

Life Insurance Election
Federal Employees' Group Life Insurance Program
See Privacy Act Statement on back of Part 3

Form Approved:
OMB No. 3206-0230

Federal Employees
Group Life Insurance

1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but decline all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency		OWCP claim number, if applicable	Department or agency location where employee works (City, state, ZIP Code)	

3 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. If you do not want any insurance at all, skip to Section 5.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.) Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
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4 Optional If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet.) Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you waive one or more of the options, your future opportunities to enroll in it are strictly limited. **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="width: 100%;"><tr><td><input type="checkbox"/> 1 times my pay</td><td><input type="checkbox"/> 3 times my pay</td></tr><tr><td><input type="checkbox"/> 2 times my pay</td><td><input type="checkbox"/> 4 times my pay</td></tr><tr><td></td><td><input type="checkbox"/> 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	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="width: 100%;"><tr><td><input type="checkbox"/> 1 multiple</td><td><input type="checkbox"/> 3 multiples</td></tr><tr><td><input type="checkbox"/> 2 multiples</td><td><input type="checkbox"/> 4 multiples</td></tr><tr><td></td><td><input type="checkbox"/> 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"/> 1 times my pay	<input type="checkbox"/> 3 times my pay													
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	<input type="checkbox"/> 5 multiples													
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Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)												

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

Waiver of all life insurance coverage	I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree. Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
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6 To be completed by agency. Remarks:	Number of event permitting change (See back of Part 2)	
Name and address of employing office	Date received in employing 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		

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

PART 1 - File in Official Personnel Folder

NSN 7540-01-231-4280
2817-104

Standard Form 2817
Rev. April 1999
Prior editions obsolete and unusable

Instructions for Agencies

1. Who Should File This Form

- New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions which did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver or declination that has been in effect for at least one year.

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, **unless** the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, **only** the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but **not** Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples is limited as listed in the previous paragraph.

2. Review of Completed Form

Agencies should review the original and both copies of SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Exception: If the employee assigned his or her insurance, only the assignee(s) may **waive** some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot **increase** the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

4. Date Received

Enter the date the employing office received this form.

5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI website at www.opm.gov/insure/life.

Life Insurance Election
Federal Employees' Group Life Insurance Program

Form Approved:
OMB No. 3206-0230

Federal Employees
Group Life Insurance

1	SF 50 Equivalents of Insurance Codes																			
	INSURANCE	SF 50	1004	E4	1110	H0	1113	J3	1024	M4	1130	P0	1133	R3	1044	U4	1150	X0	1153	Z3
	INELIGIBLE	A0	1005	E5	1011	I1	1114	J4	1025	M5	1031	Q1	1134	R4	1045	U5	1051	Y1	1154	Z4
	0000	B0	1101	F1	1012	I2	1115	J5	1121	N1	1032	Q2	1135	R5	1141	V1	1052	Y2	1155	Z5
	1000	C0	1102	F2	1013	I3	1020	K0	1122	N2	1033	Q3	1040	S0	1142	V2	1053	Y3		
	1100	D0	1103	F3	1014	I4	1120	L0	1123	N3	1034	Q4	1140	T0	1143	V3	1054	Y4		
	1001	E1	1104	F4	1015	I5	1021	M1	1124	N4	1035	Q5	1041	U1	1144	V4	1055	Y5		
	1002	E2	1105	F5	1111	J1	1022	M2	1125	N5	1131	R1	1042	U2	1145	V5	1151	Z1		
	1003	E3	1010	G0	1112	J2	1023	M3	1030	90	1132	R2	1043	U3	1050	W0	1152	Z2		

2	Fill in identifying information concerning the employee.				
Name (Last)		(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency			OWCP claim number, if applicable	Department or agency location where employee works (City, state, ZIP Code)	

3	In Item 7: If this block is not signed, enter 0 in ALL FOUR boxes. If this block is signed, enter 1 in box 1.	
Basic	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)

