



FEGLI '99 Open Enrollment Period
Election Form
Federal Employees' Group Life Insurance Program



**Use This Form for
FEGLI '99
Open Enrollment Period Elections**

April 24 – June 30, 1999

- Use this form to change your coverage or to enroll.

If you change your coverage or enroll, you must sign for **EACH** type of coverage you elect.

If you do not sign for a particular type of coverage, even if you have it now, it will be cancelled on the effective date of this election.

The earliest that elections made using this form can be effective is April 23, 2000. See Item 2 of the form for more information or contact your human resources office.

- If you are satisfied with your coverage and do not want to make a change, do not complete this form.
- If you want to waive or cancel coverage and you want the waiver or cancellation to be effective right away, use the *Life Insurance Election* form, SF 2817.



FEGLI '99 Open Enrollment Period Election Form

Federal Employees' Group Life Insurance Program

1 Instructions

Use this form **ONLY** for Open Enrollment Period elections during the FEGLI '99 Open Enrollment Period from April 24 – June 30, 1999. Use SF 2817, *Life Insurance Election*, for all other elections and all waivers of coverage.

- Read the back of Part 3 — Employee Copy carefully.
- Give your completed form to your human resources office.
- Do not separate the parts. Your human resources office will complete the form and return your copy to you.

This election supersedes all previous elections. Be sure you sign for ALL coverage you wish to have — not just for the new coverage you wish to elect during this open enrollment period.

2 Effective date

New coverage you elect during this open enrollment period will be effective on the first day of your first pay period that begins on or after April 23, 2000, which immediately follows one in which you were at work in a pay status for at least 32 hours for full-time employees. If you are a part-time employee, you must have been at work in a pay status for one-half of the regularly scheduled tour of duty (TOD) shown on your current SF 50. If you are on an intermittent schedule or do not have a regularly scheduled TOD, you must have been at work in a pay status for one-half of the hours you customarily work. The new coverage will not be used in calculating any benefits payable before that effective date.

3 Fill in identifying information about yourself

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency			Department or agency location where you work (City, state, ZIP Code)	

4	Basic	<p>To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of Optional insurance.</p> <p>I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p>
Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)		Date (mm/dd/yyyy)

5 Optional

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family																								
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td><td>1 times my pay</td> <td><input type="checkbox"/></td><td>3 times my pay</td> </tr> <tr> <td><input type="checkbox"/></td><td>2 times my pay</td> <td><input type="checkbox"/></td><td>4 times my pay</td> </tr> <tr> <td><input type="checkbox"/></td><td>5 times my pay</td> <td><input type="checkbox"/></td><td>5 times my pay</td> </tr> </table>	<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	3 times my pay	<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	4 times my pay	<input type="checkbox"/>	5 times my pay	<input type="checkbox"/>	5 times my pay	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td><td>1 multiple</td> <td><input type="checkbox"/></td><td>3 multiples</td> </tr> <tr> <td><input type="checkbox"/></td><td>2 multiples</td> <td><input type="checkbox"/></td><td>4 multiples</td> </tr> <tr> <td><input type="checkbox"/></td><td>5 multiples</td> <td><input type="checkbox"/></td><td>5 multiples</td> </tr> </table>	<input type="checkbox"/>	1 multiple	<input type="checkbox"/>	3 multiples	<input type="checkbox"/>	2 multiples	<input type="checkbox"/>	4 multiples	<input type="checkbox"/>	5 multiples	<input type="checkbox"/>	5 multiples
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Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)																								

6 To be completed by agency.	Remarks:						
Name and address of human resources office	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date received in human resources office (mm/dd/yyyy)</td> <td style="width: 50%;">Effective date of coverage (mm/dd/yyyy)</td> </tr> <tr> <td colspan="2">I followed the instructions on the back of Part 1.</td> </tr> <tr> <td colspan="2">Signature of authorized agency official</td> </tr> </table>	Date received in human resources office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	I followed the instructions on the back of Part 1.		Signature of authorized agency official	
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Instructions for Agencies

1. Who should file this form

Eligible employees (including reemployed annuitants) who wish to elect new coverage during the FEGLI '99 Open Enrollment Period.

2. Who should not file this form

- Employees who are electing coverage due to a life event, approval of a physical, or appointment to a position that allows life insurance coverage. They must use SF 2817, *Life Insurance Election*.
- Employees who want to waive (voluntarily cancel) some or all of their current coverage and who do not want to elect new coverage during this open enrollment period. They must use SF 2817, *Life Insurance Election*.
- Assignees (assignees can only cancel coverage — they cannot elect new coverage and cannot participate in the FEGLI '99 Open Enrollment Period).
- Annuitants and compensationers (they cannot participate in the FEGLI '99 Open Enrollment Period unless they are reemployed in a position that allows life insurance coverage).

