



The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance for the United States Navy, the United States Army and the United States Air Force. All coverage and beneficiary elections for members of the Navy, the Army and the Air Force should be made in SOES. This form should only be used in special circumstances as defined by the United States Navy, the United States Army and the United States Air Force.

1. About You

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Duty Location	Branch of Service	Current Amount of SGLI
<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="text"/>	<input type="text"/>
	If married, spouse's name	Spouse's Date of Birth

2. About Your Coverage *This form replaces all prior designations.*

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- Increase or restore my SGLI coverage to \$ _____. *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)*
- Reduce my SGLI coverage to \$ _____. *You must complete sections 3 & 5.*
- Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5 only.*
" _____ "

SGLI coverage is available in increments of \$50,000 up to a maximum of \$400,000. Traumatic Injury Protection (TSGLI) coverage is automatic with SGLI coverage.

3. About Your Beneficiaries *Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.*

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (%) – The sum of shares must equal 100%. Each share must be greater than 0%.	Payment Option (Lump sum* or 36 equal monthly payments)
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

Secondary Name and Address

Social Security Number
(If available)

Relationship to you

Share to each (%) – The sum of shares must equal 100%. **Each share must be greater than 0%.** Payment Option (Lump sum* or 36 equal monthly payments)

1.

2.

3.

4.

Have more beneficiaries? Check this box if 1) You have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2) You are attaching additional documentation to complete your beneficiary designation noted above.

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

4. About Your Health Complete this section ONLY if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender Female Male

Have you had, been treated for, or had known indications of:

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature *You must complete this section.*

I have read the information on page 3 and instructions on page 4 and understand that:

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) at the same time, but the combined amount cannot be more than \$400,000. VGLI is lifetime renewable post-separation coverage available to Service Members who separate with SGLI coverage.
- Reducing SGLI coverage can affect the amount of my family coverage (FSGLI) and VGLI coverage (see instructions on page 4).
- By declining or canceling SGLI coverage, I am also declining family coverage (FSGLI) and Traumatic Injury Protection (TSGLI). I am also not eligible for any post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniformed services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

Service Member Signature	Social Security Number	Date Signed (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve <input type="checkbox"/>
Contact telephone/email	Disapprove <input type="checkbox"/>
Date	Date
Address	