

SERVICEMEMBER'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE
(SGLV 8286)

DO NOT EMAIL DOCUMENTS WITH YOUR FULL SOCIAL SECURITY NUMBER!

1. Type your full name, rank ("MIDN"), full social, duty location ("University of Michigan NROTC"), branch ("Navy" or "Marine Corps"), current amount of SGLI ("O"), and check if you are married or single and if married type spouse's name and date of birth.
2. In the top left box, check the "Name or update your SGLI beneficiary" box to accept the life insurance policy; check the "Decline or cancel SGLI coverage" box and type "I do not want insurance at this time" if no insurance is desired; or, check "Reduce my SGLI coverage to" if you want less coverage than the \$400,000 amount. You must check one box. You can check more than one of the boxes if necessary.
3. The "Beneficiaries and Payment Options" section is used to name the people to receive payment in the event of your death. The full name, social security number, and relationship of each beneficiary must be entered. A minimum of one beneficiary must be named, but as many beneficiaries as desired may be entered. The share of each beneficiary must add to 100%. Secondary (alternate) beneficiaries can be named in the case that the primary beneficiaries precede you in death or cannot be found. The same beneficiary information and share totals must be supplied if secondary beneficiaries are named. If more room for naming beneficiaries is required, check the box "Have more beneficiaries?" and use the form found at:
https://www.benefits.va.gov/insurance/forms/SGLV_8286S_ed2014-06.pdf.
4. Leave blank.
5. Sign, enter your full social, date, and enter your full permanent address.