3. Review of completed form

Agencies should review the original and all copies of this form to see that they are legible and complete. If an employee signs the box for Option A, Option B or Option C in Item 5, he or she must also sign Item 4, Basic.

Only the employee may sign this form. Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Instruct the employee that, while the agency will make sure that this form is complete, the employee is solely responsible for ensuring that this form accurately reflects his or her intentions.

4. Completion of form

The Personnel Officer or his or her designated representative must sign the form in Item 6.

5. Date received

Enter the date the human resources office received this form.

6. Effective date of coverage

Elections made during the FEGLI '99 Open Enrollment Period are effective on the first day of the first pay period beginning on or after April 23, 2000, which immediately follows one in which the employee was in a pay and duty status for at least 32 hours

for full-time employees. Part-time employees must have been in a pay and duty status for one-half of the regularly scheduled tour of duty (TOD). Employees on an intermittent schedule or without a regularly scheduled TOD must have been in a pay and duty status for one-half of the hours customarily worked.

7. Disposition of this form

Give Part 4 to the employee to indicate receipt of the election. Agencies must develop a system for holding the election forms until they can be processed in 2000. Whether you put them in the Official Personnel Folder (OPF) or other personnel folder, or maintain them separately from the OPF, you should flag the OPF in some way to indicate that the employee made an open enrollment period election. Use Part 3 to notify the employee when the coverage is effective. File Part 1 in the employee's OPF. Destroy Part 2 after payroll office use.

8. How coverage continues into retirement or compensation

In order to carry coverage into retirement or compensation, an employee must have had that coverage for

- a. the 5 years of service immediately preceding the commencing date of his/her annuity (or preceding the date he or she became eligible for compensation), or
- b. the entire period of service during which that coverage was available to him/her, if less than 5 years (meaning that he/she had it from his/her first opportunity to enroll in that coverage).

This open enrollment period is **NOT** a first opportunity to elect coverage, except extra multiples of Option C. If employees retire or begin receiving compensation payments from the Department of Labor less than 5 years after the effective date of this open enrollment period election (see "6. Effective date of coverage"), they will not be able to carry any newly acquired coverage into retirement/compensation.

Employees may be able to continue into retirement/compensation the Option C coverage they elect during this open enrollment period. See Benefits Administration Letter 99-203 dated February 9, 1999, and applicable regulations concerning this open enrollment period for more information on continuing Option C coverage into retirement/compensation.

9. Further information

For further information, consult your agency headquarters insurance officer, call the FEGLI '99 Open Enrollment Period Hotline at 202-606-0163, or visit the OPM website at www.opm.gov/insure/life.



FEGLI '99 Open Enrollment Period Election Form

Federal Employees' Group Life Insurance Program

SF 50 Equivalents of Insurance Codes

INSURANCE SF 50

INELIGIBLE	A0	1004	E4	1110	H0	1113	J3	1024	M4	1130	P0	1133	R3	1044	U4	1150	X0	1153	Z3
0000	B0	1005	E5	1011	I1	1114	J4	1025	M5	1031	Q1	1134	R4	1045	U5	1051	Y1	1154	Z4
1000	C0	1101	F1	1012	I2	1115	J5	1121	N1	1032	Q2	1135	R5	1141	V1	1052	Y2	1155	Z5
1100	D0	1102	F2	1013	I3	1020	K0	1122	N2	1033	Q3	1040	S0	1142	V2	1053	Y3		
1001	E1	1103	F3	1014	I4	1120	L0	1123	N3	1034	Q4	1140	T0	1143	V3	1054	Y4		
1002	E2	1104	F4	1015	I5	1021	M1	1124	N4	1035	Q5	1041	U1	1144	V4	1055	Y5		
1003	E3	1105	F5	1111	J1	1022	M2	1125	N5	1131	R1	1042	U2	1145	V5	1151	Z1		
		1010	G0	1112	J2	1023	M3	1030	90	1132	R2	1043	U3	1050	W0	1152	Z2		

3 Fill in identifying information about yourself

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency			Department or agency location where you work (City, state, ZIP Code)	

4 **Basic**

In Item 7: If this block is not signed, have employee sign it otherwise all coverage is waived. If this block is signed, enter 1 in box 1.

Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
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5 **Optional**

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family																								
In Item 7, box 2: If this block is not signed, enter 0 If this block is signed, enter 1	In Item 7, box 3: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below. <table style="margin-left: 40px; margin-top: 10px;"> <tr> <td><input type="checkbox"/></td><td>1 times my pay</td> <td><input type="checkbox"/></td><td>3 times my pay</td> </tr> <tr> <td><input type="checkbox"/></td><td>2 times my pay</td> <td><input type="checkbox"/></td><td>4 times my pay</td> </tr> <tr> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td>5 times my pay</td> </tr> </table>	<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	3 times my pay	<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	4 times my pay	<input type="checkbox"/>		<input type="checkbox"/>	5 times my pay	In Item 7, box 4: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below. <table style="margin-left: 40px; margin-top: 10px;"> <tr> <td><input type="checkbox"/></td><td>1 multiple</td> <td><input type="checkbox"/></td><td>3 multiples</td> </tr> <tr> <td><input type="checkbox"/></td><td>2 multiples</td> <td><input type="checkbox"/></td><td>4 multiples</td> </tr> <tr> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td>5 multiples</td> </tr> </table>	<input type="checkbox"/>	1 multiple	<input type="checkbox"/>	3 multiples	<input type="checkbox"/>	2 multiples	<input type="checkbox"/>	4 multiples	<input type="checkbox"/>		<input type="checkbox"/>	5 multiples
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6 To be completed by agency. Remarks:

Name and address of human resources office	Date received in human resources office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)
I followed the instructions on the back of Part 1.		
Signature of authorized agency official		

7 INSTRUCTIONS: Enter codes in the boxes on the right as directed in Items 4 and 5 above.

Insurance Code	SF 50 Equivalent
1 2 3 4	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

The employee's copy of this form, when completed by the human resources office, together with the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.



FEGLI '99 Open Enrollment Period Election Form

Federal Employees' Group Life Insurance Program

1 Instructions

Use this form **ONLY** for Open Enrollment Period elections during the FEGLI '99 Open Enrollment Period from April 24 – June 30, 1999. Use SF 2817, *Life Insurance Election*, for all other elections and all waivers of coverage.

- Read the back of Part 3 — Employee Copy carefully.
- Give your completed form to your human resources office.
- Do not separate the parts. Your human resources office will complete the form and return your copy to you.

This election supersedes all previous elections. Be sure you sign for ALL coverage you wish to have — not just for the new coverage you wish to elect during this open enrollment period.

2 Effective date

New coverage you elect during this open enrollment period will be effective on the first day of your first pay period that begins on or after April 23, 2000, which immediately follows one in which you were at work in a pay status for at least 32 hours for full-time employees. If you are a part-time employee, you must have been at work in a pay status for one-half of the regularly scheduled tour of duty (TOD) shown on your current SF 50. If you are on an intermittent schedule or do not have a regularly scheduled TOD, you must have been at work in a pay status for one-half of the hours you customarily work. The new coverage will not be used in calculating any benefits payable before that effective date.

3 Fill in identifying information about yourself

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency			Department or agency location where you work (City, state, ZIP Code)	

4	Basic	<p>To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of Optional insurance.</p> <p>I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p>
Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)		Date (mm/dd/yyyy)

5 Optional

If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family																								
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td><td>1 times my pay</td> <td><input type="checkbox"/></td><td>3 times my pay</td> </tr> <tr> <td><input type="checkbox"/></td><td>2 times my pay</td> <td><input type="checkbox"/></td><td>4 times my pay</td> </tr> <tr> <td><input type="checkbox"/></td><td>5 times my pay</td> <td><input type="checkbox"/></td><td>5 times my pay</td> </tr> </table>	<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	3 times my pay	<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	4 times my pay	<input type="checkbox"/>	5 times my pay	<input type="checkbox"/>	5 times my pay	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td><td>1 multiple</td> <td><input type="checkbox"/></td><td>3 multiples</td> </tr> <tr> <td><input type="checkbox"/></td><td>2 multiples</td> <td><input type="checkbox"/></td><td>4 multiples</td> </tr> <tr> <td><input type="checkbox"/></td><td>5 multiples</td> <td><input type="checkbox"/></td><td>5 multiples</td> </tr> </table>	<input type="checkbox"/>	1 multiple	<input type="checkbox"/>	3 multiples	<input type="checkbox"/>	2 multiples	<input type="checkbox"/>	4 multiples	<input type="checkbox"/>	5 multiples	<input type="checkbox"/>	5 multiples
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Instructions for Employees

1. General information

Use this form ONLY to elect coverage during the FEGLI '99 Open Enrollment Period.

If you want to cancel coverage or elect coverage as a new employee or due to a life event or approval of a physical, use SF 2817, *Life Insurance Election*.

Be sure that you sign for ALL coverage you now have that you wish to keep. Also sign for any NEW coverage you wish to elect. If you do not sign for a particular type of coverage, even if you have it now, it will be cancelled on the effective date of this election (see "2. Effective date of coverage", below).

