Payment Options**

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. The share of any principal beneficiary who dies before me will be distributed equally among the remaining principal beneficiaries. If all principal beneficiaries die before me, the insurance will be paid to the contingent beneficiaries. I understand that unless I have named a beneficiary(ies) below, my insurance will be paid under the provisions of the law (38 U.S.C. 1970). The designation below cancels any prior SGLI or VGLI beneficiary designation or payment instruction.

**Principal Beneficiary**

Last First MI Social Security Number (if known)

No. Street City State ZIP

Relationship To You Share to Beneficiary\* (Use %; 1 percent, or fraction) Payment Option (Lump sum or 36 equal monthly installments)

**Principal Beneficiary**

Last First MI Social Security Number (if known)

No. Street City State ZIP

Relationship To You Share to Beneficiary\* (Use %; 1 percent, or fraction) Payment Option (Lump sum or 36 equal monthly installments)

**Contingent Beneficiary**

Last First MI Social Security Number (if known)

No. Street City State ZIP

Relationship To You Share to Beneficiary\* (Use %; 1 percent, or fraction) Payment Option (Lump sum or 36 equal monthly installments)

**Contingent Beneficiary**

Last First MI Social Security Number (if known)

No. Street City State Zip

Relationship To You Share to Beneficiary\* (Use %; 1 percent, or fraction) Payment Option (Lump sum or 36 equal monthly installments)

**Contingent Beneficiary**

Last First MI Social Security Number (if known)

No. Street City State ZIP

Relationship To You Share to Beneficiary\* (Use %; 1 percent, or fraction) Payment Option (Lump sum or 36 equal monthly installments)

**Contingent Beneficiary**

Last First MI Social Security Number (if known)

No. Street City State ZIP

Relationship To You Share to Beneficiary\* (Use %; 1 percent, or fraction) Payment Option (Lump sum or 36 equal monthly installments)

\* If more than one principal or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

**Applicant Signature**

I understand that I cannot have combined SGLI and VGLI coverage for more than \$400,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

Print Name of Applicant

Social Security Number of Applicant

Signature of Applicant (Do not print. Sign in ink.)

Date

**PENALTY** The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine, imprisonment, or both.

Figure 10-10.--SGLV 8714, Application for Veterans' Group Life Insurance (Continued)

19 FEB 2010

# Application For SGLI Disability Extension

Return completed application to: OSGLI  
P.O. Box 41618  
Philadelphia, PA 19176-9913

IMPORTANT: No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Important Information and Instructions" before completing this form.

1. NAME AND ADDRESS OF APPLICANT (Type or Print)		FOR OSGLI USE ONLY	
FIRST NAME—MIDDLE NAME—LAST NAME		ACTION TAKEN	OSGLI REPRESENTATIVE
NUMBER AND STREET OR RURAL ROUTE		2. TELEPHONE NUMBER	
CITY, STATE, AND ZIP CODE		3. SOCIAL SECURITY NUMBER	
4. DATE OF SEPARATION (Enter Month, day, year)	5. DATE OF BIRTH	6. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. AGE
		8. BRANCH OF SERVICE	

## IMPORTANT

To be eligible for this extension and for Veterans' Group Life Insurance, you must have had Servicemembers' Group Life Insurance. You may apply for any amount of insurance, in multiples of \$50,000, up to the amount of SGLI that you had at separation. You may not apply for more insurance than you had at separation. See attached instructions and complete all items below.

### AMOUNT OF INSURANCE DESIRED:

You will automatically have the same level of coverage as your SGLI at discharge. If you desire less, please write the amount you would like, in multiples of \$50,000, in this space: \$

### Please answer the following questions:

	YES	NO
1. Have you been able to work since your separation from the military?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been rated disabled by your branch of Service? (Army, Navy, Air Force, Coast Guard, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

### Beneficiaries and Payment Options

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries die before 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 %, \$ amount, or fractions)	PAYMENT OPTION (Lump sum or 36 equal monthly installments)
<b>PRINCIPAL</b>				
1.				
2.				
<b>CONTINGENT</b>				
1.				
2.				

