





Your Government Benefits are worth hundreds of thousands of dollars, but they are not automatic!

Do you Know...

- How to apply for benefits
- → How to coordinate them with personal assets
- → How to Maximize Total Family Financial Planning

Government Benefits Coordination Service shows you HOW, with life insurance to....

- Make your estate bigger and last longer
- → Make your retirement pay bigger and last longer
- → Develop tax-deferred money to make your personal assets grow faster

Benefits Coordination Service is here for you. Brought to you by GPM Life



Retirement Benefits









FEGLI Benefits are Paid ONLY if You





DIE





There are



HOW DO YOU PAY FOR YOUR FEGLI?

- →The premium is taken from your salary.
- →Premiums are based on salary and age...
- →As they increase, so do your premiums.

HERE'S HOW FEGLI WORKS

		Annual
<u>Age</u>	<u>Grade</u>	<u>Salary</u>
45	GS12	\$72,000
40	GS11	\$60,000
35	GS9	\$48,000
30	GS6	\$36,000
25	GS3	\$24,000

As Age and Salary go up,

Premiums go up!

WHAT HAPPENS TO YOUR FEGLI BENEFITS

If You Terminate
Employment
(prior to retirement)





What Will Happen to your **FEGLI**

Benefits When You Retire





FEGLI Includes Five Separate Benefits

- 1) Basic Insurance
- 2) Extra Benefit
- 3) Standard Option A
- 4) Additional Option B
- 5) Family Option C

The Federal Employee must participate in Basic Insurance in order to elect the other Benefits and Options.

BASIC INSURANCE

Coverage: Annual Salary (rounded up to next \$1,000) plus \$2,000. Includes Accidental Death and Dismemberment.

Premium:* 15 cents per \$1,000 (Bi-Weekly). As employee's income increases, Bi-Weekly deductions increase.

Duration: To age 65; at retirement, three Basic Insurance reduction options are offered:

Option (1) 75% Reduction

Starting at age 65, reduces 2% per month to 25% of pre-retirement value, taking 3 years + 2 months or until employee is age 68 + 2 months.

Additional Premium: None; Basic only to age 65.

Option (2) 50% Reduction

Starting at age 65, reduces 1% per month to 50% of pre-retirement value, taking 4 years + 2 months or until employee is age 69 + 2 months.

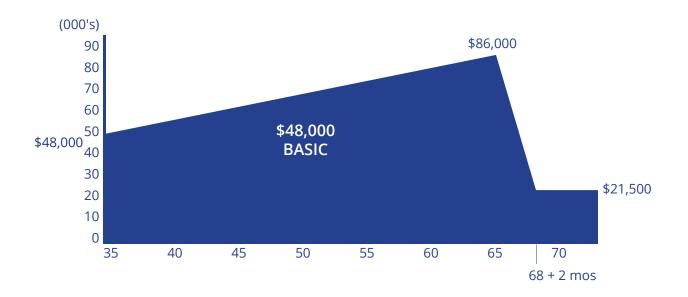
Additional Premium: \$0.71 per \$1,000 per month for life, beginning at retirement; plus Basic to age 65.

Option (3) 0% Reduction

Additional Premium: \$2.13 per \$1,000 per month for life, beginning at retirement; plus Basic to age 65.

*Basic Insurance is provided free of charge to Federal Postal Employees to retirement; regular employee premiums after retirement to age 65 of .325 a month, plus option (2) or (3) if elected.

BASIC INSURANCE SAMPLE



ASSUMPTIONS USED

Age at Hire: 35
Age at Retirement: 65
Beginning Salary: \$46,000
Ending Salary: \$84,000
(2% annual salary increase)

(Non-Postal Employee)

Total Premiums: \$ 7,895

Basic Ins. Premium:

Age 68 + 2 months

Death Benefit:

Cash Value:

* Assume Option 1 - 75% Reduction

PROJECTED 30 YEAR ANALYSIS

\$ 7,895

\$ 21,500*

\$ -0-

EXTRA BENEFIT

Coverage: Same as "Basic Insurance": Annual Salary (rounded up to next \$1,000) Plus \$2,000 if age 35 or under.

This coverage is automatically included if under age 45 and enrolled in "Basic Insurance".

Accidental Death and Dismemberment NOT included.

Premium: None; free of charge.

Duration: At age 36, Extra Benefit coverage reduces 10% per year to

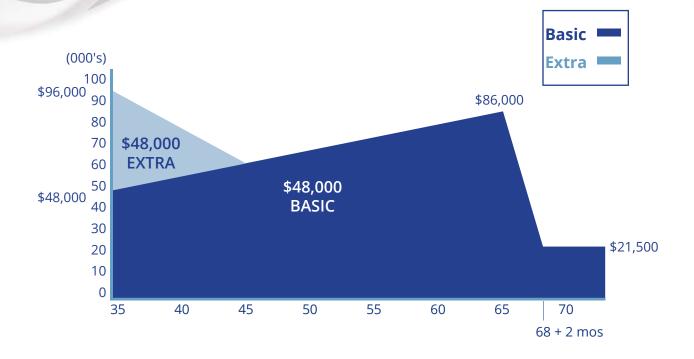
age 45, then

NO COVERAGE.



