

To 5/28/71

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
  - Fill in BOTH COPIES of the form. Type or use ink.
  - Do not detach.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) <i>Collins</i>	(first) <i>Charles</i>	(middle) <i>P</i>	DATE OF BIRTH (month, day, year) <i>December 28, 1916</i>	SOCIAL SECURITY NUMBER  
EMPLOYING DEPARTMENT OR AGENCY  			LOCATION (City, State, ZIP Code)  	

HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"?  YES  NO  
If "YES," your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4.)

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here if you **WANT BOTH** optional and regular insurance

**(A)**

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

**(B)**

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

APPROVED FOR RELEASE  
DATE: DEC 2007

Mark here if you **WANT NEITHER** regular nor optional insurance

**(C)**

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 DATE AND SIGN. RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)  
*Charles P Collins*

DATE  
*26 May 1971*

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)  
PERSONNEL  
OFFICE OF  
*MAY 26 9 24 AM '71*

See Table of Effective Dates on back of Original

ORIGINAL COPY Retain in Official Personnel Folder

## INSTRUCTIONS TO EMPLOYING AGENCIES

### 1. *Who must file.*—SF 176 must be filed by—

- a new employee who is not excluded by law or regulation from insurance. This includes one with prior Government service that ended before February 14, 1968, and for whom no SF 176-T is on file,
- an employee appointed to a nonexcluded position following service during which he was ineligible for insurance,
- an employee desiring to change his insurance coverage.

Give a *new employee* copies of SF 176 and SF 176-A when he reports for duty and ask him to return the completed SF 176 showing his election promptly (preferably before the end of the first day period) but in no case later than 31 days after his appointment date.

*An employee with prior Government service* in a non-excluded position from which he was separated after February 14, 1968, will have an SF 176 (or SF 176-T) on file in his official personnel folder. This election, declination, or waiver remains in effect, and he is accordingly insured, or not insured, in his new employment. He is not required to file a new SF 176.

Until his election, declination, or waiver can be verified, make deductions based on his statement concerning earlier insurance coverage in his "Declaration of Appointee" (SF 61).

*An employee with newly acquired insurance eligibility* (e.g., one transferred or converted from an excluded to a nonexcluded position or status), must be given the same opportunity to complete an SF 176 as a new employee.

*An employee desiring to change his insurance* may at any time file an SF 176 declining his optional insurance or waiving his regular (and optional, if any) insurance.

An employee who is under age 50 may also request a cancellation of a waiver of regular insurance or a declination of optional insurance any time after it has been in effect one year. The employee is first required to submit a "Request for Insurance" (SF 51). If the Office of Federal Employees' Group Life Insurance approves the SF 51, notify the employee and ask him then to submit an SF 176 showing his election.

2. *Employees failing to file.*—If a new employee (or newly eligible employee) does not promptly return a completed SF 176, contact him and urge him to do so even if he does not want optional insurance. (He will, of course, be automatically covered for regular insurance.)

If he still fails to file an SF 176 within 31 days after appointment (or after becoming eligible), file one for him as of that date; mark box **B**, and note in the space provided for his signature "employee contacted on (date)—failed to elect optional insurance."

3. *Review of completed SF 176.*—Review both copies of the SF 176 to see that it is legible, complete, and correct. If employee waives (marks box **C**) it is advisable to contact him and ascertain whether this expresses his intention or is an error on his part.

4. *Date of receipt and effective date.*—Stamp date of receipt by employing office in the space provided for this purpose on both the original and the duplicate. The date of receipt automatically determines the effective date as shown in the table below.

5. *Disposition of SF 176.*—File the original SF 176 in the official personnel folder in all cases. The duplicate may be destroyed if not needed for payroll purposes or after the requirements of the agency's payroll system have been met.

**TABLE OF EFFECTIVE DATES**  
**New employee (never before filed SF 176 or SF 176-T)**

EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Elects optional	OPTIONAL coverage effective on date SF 176 received by employing office or on first day in duty and pay status, if later; REGULAR coverage effective on first day in duty and pay status.	OPTIONAL and REGULAR deductions begin with pay period in which coverages are effective.
Declines optional	Declination effective on date SF 176 received in employing office; REGULAR coverage effective on first day in duty and pay status.	REGULAR deductions begin with pay period coverage is effective. No OPTIONAL deductions.
Waives insurance	If received during first pay period, waiver effective on receipt; if received after first pay period, then on last day of pay period in which received.	No deductions if waiver received during first pay period; REGULAR deductions, if begun, stop last day of pay period in which waiver is received.

**Present or former employee (previously filed SF 176 or SF 176-T)**

PRESENT INSURANCE COVERAGE	EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Waived coverage	Elects optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI; OPTIONAL coverage effective on first day in duty and pay status after date of approval of SF 51 and receipt of SF 176 by employing office.	OPTIONAL and REGULAR deductions begin with pay period in which respective coverages are effective.
Waived coverage	Declines optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI.	REGULAR deductions begin with pay period in which coverage is effective.
Has regular insurance only	Elects optional	OPTIONAL coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI and receipt of SF 176 by employing office.	OPTIONAL deductions begin with pay period in which coverage is effective.
Has regular and optional insurance	Declines optional	Cancellation of OPTIONAL coverage effective on last day of pay period in which SF 176 received; REGULAR coverage continues.	OPTIONAL deductions stop last day of pay period in which declination is received; REGULAR deductions continue.
Has regular (or regular and optional) insurance	Waives insurance	Waiver of REGULAR coverage (and cancellation of OPTIONAL, if any) effective on last day of pay period in which received.	REGULAR (and OPTIONAL, if any) deductions stop on last day of pay period in which waiver is received.

NOTES: 1. Approval by OFEGLI of a "Request for Insurance" (SF 51) is good for only 31 days. Regular coverage cannot become effective if employee is not in duty and pay status within 31-day period. Optional coverage cannot become effective unless the employee is in duty and pay status and also returns an SF 176, showing an election of optional insurance, to his employing office within the 31-day period. If approval of SF 51 expires, new SF 51 must be submitted to OFEGLI.

2. An employee for whom the agency files SF 176 because he failed to do so is deemed to have declined optional, but not regular, insurance.

3. The effective date of regular (and optional, if not declined) coverage for an employee who has been on leave without pay for more than 12 months is the first day he is in pay and duty status. Deductions are effective the same day.