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 <div><div>1 times my pay</div><div>2 times my pay</div><div>3 times my pay</div><div>4 times my pay</div><div>5 times my pay</div></div>	In item 7, box 4: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below <div><div>1 multiple</div><div>2 multiples</div><div>3 multiples</div><div>4 multiples</div><div>5 multiples</div></div>
Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee 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)

5	If you want NO life insurance coverage at all, sign and date below.	
Waiver of all life insurance coverage	In Item 7: If this block is signed, enter 998	
	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)

6	To be completed by agency.	Number of event permitting change (See back of Part 2)
Name and address of employing office		Date received in employing 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 1 2 3 4 0	SF 50 Equivalent
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See Privacy Act Statement on back of Part 3

Form Approved:
OMB No. 3206-0230

Federal Employees
Group Life Insurance

1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but decline all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency		OWCP claim number, if applicable	Department or agency location where employee works (City, state, ZIP Code)	

3 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. If you do not want any insurance at all, skip to Section 5.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.) Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
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4 Optional If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet.) Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you waive one or more of the options, your future opportunities to enroll in it are strictly limited. **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="width: 100%;"><tr><td><input type="checkbox"/> 1 times my pay</td><td><input type="checkbox"/> 3 times my pay</td></tr><tr><td><input type="checkbox"/> 2 times my pay</td><td><input type="checkbox"/> 4 times my pay</td></tr><tr><td></td><td><input type="checkbox"/> 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	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="width: 100%;"><tr><td><input type="checkbox"/> 1 multiple</td><td><input type="checkbox"/> 3 multiples</td></tr><tr><td><input type="checkbox"/> 2 multiples</td><td><input type="checkbox"/> 4 multiples</td></tr><tr><td></td><td><input type="checkbox"/> 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"/> 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"/> 1 multiple	<input type="checkbox"/> 3 multiples													
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Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Signature (Do not print. Only the Employee/Assignee 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)												

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

Waiver of all life insurance coverage	I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree. Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)	Date (mm/dd/yyyy)
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6 To be completed by agency. Remarks:	Number of event permitting change (See back of Part 2)	
Name and address of employing office	Date received in employing 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		

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

PART 3 - Employee Copy

NSN 7540-01-231-4280
2817-104

Standard Form 2817
Rev. April 1999
Prior editions obsolete and unusable

Instructions for Employees

1. General Information

The major provisions of this program are described in the Federal Employees' Group Life Insurance (FEGLI) booklet (RI 76-21 or RI 76-20 for Postal Service employees, available from your employing office). Please read the entire booklet carefully. Your completed copy of this election form and the FEGLI booklet constitute your certification of coverage.

2. New Employees and Employees Newly Eligible for Life Insurance

You are automatically enrolled in Basic unless you waive it. If you waive Basic, you automatically waive all forms of Optional insurance. You will not have any Optional insurance unless you elect it.

To elect Basic: You do not need to submit this form unless you also wish to elect Optional insurance. If you do not submit this form, you will have Basic, but no Optional coverage.

To waive Basic: Sign Section 5 of the form and give it to your employing office. Your agency will withhold Basic premiums from your salary from your first day at work in a pay status UNLESS you submit your waiver before the end of your first pay period.

To elect Optional: Sign Section 3 and one or more of the blocks in Section 4 of the form and give it to your employing office within 31 days after the date you are appointed or first become eligible for life insurance.

To waive Optional: If you do not sign for a particular type of Optional coverage in Section 4, you automatically waive that coverage. If you do not submit the form at all, you will have Basic, but no Optional coverage.

3. Employees With Prior Government Service

A life insurance election or waiver on SF 2817 filed during a prior period of Federal employment stays in effect unless you change coverage or have a break in service of at least 180 days.

A break in service of at least 180 days cancels any previous waiver of insurance. Unless you file a new waiver, Basic becomes effective on the first day you actually enter on duty in a pay status in a position in which you are eligible for coverage. You can elect any amount of Optional insurance within 31 days of returning to service, regardless of the coverage you had during previous employment. If you fail to elect any Optional insurance, you will automatically get the Optional insurance you carried immediately before your break in service.