EXTRA BENEFIT

SAMPLE



ASSUMPTIONS USED

Age at Hire: 35
Age at Retirement: 65
Beginning Salary: \$46,000
Ending Salary: \$84,000
(2% annual salary increase)
(Non-Postal Employee)



Basic Ins. Premium: \$ 7,895

"Extra" Premium NONE

TOTAL \$ 7,895

Age 68 + 2 months

Death Benefit: \$ 21,500

Cash Value: \$ -0-

Total Premiums: \$ 7,895

STANDARD - OPTION A

Coverage: \$10,000

Includes Accidental Death & Dismemberment until retirement.

Premium: Bi-weekly for \$10,000

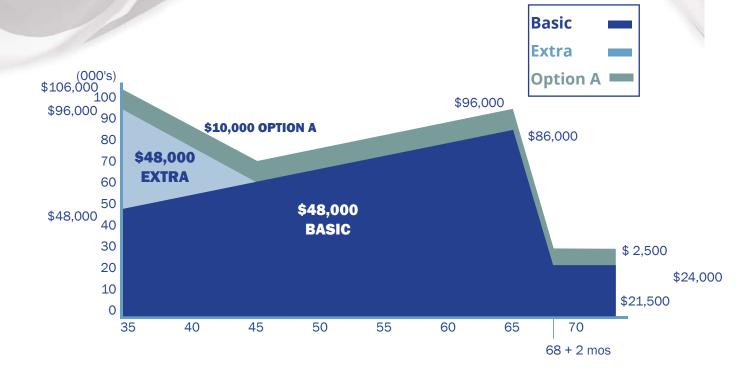
Up to Age 35	\$.20
35 - 39	.30
40 - 44	.40
45 - 49	.70
50 - 54	1.10
55 - 59	2.70
60 and over	6.00

No premium at age 65 if retired

Duration: To retirement.

Starting at age 65, reduces 2% per month to \$2,500, taking 3 years + 2 months or until employee is age 68 + 2 months.

STANDARD - OPTION A SAMPLE



ASSUMPTIONS USED

Age at Hire: 35
Age at Retirement: 65
Beginning Salary: \$46,000
Ending Salary: \$86,000
(2% annual salary increase)
(Non-Postal Employee)

PROJECTED 30 YEAR ANALYSIS

Basic Ins. Premium: \$ 7,895

"Extra" Premium NONE

Option "A" Premium \$ 1,464

TOTAL \$ 9,359

Age 68 + 2 months

Total Death Benefit: \$ 24,000 Cash Value: \$ -0-

Total Premiums: \$ 9,359

ADDITIONAL - OPTION B

Coverage: One to Five times your annual salary (rounded up to the nearest \$1,000).

Accidental Death and Dismemberment NOT included.

Premium: Bi-weekly per \$1,000

Up to Age 35	\$.02
35 - 39	.03
40 - 44	.04
45 - 49	.07
50 - 54	.11
55 - 59	.20
60 - 64	.44
65 - 69	.54
70 - 74	.96
75 - 79	1.80
80 and over	2.64
No premium at A	σe 65 if retir

No premium at Age 65 if retired

Duration: To retirement.*

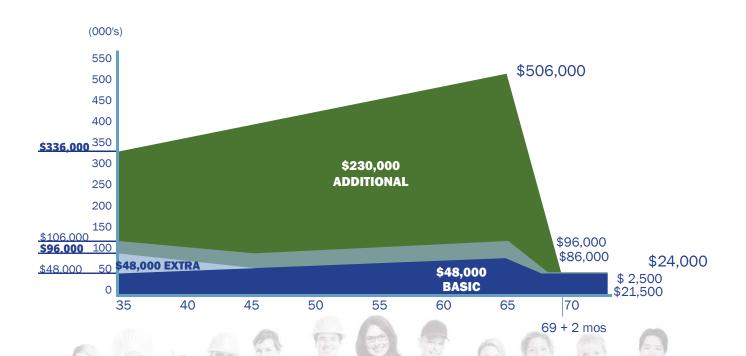
Starting at age 65, reduces 2% per month for 50 months, or until employee is age 69 + 2 months... then **NO COVERAGE.**

*Effective April 24, 1999, at retirement Option B coverage may be elected to extend beyond age 65 without reduction by paying premiums due.

ADDITIONAL - OPTION B

SAMPLE





ASSUMPTIONS USED

Age at Hire: 35
Age at Retirement: 65
Beginning Salary: \$ 46,000
Ending Salary: \$ 84,000
(2% annual salary increase)
(Non-Postal Employee)

PROJECTED 30 YEAR ANALYSIS

Basic Ins. Premium: \$ 7,895 "Extra" Premium NONE Option "A" Premium \$ 1,464 Option "B" Premium \$ 42,501 **TOTAL** \$ 51,860 Age 69 + 2 months Total Death Benefit: \$ 24,000 Cash Value: \$ -0-**Total Premiums:** \$51,860

FAMILY - OPTION C

Coverage: Spouse: \$5,000* - To employee's retirement.

Child: \$2,500* - To Child's age 22

(or older if mentally or physically disabled).

Accidental Death and Dismemberment NOT included.

Premium: Bi-weekly rate:

DI-WCCKIY rate.	
Up to Age 35	\$.22
35 - 39	.27
40 - 44	.41
45 - 49	.59
50 - 54	.92
55 - 59	1.48
60 - 64	2.70
65 - 69	3.14
70 - 74	3.83
75 - 79	5.26
80 and over	7.20
No promium at Ago	65 if rot

No premium at Age 65 if retired.