I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under the "Provisions of the Law" as explained in the instructions.

Your SGLI beneficiary designation will remain in effect during this extension. Initial this box if you wish the above designation to change your SGLI beneficiary designation immediately.

I understand that I cannot have combined SGLI and VGLI coverage at the same time for more than \$400,000.

SIGNATURE OF APPLICANT (Do not print; sign in ink)

DATE

Figure 10-11.--SGLV 8715, Servicemembers' Group Life Insurance Disability Extension Application

19 FEB 2010

**IMPORTANT - Please read the instructions on the back before completing this form.**

<b>Beneficiary Designation Form</b> <b>Veterans' Group Life Insurance (VGLI)</b>		Return completed form to: Office of Servicemembers' Group Life Insurance P.O. Box 41618 Philadelphia, PA 19176-9913		
<b>1. Identifying Information</b>				
1A. Your Name and Mailing Address (Type or print)  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">(First name - Middle name - Last name)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">(Number and Street or Rural Route)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">(City or A.P.O., State and Zip Code)</div>		1B. Is this a change of address for your insurance records?  <div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>		
		1C. Social Security Number  <div style="border-bottom: 1px solid black; width: 100%;"></div>		
		1D. Telephone Number Daytime: (      )      - Home: (      )      -		
<b>2. Beneficiary(ies) and Payment Options</b> I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. The share of any principal beneficiary who dies before me will be distributed equally among the remaining principal beneficiaries. If all principal beneficiaries die before me, the insurance will be paid to the contingent beneficiaries. (If you need more space for beneficiaries, see #2E on back.)				
Complete Name (first, middle, last) and Address of Each Beneficiary	Social Security Number (if known)	Relationship to you	Share to be paid to each beneficiary (Use \$ amounts, %, or fractions)	Payment Option (Leave blank for lump sum or see #4 on back)
<b>Principal</b>				
<b>Contingent</b>				
<b>3. I HAVE READ AND UNDERSTAND</b> the instructions on the front and back of this form. I also understand that: <ul style="list-style-type: none"> <li>if I do not designate any principal or contingent beneficiaries above, my insurance will be paid under the provisions of the law (38 U.S.C. 1970) as stated under the <i>Naming Beneficiaries</i> section on the back of this form.</li> <li>this form cancels any prior beneficiary or payment instructions.</li> <li>this designation of beneficiary and payment option will not be effective until received in the Office of Servicemembers' Group Life Insurance in accordance with 38 U.S.C. 1970 and 1977(d).</li> </ul>				
SIGN HERE IN INK _____		Date: _____		
(Your signature - Do not print)				
Do not write in space below - For OSGLI use only				
Signature of OSGLI Representative		Date Recorded		

Figure 10-12.--SGLV 8721, Beneficiary Designation Form Veterans' Group Life Insurance Termination

**NOTICE OF TERMINATION SERVICEMEMBER'S  
GROUP LIFE INSURANCE**  
NAVMC 11378 (REV. 08-07) (EF)  
PREVIOUS EDITIONS ARE OBSOLETE

Member's Rank, Name and Address	SSN:	Date of Notification:

You are 60 days or more past due in the payment of premiums for your coverage under the Servicemember's Group Life Insurance (SGLI) Program. Consequently, your coverage will be terminated effective 60 days from the date of this notice.

You must remit all premiums for SGLI coverage through the above termination date, which is the amount of \$ \_\_\_\_\_

These premiums must be paid, even though your coverage will be terminated. Any amounts not paid constitutes a debt to the Government and legal collection remedies may be pursued including reporting to credit agencies and the Internal Revenue Service.