If you had a break in service of less than 180 days and were eligible in your last period of Federal employment, your life insurance in your new employment will be the same as you had then and if you waived coverage then, the waiver is still in effect. Your opportunities to cancel your waiver or to enroll in an option you previously declined are strictly limited. See the FEGLI booklet.

4. Reemployed Annuitants

If you waive your insurance as a reemployed annuitant, you also waive your insurance as an annuitant, and you will have no Federal life insurance.

5. Assignment

If you have assigned your insurance by filing an RI 76-10, Assignment of Federal Employees' Group Life Insurance, you may not cancel any of your current insurance coverage. Only the assignee(s) may cancel your coverage. However, you may elect new coverage if you otherwise meet the requirements for electing such coverage. Any new coverage you elect will automatically be subject to your existing assignment, except for Option C, which you cannot assign. All assignments are automatically canceled after a break in service of at least 31 days, or upon cancellation of all life insurance coverage by the assignee(s).

6. Attention Assignees

If you are completing this form in order to cancel some or all of the employee's life insurance coverage, you must sign the form. The information in Section 2 of the form refers to the employee, but you must sign in Section 3, 4 or 5, as applicable. Indicate "assignee" after your signature. Return the completed form to the employee's employing office.

7. 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 checklist should help.

If you sign item 3, you elect (or retain) **Basic**. Do not also sign item 5. (You cannot elect (or retain) **and** waive coverage.)

If you sign any block in item 4, you must also sign item 3. (To elect (or retain) an option, you must also elect (or retain) Basic.)

If you sign item 4 for Optional B and/or Option C, you must also mark one of the five boxes to show how many multiples you wish to elect (or retain). Do not mark more than one.

Be sure you sign for all options you want. This election supersedes all previous ones. If you have optional coverage and wish to keep it, you must sign the appropriate box(es). If you do not sign for it, you have waived it.

If you sign item 5, you waive Basic. Do not sign item 3 or any block in item 4. (You cannot waive **and** elect coverage.)

Only you, the employee, may sign this form. Signatures by guardians, conservators, or through a power of attorney are not acceptable. **Exception:** If you have assigned your insurance, only the assignee(s) may cancel some or all of your coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to you).

REMEMBER THAT YOU, NOT YOUR AGENCY, ARE RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS.

8. 1999 Open Enrollment Period

If you elected coverage during the 1999 Open Enrollment Period, and that coverage has not yet become effective, and you want to make a further change to your FEGLI coverage on this SF 2817, you should check with your employing office. That office can tell you about any special election procedures that may apply.

9. Waiving or Changing Your Insurance Coverage

If you do not sign for a particular type of coverage, you have waived that coverage. If you waive Basic or one or more of the options, your opportunities to enroll in the coverage you waived are strictly limited. A waiver may also affect your eligibility to continue coverage into retirement. See the FEGLI booklet.

10. Compensationers

If you are receiving compensation payments from the Office of Worker's Compensation Programs (OWCP), provide your OWCP number in Section 2 of the form. If you are still employed, return the completed form to your employing office. If you are not still employed, return the completed form to OPM, Retirement Operations Center, Boyers, PA 16017-0001.

11. Where to Send Completed Form

After you have completed this form and verified that it accurately reflects your intentions, send the entire form (without separating the parts) to your employing office.

12. How to Verify that Your Agency Processed Your Election

After your employing office processes your election form, you will receive an SF 50, *Notice of Personnel Action*. A two digit code appearing on the SF 50 will explain your insurance coverage. These codes are explained on Part 2 of the SF 2817. Also check your pay statement for the correct withholdings. Compensationers no longer employed will receive a notice from OPM which will explain their insurance coverage.

13. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI website at www.opm.gov/insure/life.

Privacy Act and Public Burden Statements

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your life insurance coverage. This information may be shared and is subject to verification, via paper, electronic media, or through the use of the computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may result in OPM's inability to determine your life insurance coverage.

We think this form takes an average of 15 minutes to complete including the time for getting the needed data and reviewing both the instructions and completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction Project (3206-0230), Washington, DC 20415. The OMB Number, 3206-0230 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.