Duration: To retirement*.

Starting at age 65, reduces 2% per month for 50 months,

or until employee is age 69 +2 months... then

NO COVERAGE.

*Effective April 24, 1999, up to five (5) times current coverage may be elected. At retirement, Option C coverage may be elected to extend beyond age 65 without reduction by paying premiums due.

FEGLI Summary of Benefits After Age 65

SAMPLE

1. Basic Insurance	Age 68 + 2 months	25% Remaining
2. Extra Benefit	Terminates at Age 45	-0- Remaining
3. Standard - Option A	Age 68 + 2 months	25% Remaining
4. Additional - Option B	Age 69 + 2 months	-0- Remaining
5. Family - Option C	Employees Age 69 + 2 mos.	-0- Remaining

PROJECTED 30 YEAR ANALYSIS

<u>Insurance</u>	Premium
Basic Insurance	\$ 7,895
Extra Benefit	None
Standard - Option A	1,464
Additional – Option B (5)	42,501
Family – Option C (5)	4,171
Total	56,031
	the state of the s

Age 69 + 2 months Death Benefit\$ 24,000

Cash Value – 0 –

Total Premiums \$ 56,031





FEDERAL CIVIL SERVICE RETIREMENT BENEFIT

CSRS FERS



You Are Building Substantial Retirement Income





Civil Service Retirement System (CSRS) Hired before January 1, 1984

Retirement Annuity based on Formula after meeting age and service requirements. Payable at Age 55 with 30 years; Age 60 with 20 years, or Age 62 with 5 years.

Most CSRS Employees contribute 7.0% of pay toward their Retirement Annuity. Medicare Tax (1.45%) paid in addition.

At retirement, you elect whether or not your surviving spouse will receive 55% of your Retirement Annuity when you die.

Your Annuity reduction for this option is as follows:

- 2 1/2% of the first \$3,600 of your Retirement Annuity
- 10% of the balance

For Example:

If you retire at \$3,000 per month or \$36,000 annually	
2 1/2% of \$3,600 = \$90 per year □12 months =	\$7.50 monthly
10% of \$32,400 = \$3,240 per year □ 12 months =	\$270.00 monthly
Total Monthly Reduction	\$277.50 monthly
Your monthly Retirement Annuity	\$3,000.00
Monthly Reduction for Surviving Spouse Benefit	277.50
Reduced monthly Retirement Annuity	2,722.50
Surviving Spouse Benefit	1,650.00

At your death, your surviving spouse will receive 55% of \$3,000 or \$1,650 monthly.

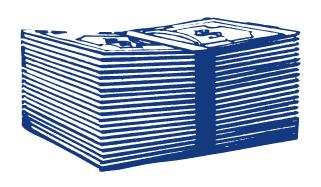
Should your spouse pre-decease you, NO "reductions" will be reimbursed to you.

Should you continue any of the voluntary life insurance programs after retirement, the insurance premiums would further reduce your monthly Retirement Annuity.

The Surviving Spouse Annuity benefit will be subject to Federal Income Tax to the extent the total benefit exceeds the benefit provided by your contributions. If no survivor benefit is elected, the surviving spouse will not be eligible to continue the employee's Federal Employees Health Benefits (FEHB).

Should you reject this option, you and your spouse (if any) must sign and have notarized a form so indicating your rejection.

You Are Building Substantial Retirement Income





Federal Employee's Retirement System

(FERS) Hired after December 31, 1983

Retirement Annuity based on Formula after meeting age and service requirements. Payable at Age 60 with 20 years; Age 62 with 5 years, or at Minimum Retirement Age (MRA - Age 55 going to age 57 by 2026) with 30 years.

Most FERS employees pay 0.8% plus 6.2% Social Security (7%), toward their Retirement Annuity. Medicare Tax (1.45%) paid in addition.

At retirement, you elect whether or not your surviving spouse will receive 50% of your Retirement Annuity when you die.

Your Annuity reduction for this option is as follows:

- 10% of your Retirement Annuity.

For Example:

If you retire at \$1,500 per month or \$18,000 annually 10% of \$18,000 = \$1,800 per year □ 12 months	= \$150.00 monthly
Your monthly Retirement Annuity	\$1,500.00
Monthly Reduction for Surviving Spouse Benefit	. 150.00
Reduced monthly Retirement Annuity	1,350.00
Surviving Spouse Benefit	750.00

At your death, if your spouse survives you, your spouse will receive 50% of \$1,500 or \$750 monthly.

Should your spouse pre-decease you, NO "reductions" will be reimbursed to you.

Should you continue any of the voluntary life insurance programs after retirement, the insurance premiums would further reduce your monthly retirement income.

The monthly survivor benefit will be subject to federal income tax to the extent the total benefit exceeds the benefit provided by your contributions. If no survivor benefit is elected, the surviving spouse will not be eligible to continue the employee's Federal Employees Health Benefits (FEHB).

Should you reject this option, you and your spouse (if any) must sign and have notarized a form so indicating your rejection.

Taking A Reduced Annuity Means Less Income For You



Do You Know

How the

Thrift Savings Plan

Works?

