

## FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI) PROGRAM

(Revised 1 July 2010)

### **NOTICE AND ELECTION FORM - EXTENSION OF COVERAGE WHEN CALLED TO ACTIVE DUTY**

Name of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

***You must make your election on this notice and return it to the Human Resources Office before the end of your 12 months in nonpay status or your FEGLI coverage will automatically terminate at that time. Terminated coverage is reinstated upon your return to a "pay and duty status."***

Public Law 110-181, the Department of Homeland Security Appropriations Act, enacted 28 January 2008, authorizes the continuation of FEGLI coverage for an additional 12 months, up to a total of 24 months, for Federal employees called to active duty in the uniformed services.

Currently, employees enrolled in the FEGLI program, who enter on nonpay status while on active duty, are entitled to have their FEGLI coverage continue for up to 12 months without cost. For FEGLI purposes, employees who separate to go on military duty, are also considered to be in a nonpay status. For these separated employees, FEGLI continues free for 12 months or until 90 days after military service ends, whichever date comes first. At that time, the coverage terminates, subject to a 31-day extension of coverage and the right to convert to an individual policy.

The new law allows you to continue FEGLI coverage and/or reduce the coverage of any optional insurance for an ***additional*** 12 months. At that time, the coverage will end with a right to convert to an individual policy. During the additional 12 months of coverage, you must pay both the employee and agency share of premiums for Basic coverage and the full premium for any Optional coverage (there is no agency contribution). The new law allows coverage to continue only for the additional 12 months.

You have two choices: (1) Elect to have your FEGLI coverage terminate at the end of the first 12 months of nonpay status, ***or*** (2) elect to continue the coverage for an additional 12 months and agree to pay the premiums for this additional time period. ***Payment of premiums for the second 12 months must be made on a current basis with the payroll office. You may not incur a debt.***

If you wish to continue your FEGLI coverage for an ***additional*** 12 months, you must agree to the following terms and conditions. **Please indicate your election on this notice by writing your initials next to your election, print your name, and sign your full signature where requested.**

**TERMINATION:** If you indicate in the notice that you elect to terminate your FEGLI coverage at the end of the first 12 months in nonpay status or if we do not receive a completed election form from you prior to the end of the first 12-month period, your FEGLI coverage will be terminated at the end of 12 months in nonpay status. Your coverage will continue for an additional 31 days at no cost to you. During those 31 days, you will be eligible to convert to an individual policy and you will be given information regarding your right to convert to an individual policy. Your FEGLI coverage will be reinstated upon return to a "pay and duty status."

**CONTINUATION:** If you elect to continue your FEGLI coverage, you must pay the premiums, both the employee and agency share, for Basic coverage and the full premium for any Optional coverage. You must submit payments directly to the designated payroll disbursing office on a bi-weekly pay period basis as instructed by your employing agency. Employees will be permitted to send in advance payments due to the sensitivity of their mission and possible delay of mail service at various locations.

**Please complete the election notice on the reverse side of this notice.**

## **FEGLI Notice and Election Form**

I have read the information on the other side of this notice, and I understand my choices. Here is my election ***(please initial one)***:

- [     ]        I elect to terminate my FEGLI coverage at the end of 12 months in nonpay status, subject to a 31-day extension of coverage and the right to convert to an individual policy. I understand that the coverage will be reinstated automatically upon my return to work in pay and duty status in a FEGLI-eligible position.
- [     ]        I elect to continue my FEGLI coverage for an additional 12 months after completion of my first 12 months in nonpay status. By choosing to continue coverage I agree to pay the applicable premiums, both the employee and the agency share for Basic coverage and the full premium for any Optional coverage, for each additional month after the first 12 months in nonpay status. My failure to pay the premiums on a bi-weekly basis within the required timeframe (FEGLI coverage will terminate after two consecutively missed payments) will constitute a voluntary cancellation of my coverage, subject to the 31-day extension of coverage and the right to convert to an individual policy.
- [     ]        I elect to continue and reduce my FEGLI coverage for an additional 12 months after completion of my first 12 months in nonpay status. By choosing to reduce my FEGLI coverage I agree to pay the applicable premiums, both the employee and the agency share for Basic coverage and the full premium for any Optional coverage, for each additional month after the first 12 months in nonpay status. My failure to pay the premiums on a biweekly basis within the required timeframe (FEGLI coverage will terminate after two consecutively missed payments) will constitute a voluntary cancellation of my coverage, subject to the 31-day extension of coverage and the right to convert to an individual policy. ***A letter must accompany this form outlining which FEGLI coverage you would like to become effective after the initial 12 months.***

***Upon return of the completed form, the Human Resources Office will provide you with additional information to include the biweekly cost of premiums, effective date, timelines, copy of the payroll remittance form, and explanation on what happens when premiums are not received. The cost of your premiums are subject to change due to the coverage that you elect, increases in pay, and changes to age groups which are used to calculate the cost of FEGLI coverage. Upon your return to duty, your FEGLI coverage will be restored to the election which was in place prior to being placed in a nonpay status. The Human Resource Office will fax this form to the DFAS Indianapolis Civilian Payroll Office.***

\_\_\_\_\_  
Employee's Name (Please Print)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Employing Agency HRO Representative Name)

\_\_\_\_\_  
(Employing Agency HRO Representative Signature)

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
(Date)

97380100 (Air) OR 97380800 (Army)  
Employee's Payroll Office No. (Circle One)

\_\_\_\_\_  
(Date)

(HRO use only) For DFAS: If you have any questions, you can reach me at (*phone*) \_\_\_\_\_

and/or (*email*) \_\_\_\_\_.