2. Effective date of coverage

Coverage you elect during the FEGLI '99 Open Enrollment Period will be effective on the first day of your first pay period that begins on or after **April 23, 2000**, which immediately follows one in which you were at work in a pay status for at least 32 hours for full-time employees. If you are a part-time employee, you must have been at work in a pay status for one-half of the regularly scheduled tour of duty (TOD) shown on your current SF 50. If you are on an intermittent schedule or do not have a regularly scheduled TOD, you must have been at work in a pay status for one-half of the hours you customarily work. The new coverage will not be used in calculating any benefits payable before that effective date.

3. When you can continue coverage into retirement or compensation

In order to carry coverage into retirement or compensation, you must have had that coverage for

- a. the 5 years of service immediately preceding the commencing date of your annuity (or preceding the date you became eligible for compensation), or
- b. the entire period of service during which that coverage was available to you, if less than 5 years (meaning that you had it from your first opportunity to enroll in that coverage).

This open enrollment period is **NOT** a first opportunity to elect coverage, except extra multiples of Option C.

If you retire or begin receiving compensation payments from the Department of Labor less than 5 years after the effective date of this open enrollment period election (see "2. Effective date of cov-

erage"), you will not be able to carry any newly acquired coverage into retirement/compensation.

You may be able to continue increased Option C coverage into retirement. See your human resources office if you plan to retire before 5 years after the effective date of your open enrollment period election.

4. How to complete and review your election form

Follow the instructions for each item carefully. After you fill out the form, review it to be sure it is complete and correct. The following list should help.

If you sign Item 4, you elect Basic.

If you sign any block in Item 5, you must also sign Item 4. (To elect an option, you must also elect Basic.)

If you sign Item 5 for Option B and/or Option C, you must also mark one of the 5 boxes to show how many multiples you wish to elect. Do not mark more than 1 box for each option.

Be sure you sign for every option you want.

This election supersedes all previous ones.

Only you, the employee, may sign this form. Signatures by guardians, conservators, or through a power of attorney, are not acceptable.

REMEMBER THAT YOU, NOT YOUR AGENCY, ARE RESPONSIBLE FOR ENSURING THAT YOUR FEGLI '99 OPEN ENROLLMENT PERIOD ELECTION IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS. IF YOU DO NOT SIGN FOR IT, YOU HAVE WAIVED IT.

5. Assignment

If you have assigned your coverage by filing an RI 76-10, *Assignment of Federal Employees' Group Life Insurance*, any new coverage you elect during the FEGLI '99 Open Enrollment Period will be subject to that assignment except Option C. Your assignee(s) may not elect coverage during the open enrollment period.

6. Further information

For further information, visit your human resources office or the OPM website at www.opm.gov/insure/life.



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If you signed for Basic in Item 4 on this form, you may elect or retain any or all of the following options. Sign the box(es) below for any option(s) you wish to elect or retain. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family																								
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">1 times my pay</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">3 times my pay</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">2 times my pay</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">4 times my pay</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">5 times my pay</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">5 times my pay</td> </tr> </table>		1 times my pay		3 times my pay		2 times my pay		4 times my pay		5 times my pay		5 times my pay	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">1 multiple</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">3 multiples</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">2 multiples</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">4 multiples</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">5 multiples</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 2px;">5 multiples</td> </tr> </table>		1 multiple		3 multiples		2 multiples		4 multiples		5 multiples		5 multiples
	1 times my pay		3 times my pay																							
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	5 times my pay		5 times my pay																							
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	2 multiples		4 multiples																							
	5 multiples		5 multiples																							
Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only you may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)																								
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)																								

6 To be completed by agency.	Remarks:						
Name and address of human resources office	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date received in human resources office (mm/dd/yyyy)</td> <td style="width: 50%;">Effective date of coverage (mm/dd/yyyy)</td> </tr> <tr> <td colspan="2">I followed the instructions on the back of Part 1.</td> </tr> <tr> <td colspan="2">Signature of authorized agency official</td> </tr> </table>	Date received in human resources office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	I followed the instructions on the back of Part 1.		Signature of authorized agency official	
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Signature of authorized agency official							



This form is only an acknowledgement of your open enrollment period election. Your new coverage is **NOT** yet effective.

Please note that the coverage you elected during this open enrollment period will be effective the first pay period on or after April 23, 2000, that immediately follows one in which you are at work in a pay status for at least 32 hours for full-time employees.

If you are a part-time employee, you must be at work and in a pay status for one-half of the regularly-scheduled tour of duty shown on your current SF 50.

If you are on an intermittent schedule or do not have a regularly scheduled tour of duty, you must be at work and in a pay status for one-half of the hours you customarily work.

Please keep this copy for your records until you receive confirmation from your human resources office that they have processed your election and it is effective.

You should receive confirmation shortly after the effective date of your election.