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Thrift Savings Plan (TSP)

An Attractive and Powerful Investment Opportunity

- 401(k) for Federal Civil Service Employees
- Voluntary Payroll deductions
- "Pre-Tax" Contributions/Roth Option
- Maximum Annual Contribution set by the IRS each year
- Catch-up contributions available
- Tax-Deferred investment earnings
- Five Investment Funds plus Lifecycle (L) Funds
- Several Withdrawal Options at Retirement
- Taxes on income at Retirement

TSP for CSRS Employees

(Civil Service Retirement System)

- Contributions of any percentage of Pay*
- No Government Matching

TSP for FERS Employees

(Federal Employees Retirement System)

- Automatic 1% Government contribution even if you don't contribute
- Contributions of percentage of Pay
- 100% Government Matching First 3%
- 50% Government Matching Next 2%

TSP Investment Funds

G Fund: Government Securities

Investment Fund

Reflects the average interest rates on special

issues of U.S. Treasury Securities.

C Fund: Common Stock Index

Investment Fund

Reflects overall performance of the S&P 500

stock index.

F Fund: Fixed Income Index

Investment Fund

Reflects the performance of the Lehman

Brothers U.S. Aggregate Bond Index

S Fund: Small Capitalization U.S. Stock Index

Investment Fund

Reflects the performance of the non-S&P 500

stock markets

I Fund: International Stock Index

Investment Fund

Reflects the performance of major

companies and industries in the European

Australian and Asian stock markets

L Fund: Lifecycle Funds

Provides convenient diversification

among the G, C, F, S and I Funds, using professionally determined investment

mixes tailored to different time

horizons. (L2020, L2030, L2040 & L2050)

TSP Withdrawal Options at Retirement

- 1. Rollover to Individual Retirement Account-IRA
- 2. Lump Sum Cash payment
- 3. Monthly Payments
 - Specific number:e.g., 60 Months / 120 Months
- 4. Life-Time Annuity
 - One Life;
 With Guarantees/other features
 - Joint Life:With Guarantees/other features

CIVIL SERVICE RETIREMENT COMPARATIVE ANNUAL ANNUITIES

Basic Annuity and Reduced Annuity With Survivorship Benefits

	PERCENT			PERCENT ANNUAL ANNUITY								
Average Annual	Total First 5	Total Second 5	Total Percent First	Each Add'l Year	Basic (No reductions) 10 15 20 30			Basic with Survivorship Benefits (Reductions - 2½% on first \$3,600, 10% on amounts above \$3,600)				
Salary	Years	Years	10 Years	Over 10 Years	Years 16.25%	Years 26.25%	Years 36.25%	Years 56.25%	10 Years	15 Years	20 Years	30 Years
12,000 13,000 14,000 15,000 16,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2% 2%	1,950 2,113 2,275 2,438 2,600	3,150 3,413 3,675 3,938 4,200	4,350 4,713 5,075 5,438 5,800	6,750 7,313 7,875 8,438 9,000	1,901 2,060 2,218 2,377 2,535	3,071 3,328 3,577 3,814 4,050	4,185 4,512 4,837 5,164 5,490	6,345 6,852 7,357 7,864 8,370
17,000 18,000 19,000 20,000 21,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2% 2%	2,763 2,925 3,088 3,250 3,413	4,463 4,725 4,988 5,250 5,513	6,163 6,525 6,888 7,250 7,613	9,563 10,125 10,688 11,250 11,813	2,694 2,852 3,011 3,169 3,328	4,287 4,523 4,759 4,995 5,232	5,817 6,143 6,469 6,795 7,122	8,877 9,383 9,889 10,395 10,902
22,000 23,000 24,000 25,000 26,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2%	3,575 3,738 3,900 4,063 4,225	5,775 6,038 6,300 6,563 6,825	7,975 8,338 8,700 9,063 9,425	12,375 12,938 13,500 14,063 14,625	3,486 3,634 3,780 3,927 4,073	5,468 5,704 5,940 6,177 6,413	7,448 7,774 8,100 8,427 8,753	11,408 11,914 12,420 12,927 13,433
27,000 28,000 29,000 30,000 31,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2%	4,388 4,550 4,713 4,875 5,038	7,088 7,350 7,613 7,875 8,138	9,788 10,150 10,513 10,875 11,238	15,188 15,750 16,313 16,875 17,438	4,219 4,365 4,512 4,658 4,804	6,649 6,885 7,122 7,358 7,594	9,079 9,405 9,732 10,058 10,384	14,445 14,952 15,458
32,000 33,000 34,000 35,000 36,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2% 2%	5,200 5,363 5,525 5,688 5,850	8,400 8,663 8,925 9,188 9,450	11,600 11,963 12,325 12,688 13,050	18,000 18,563 19,125 19,688 20,250	4,950 5,097 5,243 5,389 5,535	7,830 8,067 8,303 8,539 8,775	10,710 11,037 11,363 11,689 12,015	17,483
37,000 38,000 39,000 39,600 40,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2%	6,013 6,175 6,338 6,435 6,500	9,713 9,975 10,238 10,395 10,500	13,413 13,775 14,138 14,355 14,500	20,813 21,375 21,938 22,275 22,500	5,682 5,828 5,974 6,062 6,120	9,012 9,248 9,484 9,626 9,720	12,342 12,668 12,994 13,190 13,320	19,508 20,014 20,318
41,000 42,000 43,000 44,000 45,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2% 2%	6,663 6,825 6,988 7,150 7,313	10,763 11,025 11,288 11,550 11,813	14,863 15,225 15,588 15,950 16,313	23,063 23,625 24,188 24,750 25,313	6,267 6,413 6,559 6,705 6,852	9,957 10,193 10,429 10,665 10,902	13,647 13,793 14,299 14,625 14,952	
46,000 47,000 48,000 50,000 55,000	7.5% 7.5% 7.5% 7.5% 7.5%	8.75% 8.75% 8.75% 8.75% 8.75%	16.25% 16.25% 16.25% 16.25% 16.25%	2% 2% 2% 2% 2% 2%	7,475 7,638 7,800 8,125 8,938	12,075 12,338 12,600 13,125 14,438	16,675 17,038 17,400 18,125 19,938	25,875 26,438 27,000 28,125 30,938	6,998 7,144 7,290 8,030 8,314		15,278 15,604 15,930 18,109 18,214	24,570
60,000 63,800	7.5% 7.5%	8.75% 8.75%	16.25% 16.25%	2% 2%	9,750 10,368	15,750 16,748	21,750 23,128	33,750 35,888	9,045 9,601	14,445 15,343	19,845 21,085	30,825 32,569