Send your payment to:      Mobilization Command  
                                 Finance Office (MOBCOM)  
                                 1540 Andrews Road  
                                 BLDG. 605  
                                 Kansas City, MO 64147

**CONTINUATION OF SGLV COVERAGE**

Your SGLI coverage may be continued if, and only if you:

(1) Remit all required premiums by the above date.

(2) Justify, within the same time period, your failure to make timely remittance of premiums due. If you believe this to be the case, state your reason for the late payment on a separation sheet of paper and attach it to this Notice. An omitted acceptance of this justification will terminate your SGLI coverage without the possibility of reinstatement.

Signature	Date Signed
Type Rank, Name	Type Organization Unit

Figure 10-13.--NAVMC 11378, Notice of Termination  
Servicemembers' Group Life Insurance



19 FEB 2010

**FINAL NOTICE OF TERMINATION SERVICEMEMBER'S  
GROUP LIFE INSURANCE**

NAVMC 11379 (08-07) (EF)

(Previous editions are obsolete)

Date of Notification:	Member's Name:	SSN:

This is the final notice that you are 60 days or more past due in the payment of premiums for your coverage under the Servicemember's Group Life Insurance (SGLI program). Consequently, your coverage was terminated effective: \_\_\_\_\_

You must still remit all SGLI premiums due for SGLI coverage through the above termination date, which is the amount of \$ \_\_\_\_\_

These premiums must be paid, even though your coverage has been terminated. Any amount not paid constitutes a debt to the Government. Legal collection remedies may be pursued including reporting to credit agencies and the Internal Revenue Service.

Send your payment to: Mobilization Command  
Finance Office (MOBCOM)  
15430 Andrews Rd,  
Bldg 605  
Kansas City, MO 64147

**Privacy Act Statement**

This form contains information that is provided for official use only and is protected from public disclosure by the Privacy Act of 1974 (Title 5 U.S.C. §552a) and exemption (b)(6) of the Freedom of Information Act (Title 5, U.S.C. §552, as amended). All recipients are required to ensure that this information is used solely for the specific official government business for which it was provided. Further duplication of this material with prior authorization from this office is not authorized. Civil and/or criminal penalties can apply for improper use.

Figure 10-14.--NAVMC 11379, Final Notice of Termination  
Servicemembers' Group Life Insurance



MARCORGLINSMAN

APPENDIX A

FREQUENTLY CALLED NUMBERS AND ADDRESSES

<u>NAME/ADDRESS</u>	<u>TELEPHONE</u>
<b>Commandant of the Marine Corps</b> Casualty Section (MRPC) 3280 Russell Road Quantico, VA 22134-5103	703-784-9512 DSN: 278 Toll Free: 800-847-1597 Fax: 703-784-4134 Fax: 703-784-9823
<b>Commanding General</b> MOBCOM 15303 Andrews Road Kansas City, MO 64147-1207	816-843-3240/3262 DSN: 894 Toll Free: 800-255-5082
<b>Department of the Air Force</b> ATTN: AFPC/DPWCS 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716	210-565-3505 DSN: 665 Toll Free: 800-433-0048
<b>U.S. Air Force Reserves</b> HQ ARPC-DPAEC Entitlements & Casualty Branch 6760 East Ernington Place #1800 Denver, CO 80280-1800	303-676-6438 DSN: 926 800-525-0102 ext. 71227
<b>Department of the Army</b> CMDR/PERSCOM Attn: (TAPC-PEC) Room 920 2461 Eisenhower Avenue Alexandria, VA 22331-0481	703-325-7990 DSN: 221 Toll Free: 800-626-3317
<b>U.S. Army Reserve</b> Commander-ARPERSCON ATTN: ARPC-PSP-R 1 Reserve Way St. Louis, MO 63132-5200	314-592-0123 DSN: 892 Toll Free: 800-318-5298

**Department of the Navy**

Commander  
Navy Personnel Command NPC - 621 901-874-4297  
5720 Integrity Drive DSN: 882  
Millington, TN 38055-6210 Toll Free: 800-368-3202

