



Designation of Beneficiary

Federal Employees' Group Life Insurance (FEGLI) Program

(DO NOT erase or cross-out. Use a new form.)

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (<i>Last, first, middle</i>)	Date of birth of Insured (<i>mm/dd/yyyy</i>)	Social Security Number of Insured
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The Insured is: <i>Place an "X" in the appropriate box.</i>	<input type="checkbox"/> an employee	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:
	<input type="checkbox"/> a retiree	
	<input type="checkbox"/> a compensationer	

Department or agency where the Insured works (*If retired, last department or agency where the Insured worked*):

Department or agency Departments of the Army & Air Force	Bureau or division NGHI, TAG-HI, HRO-M	Location (<i>city, state, and ZIP code</i>) Honolulu, HI 96816-4495
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B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (<i>Including ZIP code</i>)	Relationship	Percent or fraction designated

Total (Must equal 100% or 1.0) (Do not use dollar amounts) _____
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

C. Statement of Insured or Assignee (type or print)

Your name and address (<i>Including ZIP code</i>) ----- ----- -----	Please check one: I am:	Please check all three:
	<input type="checkbox"/> the Insured	<input type="checkbox"/> I have not assigned the insurance.
	<input type="checkbox"/> an Assignee	<input type="checkbox"/> Two people who witnessed my signature signed below.
<i>See Back of Part 2 for definitions</i>		<input type="checkbox"/> I did not name either witness as a beneficiary.

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (<i>Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.</i>) This form is not valid unless the Insured/Assignee signs in this box. ☞	Date (<i>mm/dd/yyyy</i>)
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D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness ☞	Address (<i>Including ZIP code</i>) 3949 DIAMOND HD RD, HONOLULU, HI 96816
Signature of witness ☞	Address (<i>Including ZIP code</i>) 3949 DIAMOND HD RD, HONOLULU, HI 96816

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency	Date of receipt (<i>mm/dd/yyyy</i>)	Signature of authorized official	Title
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Part 1 - Original