MINIMUM GUARANTEED DISABILITY RETIREMENT ANNUITY TABLE

LESSER OF - 40% of the high three year average pay or computed amount based on years of service plus three years to age 60; actual earned annuity if greater.

	3-year e Salary	If service to date plus number of years to age 60 equals -										
	C Galary			TAL YEARS	-							
Full Amount	40%	10	15	20	25	30	35					
12,000	4,800	1,950	3,150	4,350								
13,000	5,200	2,113	3,413	4,713								
14,000	5,600	2,275	3,675	5,075								
15,000	6,000	2,438	3,938	5,438								
16,000	6,400	2,600	4,200	5,800								
17,000	6,800	2,763	4,463	6,163								
18,000	7,200	2,925	4,725	6,525								
19,000	7,600	3,088	4,988	6,888								
20,000	8,000	3,250	5,250	7,250								
21,000	8,400	3,413	5,513	7,613	22 \	YEARS AN	ID					
22,000	8,880	3,575	5,775	7,975								
23,000	9,200	3,738	6,038	8,338		OVER						
24,000	9,600	3,900	6,300	8,700		–						
25,000	10,000	4,063	6,563	9,063		SAME AS						
26,000	10,400	4,225	6,825	9,425		400/ 05						
27,000	10,800	4,388	7,088	9,788		40% OF						
28,000	11,200	4,550	7,350	10,150	ШΙ	GH 3-YEAI	D					
29,000	11,600	4,713	7,613	10,513	1110	311 3-1 LAI	`					
30,000	12,000	4,875	7,875	10,875	Δ	VERAGE						
31,000	12,400	5,038	8,138	11,238	•							
32,000	12,800	5,200	8,400	11,600		SALARY						
33,000	13,200	5,363	8,663	11,936								
34,000	13,600	5,525	8,925	12,325		OR						
35,000	14,000	5,688	9,188	12,688								
36,000	14,400	5,850	9,450	13,050		ACTUAL						
37,000	14,800	6,013	9,713	13,413								
38,000	15,200	6,175	9,975	13,775	'	EARNED						
39,000	15,600	6,338	10,238	14,138		YTIUNNA						
40,000	16,000	6,500	10,500	14,500	,	ANIONI						
41,000	16,400	6,663	10,763	14,863		IF						
42,000	16,800	6,825	11,025	15,225								
43,000	17,200	6,988	11,288	15,588	C	BREATER						
44,000	17,600	7,150	11,550	15,950								
45,000	18,000	7,313	11,813	16,313								
46,000	18,400	7,475	12,075	16,675								
47,000	18,800	7,638	12,338	17,038								
48,000	19,200	7,800	12,600	17,400								
50,000	20,000	8,125	13,125	18,125								
55,000	22,000	8,938	14,438	19,938								
60,000	24,000	9,750	15,750	21,750								
63,800	25,520	10,368	16,748	23,128								

Note the following conclusions from the above table:

- A. Up to 22 years service (actual plus years to age 60) the computed annuity generally is the minimum guaranteed annuity and would apply.
- B. After approximately 22 years of service (actual plus years to age 60) your minimum guaranteed annuity is based on 40% of the 3-year high average pay.
- C. However, if actual earned service exceeds 22 years, then such actual service computed in the regular manner, without further adjustments, would be the applicable formula to your advantage.



FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

Your Life Insurance at a Glance

BASIC LIFE

- Life insurance coverage is equal to annual basic pay (rounded to next \$1,000) (Starting October 1, 1981 extra benefit up to age 45)
- Accidental death and dismemberment coverage

You must elect basic life to be eligible for the options

PLUS

OPTION A - Standard

- \$10,000 life insurance coverage
- \$10,000 accidental death and dismemberment coverage

OPTION B — Additional

 You can choose Additional life insurance coverage equal to one, two, three, four or five times annual basic pay (after basic pay is first rounded to next higher \$1,000)

OPTION C — Family

- Spouse \$5,000 life insurance coverage
- Each child \$2,500 life insurance coverage
- May elect 1-5 times

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE



Robert A. Sample

EMPLOYEE'S NAME

THIS CERTIFICATE



The Group Policy which provides the insurance referred to in this Certificate may be modified or terminated as may be required by any change in the Federal Employees' Group Life Insurance Act of 1954 or for other reasons.