**Office of Servicemembers' Group Life Insurance**

290 W. Mt. Pleasant Avenue Toll Free: 800-419-1473  
Livingston, NJ 07039 Fax: 877-832-4943

**U.S. Coast Guard**

U.S. Coast Guard  
Commandant (G-WPM-2) 202-267-2229  
2100 Second Street, SW  
Washington, DC 20593

**NOAA**

Commissioned Personnel Center  
1315 East-West Highway, Rm 12100 See Coast Guard  
Silver Spring, MD 20910-3283

**Public Health Service**

Attn: Division of Commissioned Personnel  
Parklawn Building 301-594-2963  
5600 Fishers Lane Toll Free: 877-463-6327  
Rockville, MD 20857

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APPENDIX B

SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI) LEGISLATIVE HISTORY

1. Public Law 89-214, effective September 29, 1965, established the Servicemens' Group Life Insurance (SGLI) program. The law provided \$10,000 of group life insurance for all active duty members of the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the PHS and NOAA.
2. Public Law 91-291, effective June 25, 1970, amended the original law by increasing the maximum amount of coverage for all members to \$15,000 and by extending eligibility for limited periods of coverage to additional members.
3. Public Law 92-315, effective June 20, 1972, extended coverage to cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy, and the United States Coast Guard Academy.
4. Public Law 93-289, effective May 24, 1974, increased the maximum amount of coverage for all members to \$20,000 and extended full-time SGLI coverage to members of the Ready Reserves and Retired Reserves. The new law also provided for conversion of SGLI to a 5-year nonrenewable term policy called Veterans' Group Life Insurance (VGLI).
5. Public Law 97-66, effective December 1, 1981, increased the maximum amount of insurance under both the SGLI and VGLI programs to \$35,000.
6. Public Law 99-166, effective January 1, 1986, increased the maximum amount of coverage for all members to \$50,000 and extended VGLI coverage to members of the IRR and Inactive National Guard (ING).
7. Public Law 102-25, effective April 6, 1991, increased the maximum amount of insurance for all members to \$100,000, with lesser amounts available in increments of \$10,000.
8. Public Law 102-568, effective December 1, 1992, increased the maximum SGLI and VGLI available to \$200,000. Basic coverage remained at \$100,000 and an additional \$100,000 of supplemental coverage was made available to members of the uniformed services upon application. The new law also provided that VGLI in effect on or after December 1, 1992, is renewable.

9. Public Law 104-106, effective April 1, 1996, increased the amount of basic coverage to \$200,000. Members were automatically insured for \$200,000 and had to elect in writing to decline or reduce their coverage to less than \$200,000. The law also granted to secretaries of the military service departments the authority to terminate SGLI coverage when premiums are not paid.

10. Public Law 104-275, effective January 6, 1997, merged Retired Reservists SGLI into the VGLI program and extended VGLI to members of the Ready Reserves. The amendment also provided that members can convert their SGLI directly to a commercial policy of insurance and may convert VGLI to a commercial policy at any time rather than only at the end of 5-year periods. The law also renamed the SGLI program to Servicemembers' Group Life Insurance and included a provision that requires representatives of the military services to provide general information regarding insurance and SGLI and VGLI to its members.

11. Public Law 105-368, effective February 9, 1999, established an accelerated benefit option for terminally ill SGLI and VGLI insured. Under this option, a terminally ill member may receive in a lump-sum payment a portion of the face value of the insurance as an accelerated death benefit.

12. Public Law 106-419, effective April 1, 2001, increased the maximum amount of SGLI and VGLI coverage from \$200,000 to \$250,000. It also provided that members of the Individual Ready Reserves who are subject to involuntary call-up authority will be eligible to enroll in the SGLI program.

