

Please read the instructions before completing this form.

Family Coverage Election

Servicemember's Information

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number
Branch of Service (Do not abbreviate)				Rank, title or grade

Amount of Insurance

Family Coverage for Dependent Child(ren). By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for \$10,000.

Family Coverage for Spouse. By law, if you are insured under SGLI, **your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage**, whichever is less. **If you want less than the automatic amount of coverage for your spouse**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any coverage for your spouse***, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

- I want coverage in the amount of \$ _____
- _____
(Write "I do not want coverage for my spouse at this time.")

*Note: Reduced or refused family coverage can *only* be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert to when Family Coverage expires.

Spouse's Information

(To be completed by member. It is not necessary to complete this section if you're declining coverage.)

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number
Date of Birth (dd-mmm-yyyy e.g. 24-AUG-1965)				

Premiums for Spousal Coverage

Spouse's age:	Monthly rate per \$10,000	Monthly cost for \$100,000 coverage
Under 35	\$.90	\$9.00
35-44	\$1.30	\$13.00
45-49	\$2.00	\$20.00
50-54	\$3.20	\$32.00
55 & older	\$5.50	\$55.00

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.

SIGNATURE OF SERVICEMEMBER _____ Date: _____
(dd-mmm-yyyy e.g. 01-NOV-2001)

Do not write in space below. For official use only.

Witnessed and received by: (please print)	Rank, title or grade	Organization	Date Received (dd-mmm-yyyy e.g. 01-NOV-2001)
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