U.S. OPM Form opm-ri-76-10

FEGLI
Federal Employees Group Life Insurance

Assignment

Federal Employees' Group Life Insurance (FEGLI) Program

***This is NOT a Designation of Beneficiary. Use SF 2823 to designate beneficiaries.**

Note: Read instructions on the back of Part 2 **before** completing this form.

A. Information About the Insured (not the Assignee) (type or print)

Name of Insured *(Last, first, middle)*	Date of birth of Insured *(mm/dd/yyyy)*	Social Security Number of Insured

The Insured is: → ☐ An employee ☐ A retiree → ☐ A compensationer →

Place an "X" in the appropriate box.

If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSI", or OWCP claim number:

Department or agency in which the Insured is presently employed *(If retired, last department or agency where the Insured worked)*:

Department or agency	Bureau or Division	Location *(City, state, and ZIP code)*

B. Information About the Assignee(s) (type or print)

First name, middle initial, and last name of each assignee	Social Security Number	Address *(Including ZIP code)*	Relationship	Percent or fraction assigned

Total *(Must equal 100% or 1.0) (Do not use dollar amounts or types of insurance)* →

C. Statement of Insured or Assignee (type or print)

Your name and address *(Including ZIP code)*

Please check one:
I am:
☐ the Insured ☐ an Assignee

See back of Part 2 for definitions.

Please check both of these:
☐ I have signed this form in the presence of the two witnesses who have signed below.
☐ I did not name either witness as an assignee.

I understand that upon the Insured's death, the Office of Federal Employees' Group Life Insurance (OFEGLI) will pay the share of any living assignee to the assignee's designated beneficiary, if there is one. If the assignee did not designate a beneficiary, OFEGLI will pay the assignee, if living. If the assignee dies before the Insured dies, and he/she did not designate a beneficiary, or all of the beneficiary(ies) die(s) before the Insured dies, OFEGLI will pay the assignee's estate.

I understand that the Insured must continue to pay life insurance premiums, even after the assignment.

I understand that I can never cancel this assignment.

I assign all present and future right, title, interest, and incidents of ownership in the Insured's FEGLI coverage (except Option C -- Family) to the Assignee(s) listed above.

Signature of Insured/Assignee *(Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)* This form is not valid unless the Insured/Assignee signs in this box.	Date *(mm/dd/yyyy)*
▶	

D. Witnesses To Signature (A witness cannot be an assignee)

Signature of witness	Address *(Including ZIP code)*
▶	
Signature of witness	Address *(Including ZIP code)*
▶	

E. For Agency Use Only

Receiving agency	Date of receipt *(mm/dd/yyyy)*	Signature of authorized agency official	Title

See back of Part 2 for instructions on where to send this form. Do not send it to the Office of Federal Employees' Group Life Insurance.