13. Public Law 107-14, effective November 1, 2001, established Family SGLI coverage for members of the uniformed services who are eligible for SGLI coverage. This law allows for elected SGLI insurance coverage of the member's spouse for up to \$100,000, in \$10,000 increments, and automatic coverage of the member's dependent children for \$10,000 for the time that they have full-time SGLI coverage. It also allows the dependent spouse the opportunity to convert SGLI Family coverage to a private life insurance policy.

14. Public Law 109-13 increased the maximum amount of SGLI and VGLI coverage from \$250,000 to \$400,000 effective September 1, 2005. It also provided for Traumatic Injury Coverage under SGLI effective December 1, 2005.

15. Public Law 109-80 made the increase in maximum SGLI and VGLI coverage to \$400,000, and the change in SGLI increments to \$50,000 permanent. It also provided for spousal notification of change in SGLI beneficiary and reduction or declination of coverage.

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16. Public Law 109-163 authorized an additional SGLI death gratuity of \$150,000 for the survivors of dependents who died between October 7, 2001 and May 11, 2005, and at the time of death were not eligible for the additional death gratuity for service in combat operations or zones. PL 109-163 also authorized the payment of an allowance-by the Secretary of the appropriate branch of service- to service members serving in OIF/OEF in an amount equal to the premium for the first \$150,000 of SGLI coverage; if the member has elected to be insured for less than \$150,000 of SGLI, then the amount of the allowance will equal the amount of his/her premium deduction for SGLI coverage.

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APPENDIX C

VETERANS' GROUP LIFE INSURANCE (VGLI) LEGISLATIVE HISTORY

1. The Veterans' Group Life Insurance Program was created by Public Law 93-289, The Veterans Insurance Act of 1974. The law was enacted May 24, 1974, and was effective August 12, 1974. It allowed veterans, upon separation, to convert their SGLI to a 5-year nonrenewable term policy called Veterans' Group Life Insurance (VGLI).
2. Public Law 99-166, was enacted December 3, 1985, and became effective January 1, 1986. It extended VGLI coverage to members of the Individual Ready Reserve (IRR) and Inactive National Guard (ING). It also provided that, if individuals remained in the IRR or ING through the 5-year period, they were entitled to renew their VGLI for additional 5-year periods. There is no limit on the number of times they may renew provided they remain in the IRR or ING. At the end of the term period, these insured have the right to convert their insurance to a permanent plan life insurance policy with one of the companies that participate in the program rather than renewing it.
3. Public Law 102-568, effective December 1, 1992, provided that VGLI in effect on or after the effective date of the law will be renewable for additional 5-year periods for all VGLI insured.
4. Public Law 104-275, effective January 6, 1997, merged Retired Reservists SGLI into the VGLI program and extended VGLI coverage to members of the Ready Reserves who have SGLI coverage and who are released from a drilling assignment. It also provided that individuals with VGLI coverage may, at any time, convert their VGLI coverage to an individual commercial policy, rather than only at the end of a 5-year renewal period.
5. Public Law 105-368, effective February 9, 1999, established an accelerated benefit option for terminally ill SGLI and VGLI insured. Under this option, a terminally ill member may receive in a lump-sum payment a portion of the face value of the insurance as an accelerated death benefit.
6. Public Law 106-419, effective April 1, 2001, increased the maximum amount of SGLI and VGLI coverage from \$200,000 to \$250,000. It also provided that members of the Individual Ready Reserves who are subject to involuntary call-up authority will be eligible to enroll in the SGLI program.

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7. Public Law 109-13 increased the maximum amount of SGLI and VGLI coverage from \$250,000 to \$400,000 effective September 1, 2005. It also provided for Traumatic Injury Coverage under SGLI effective December 1, 2005.

8. Public Law 109-80 made the increase in maximum SGLI and VGLI coverage to \$400,000, and the change in SGLI increments to \$50,000 permanent. It also provided for spousal notification of change in SGLI beneficiary and reduction or declination of coverage.