

1. About You

Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
Duty Location	Branch of Service	
☐ Married ☐ Single		Current Amount of SGLI
If married, spouse's name		
		Spouse's Date of Birth

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

☐

☐ 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.

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?

Yes No
☐ ☐

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?

☐ ☐

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 Group Life Insurance (OSGLI). If you answered no to all the questions above, your request for increased coverage takes effect.

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

Information for the Service Member

About your SGLI Coverage

Servicemembers Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you	Then
are married and decline coverage upon entry into service	your spouse shall be notified in writing, by the Branch of Service, of this election.
are married and designate any person other than your spouse or child for any amount of insurance	your spouse shall be notified in writing, by the Branch of Service, that he/she or your child is not the named beneficiary, unless: your spouse has been previously notified, OR your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	your spouse shall be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	the sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S or attach additional documentation to complete your beneficiary designation.
name minors as beneficiaries	◊ OSGLI will pay the insurance benefit to the court-appointed guardian of the minor's estate if the beneficiary is a minor at time of claim; or ◊ you can establish a trust for the benefit of the minor and name the trustee of the trust as beneficiary. ◊ naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	OSGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to create Trust documents. (Please note: Do not send Trust documents to OSGLI until the time of claim.)
have no surviving primary beneficiaries	OSGLI will pay the insurance benefit to the secondary beneficiaries, if any.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	OSGLI will pay the insurance benefit in the following order: 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to	Then
receive the insurance proceeds in one lump sum	write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance account or Electronic Funds Transfer (EFT) to a checking or savings account.

Instructions for Personnel Clerk and the Service Member

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