



**LIFE INSURANCE ELECTION
DISTRICT OF COLUMBIA EMPLOYEES GROUP
LIFE INSURANCE PROGRAM**

**See Privacy Act
Information on
Reverse Side**

1 General Instructions: By law, a person who is not excluded from coverage automatically has Basic Life insurance, unless he or she waives all coverage. When you first become eligible for DCEGLI you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the reverse side.

To complete this form:

- Read the back of Part 3—Employee Copy carefully
- Type or print in ink. Use sufficient pressure to make all copies legible.
- Do not separate the parts. Your Servicing Personnel Office will certify the completed form and return your copy to you. This form should be kept with your personal papers.

2 Fill in identifying information

Name (Last)	(First)	(Middle)	Date of Birth (Month, Day, Year)	Social Security Number	
Employing Department or Agency					

3 To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

Basic Life	I want the Basic Life Insurance. I authorize deductions to pay my share of the cost.	
	Signature (Do not print)	Date (Month, Day, Year)

4 If you have elected Basic Life, you may elect any or all of the following options. Sign the box below for any option(s) you want. (You will not have coverage for any option(s) for which you do not sign.)

Option A—Standard	Option B—Additional	Option C—Family
I want the Standard \$10,000 optional insurance. I authorize deductions to pay the full cost.	I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)	I want the Family optional insurance. I understand that in the event of the death of my spouse I would receive \$5,000 and upon the death of a child I would receive \$2,500. I authorize deductions to pay the full cost.
	<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay <input type="checkbox"/> 3 times my pay <input type="checkbox"/> 4 times my pay <input type="checkbox"/> 5 times my pay	
Signature (Do not print)	Date	Signature (Do not print)
		Date

5 If you want NO life insurance coverage at all, sign and date below.

Waiver of All Life Insurance Coverage	I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my Servicing Personnel Office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in District service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the reverse side, and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.	
	Signature (Do not print)	Date

For the Servicing Personnel Office Only

Certification I certify that the above named employee is eligible for the insurance coverage he or she has elected above.	Date of Receipt in Servicing Personnel Office (Month, Day, Year)	Number of Event Permitting Change <input type="checkbox"/>
	Signature of Authorized Agency Official	Effective Date of Coverage (Month, Day, Year)
		Payroll Office—Insurance Code
		1 2 3 4 Form 1

White Copy—Personnel Folder

Canary Copy—Payroll

Pink Copy—Employee

DC Office of Personnel
DC SF 1275