Any such modification or termination, however, will not affect adversely any claim arising from death or injury occurring before the modification or termination.

explains in general terms the rights and benefits available to Federal and District of Columbia civilian employees who are insured under the provisions of a Group Insurance Policy purchased by the U.S. Civil Service Commission in accordance with the Federal Employees' Group Life Insurance Act of 1954. This Certificate summarizes the important provisions of the Group Policy for your information. It is NOT a contract of insurance. Your rights and benefits under the Act and the Group Policy at any time are dependent upon the facts in your individual case. If you have any question regarding your insurance, your employing office can furnish any needed information for you.

While insured, you pay your share if the cost of insurance through payroll withholdings at rates fixed by regulations. However, there is no cost to you:

for any pay period ending on or after your 65th birthday for any pay period for which you receive no pay,

or

after you retire on an immediate annuity, either for disability or after 15 years of creditable civilian service.

The group insurance provided by this plan is underwritten by a large number of private insurance companies which write group insurance. As provided in the Act, the Office of Federal Employees' Group Life Insurance has been established to administer the insurance on behalf of these companies.

The insurance issued under the Group Policy is term insurance. You cannot assign* it to anyone. It builds no cash, loan, paid-up or extended insurance values. Therefore, you should not look upon it as a substitute for any permanent insurance you own or contemplate purchasing.

Acquaint yourself and your family with the information in this Certificate. Keep it in a safe place known to you and your family so that in the event of your death your survivors will not overlook any insurance benefits which may then be payable.

*This feature has been changed to allow a one-time, irrevocable assignment of FEGLI to another person(s), corporation or irrevocable trust.

OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

330 Fourth Avenue, New York. 10 N.Y.



Life Insurance Election

Form Approved: OMB No. 3206-0230 Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 -Employee Copy. *This election supersedes all previous elections.*

- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

			27700		on ouper cour		Processo of						
$\overline{\mathbf{O}}$	Fill in identifyir	ng information o	concerning the	employ	ee.								
4	Name (last, first,	middle)					Date of birth (mm/de	d/yyyy)	Social Secur	rity Num	ber		
	Employing depar	tment or agency			OWCP claim number if applicable		Location of departm work (city, state, ZII		y where you		e telephone number ng area code)		
		tain Basic, sig u do not want ar			ou do not sign for lep to Section 5.	Basic,	you (or your assig	gnee) may n	ot elect or re	etain an	y form of options	al	
		I want Basic. I	authorize deducti	ions to pa	ay my share of the co	st. (Ba	sic may be provided	without cost	to U.S. Posta	l Service	employees.)		
	Basic	SIGNATURE (attorney are not		ly you oi	r your assignee may s	sign. Si	gnatures by guardia	ns, conservat	tors or throug	h a powe	er of Date (mm/dd/y	(ניניני	
4	Optional	If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI Program Booklet). Si box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).									Sign the our future		
	Ontion	A - Standar		jor any c	Option B -			ratess of who			- Family	.	
	Option A. rize deductions to		Option B in the multiple below. I authorize d	ple of n	ny annual basic pay	st. I underst the death	ption C in the and that each of my spous	multiple multiple e, and \$2	e I indicate below. is worth \$5,000 up 2,500 upon the death ctions to pay the fu	h of an			
	ATURE (Do not p		SIGNA	times my pay times my pay TURE (Do not print n. Signatures by guar	t. Only		2 m			3 multiples 4 multiples 5 multiples Only you or your as ians, conservators			
may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)									a power of att				
Date (n	nm/dd/yyyy)			Date (m	nm/dd/yyyy)			Date (mr	n/dd/yyyy)				
5	Waiver of all life	employing offic satisfactory med open season, wh waive life insura	insurance cover- be receives this valid information hich is held infredance coverage no	age. I ur waiver. I , or (2) I quently. w may a	nderstand that any li Further, I cannot get experience a life ev I understand that I ca ffect my eligibility for	Basic ent, or annot g	life insurance unles (3) I have a break in get any optional insurage as a retiree.	ss (1) I wait n Federal ser rance unless	at least 1 year vice of at leas I first have Ba	ar after l st 180 da asic. I un	I sign this form an ays, or (4) I particip	d submit pate in an	
	coverage	SIGNATURE (a power of attor	Do not print. On ney are not valid	ly you oi l.)	r your assignee may s	sign. Si	gnatures by guardia	ns, conservat	tors or throug	h Da	ate (mm/dd/yyyy)		
	Agency <i>Remo</i> Use	arks:								ent	new/newly eligible er ter "0" for event.		
Name and address of employing office						Date received in employing office (mm/dd/yyyy) Effective date of coverage (mm/dd/yyyy)					Number of event permitting change (See back of Part 2)		
					I follo	wed th	e instructions on	the back of	Part 1.				
					Signatur	re of au	nthorized agency off	icial					
Т	he employee's cop	by of this form, whe	n completed by th		ying office, together wi itute the employee's Co				r FE 76-20 for l	U.S. Post	al Service employee	s)	
PR	RINT	SAVE	CLEAR		PART 1 - File in O	fficial F	Personnel Folder						

U.S. Office of Personnel Management www.opm.gov/insure/life

Previous edition is not usable.

