

CHECK

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☒ Decline insurance coverage

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

Last name First name Middle name
DOE JOHN HAROLD

Rank, title or grade
CADET

Social Security Number
000-00-0000

Branch of Service (Do not abbreviate)
U.S. ARMY RESERVE (ROTC)

Current Duty Location
Army ROTC, BYU, 320 Wells ROTC Bldg, Provo, UT 84602

Amount of Insurance

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

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

- ☐ I want coverage in the amount of \$ _____ Your initials _____
☐ _____

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

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

Beneficiary(ies) and Payment Options

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

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. ★ SINCE THIS				
2. CADET IS NOT				
3. SMP + SINCE NOT				
4. ELIGIBLE FOR				
SGLI UNTIL				
LOAC - WE HAD THE CADET DECLINE				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

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

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

SIGN HERE IN INK

John H. Doe
(Your signature. Do not print.)

Date: **4 SEP 08**

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

RECEIVED BY:

RANK, TITLE OR GRADE

ORGANIZATION

DATE RECEIVED

John H. Doe

HRA

BYU ARMY ROTC

4 SEP 08

SGLV 8286, September 2007

★ HRA SHOULD SIGN

Copy 1 - Member's Official Personnel File
Copy 2 - To Member
Copy 3 - To Active or Reserve Component of Uniformed Service

p. 2