Standard Form 2817 Revised November 2011

FEDERAL EMPLOYEE TRUE/FALSE SELF EXAMINATION

1. FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI) IS GUARANTEED NOT TO TERMINATE IN THE FUTURE.
TRUE FALSE
FALSE, FEGLI coverage is provided under a Certificate of Insurance which states that "The Group Policy which provides the insurance referred to in this Certificate may be modified or terminated as may be required by any change in Federal Employees' Group Life Insurance Law or for other reasons." Alternative plans, such as those offered through GPM Life are contractual agreements between the policyowner and the Company which are entered into when the policy is purchased. The Company is bound by the terms of the policy to keep the coverage in force provided that premiums are paid.
2. FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI) HAS CASH VALUE. TRUE FALSE
FALSE, FEGLI is term insurance coverage and has no cash value, nor does it produce any paid-up or extended benefits. Alternative plans, such as those offered through GPM Life, can offer living cash value that can be surrendered for cash, borrowed against or applied to provide paid-up or extended benefits.
3. THE SURVIVOR'S INCOME OPTION WILL PROVIDE AN ADEQUATE INCOME FOR MY SPOUSE IF I DIE FIRST TRUE FALSE
TRUE, The survivor's Income option will protect your spouse with an adequate income if you were to die first. The problem with the option is not with the income provided but with the cost of providing that income. For example if you receive \$3,000 a month retirement income, your spouse would be eligible for \$1,650 a month income. This option would cost you about \$283 per month resulting in your net income reducing to \$2,717. If you and your spouse survived for 10 years you would have paid \$33,960 over that time for the Survivor's Income. If your spouse dies a this point, that money is lost forever.
4. THE FEDERAL GOVERNMENT IS CONVINCED THAT THAT THE SURVIVOR'S INCOME OPTION IS THE BEST RETIREMENT PLAN FOR YOU AND YOUR FAMILY PERSONALLY. TRUE FALSE
FALSE, The Survivor's Income option is thought of as the best form of retirement protection to offer to a group of participants. The Government does recognize, however, that individuals who take the time to structure a plan specifically for their needs may be able to arrive at a better alternative. In Appendix E of your pension booklet, under the section entitled Survivor Benefit Elections, it states that:

"You should request from your agency to estimate the survivor annuity, and your annuity with and without the full survivor annuity. While the reduction in annuity for selecting a survivor annuity may seem modest compared to the potential benefit, it may be possible for you to provide your spouse with greater benefits through alternative investments such as a universal life insurance policy."

Alternative life insurance and annuity policies, such as those offered by GPM Life, allow you the opportunity to custom design a program to fit your needs.

IMMIGRATION AND CUSTOMS ENFORCEMENT *#**#**#* FORM AD-334 USDA PAY PERIOD DATE ORGANIZATIONAL STRUCTURE PERSNL PAY OFFICE PLAN SOCIAL SECURITY NO TSA CONTACT POINT ACCT GR STEP (REV. 10/97) 03 05 06 03 18 06 05 BB | 11 | 0010 | 75 | 02 BB | 15 | 02 | 0100 | 1645 | GS 08 8000 SALARY RATE SCO FOR LEAVE RET DEDUCTIONS THIS APPOINTMENT STATEMENT OF EARNINGS AND LEAVE 95 944 00 PA F/T 21 068 53 12₁ 03₁ 84 EARNINGS AND DEDUCTIONS TTFM HOURS AMOUNT DESCRIPTION CODE P/P YR TO DATE P/P YR TO DATE 78 00 01 REGULAR TIME 407 00 631 63 18 664 57 **BEGIN POST DIFFEREN** 184,00 48 80,00 560, 00 1 280 00 61 ANNUAL LEAVE 108 4 736 51 367 76 1 00 00 45 97 SICK LEAVE 8 62 00 66 OTHER LEAVE 40 00 1 823 76 411 STANDBY-AUO-AVAIL 919120 61397180 ** |** ***** PAY PERIOD HOURS & GROSS PAY ***** 160100 4 | 780 | 80 33 270 40 415 88 4 798 56 75¹03 RETIREMENT 59 689 52 75 15 TSP-FERS SOCIAL SECURITY (OASDI) 76 292 81 2 038 47 77 FEDERAL TAX EXEMPTS 502 820 i 28 5 699 28 81 FEGLI - COVERAGE \$122000 127 50 18|30 82 OPT FEGLI - AGE BRACKET 5 881 50 1818170 83 FEHBA - ENROLL CDD 104 391 77 58 07 SAVINGS ACCT 42092 - 01 MEDICARE TAX WITHHELD 88 2501 00 11750100 971 68 48 478 74 99|15 SALARY OVERPAYMENT 819 26 1 12 ***** TOTAL DEDUCTIONS ******* 2 346 84 17 134 16 ************ NET PAY ********** 433 96 16 | 136 | 24 DD/EFT ROUTING NO. ** ** *#**#**#* BOND ACCOUNT YEAR TO DATE LEAVE STATUS DENOM-DEDUC-BALANCE ISSUE MAX. C/O PROJECTED TYPE ACCRUED USED BALANCE AVAIL DATE ISSUED ANN 199.00 40.00 9.00 391.00 360 00 SICK 20.00 8.00 1257.00 LEAVE CATEG COMP 8 H AME AND ADDRESS OFFICIAL PAY DATE 03/30/2006

NATIONAL PAYROLL COORDINATOR US FWS, MS - HR 2027 ORG-CDE 22530 4401 NORTH FAIRFAX DRIVE ARLINGTON VA 22203

LEAVE AND EARNINGS STATEMENT

PAY PERIOD: 08 ENDING DATE: 2006-04-01

PAGE 1 OF 1

3585

NET PAY \$ 1779.44 TO: BANK ABA #:

EMPLOYEE IS RESPONSIBLE FOR VERIFICATION OF PAY, DEDUCTIONS, AND LEAVE.

	CURR	ENT P/P	ADJUS	TMENTS	TOTAL			
DESCRIPTION	HRS	AMOUNT	HRS	AMOUNT	YTD	***BASIC	INFORMATION	***
			*********	********				
ARNINGS/OTHER PAY						SSN	XXX-XX-	
REG \$29.33 PH	80.00	\$1866,40				PAY-PLN/GE	R/ST GS/G	99/0
OVT \$23.33 PH	24.00	\$559.92				SALARY -	(PA) \$4	868
FLSA PREM	24.00	\$280.08				SCD (LEAVE	91-0	H-0
ROSS PAY		\$2706.40			\$21486.77	FLSA CLASS	NON-E)	EMP
						CUM RET AC	INCY \$436	8.5
EDUCTIONS						TSP (AMT/F	PCT)	10
RETIREMENT FERS	1.3%	\$24.26			\$192.74		1700	-
DASDI	6.2%	\$159.39			\$1267.10			
MEDICARE	1.45%	\$37.28			\$296.35	**YTD TAXA	ABLE EARNIN	IGS*
FEDERAL TAXES		\$263.78			\$2219.89		*********	
MARRIED / 1	EXEMPT/	DEXTRA				FEDERAL	\$1895	4.3
STATE TAXES	AZ	\$60.67			\$510.60	STATE	AZ \$1895	4 . 3
/ 0	EXEMPT/	EXTRA						
HLTH INS-PRE	105	\$135.59			\$1049.66			
FEGLI-REG		\$7.66			\$60.90			
FEGLI-DTH		\$1.70			\$13.60			
SAVINGS ALLOT	*##**###*	\$50.00						
TSP ALL FUNDS		\$186.64			\$1482.72			
OTAL DEDUCTIONS		\$926.96			\$7093.66			

AGENCY	CONTRIBUTIO	ONS	**CHECK MAILING ADDRESS**
ITEM	P/P	YTD	
*********	********		
FERS	\$444.20	\$3528.86	
OASDI	\$159.39	\$1267.10	
MEDICARE	\$37.28	\$296.35	
FEGLI INS	\$3.83	\$30.48	***W-2 MAILING ADDRESS***
HLTH INS	\$316.08	\$2492.84	1234 ROAD STREET
TSP SAV BASIC	\$18.66	\$148.24	CITY OF TOWN ST 000000
TSP SAV MATCH	\$74.66	\$593.12	

LEAVE	CAT LVYR	BEGIN	ACC	CRD	USD			BAL	PROJ	MAX	USE/
TYPE	(B) C/O	PP BAL	PP	YTD	PP	YTD	ADV	AVAIL	YR END	C/0	LOSE
22551					******	*****			********		22223
ANN	91.00	121.00	6.00	36.00				127.00	150.00	240.00	37.00
SICK	362.00	352.00	4.00	24.00	10.00	40.00		346.00			

DIRECT DEPOSIT IS FASTER AND SAFER THAN A CHECK, AND IN COMBINATION WITH IRS E-FILE, YOU CAN GET YOUR INCOME TAX REFUND IN LESS THAN HALF THE TIME.
REMARKS/MESSAGES: PAY/LEAVE QUESTIONS? CALL PAYROLL HOTLINE (303) 969-7732; FROM HOME 1-800-662-4324

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VERIFYING FEGLI ELECTIONS

The following information will aid employees in verifying their Federal Employees' Group Life Insurance elections.

For purposes of insurance withholdings, employees are considered to attain age 35, 40, 45, 50, 55, 60, 65 and 70 on the first pay period after their birthday occurs.

Definitions of Federal Employees Group Life Insurance numeric/alpha codes appearing on Form 1223. Earnings Statement, and/or Form 50, Notification of Personnel Action.

Numeric/Bracket

Codes	Definitions
1	Under age 35
2	35 through 39
3	40 through 44
4	
<i>5</i>	
6	
7	60 through 64
8	65 through 69
9	70 and over

Alpha Codes Definitions

Inclinible

AU	mengible
<i>B0</i>	Waived
CO	Basic Life
<i>D0</i>	Basic Life & Option A-Standard
E1-5	**Option C-Family

F1-5 **Option A-Standard & Option C-Family

**Option B-Additional & Other Optional Combinations

GO 1 times salary
HO 1 times salary & Option A-Standard
11-5 1 times salary & Option C-Family

J1-5 1 times salary & Option A-Standard & Option C-Family

KO 2 times salary

LO 2 times salary & Option A-Standard M1-5 2 times salary & Option C-Family

N1-5 2 times salary & Option A-Standard & Option C-Family 3 times salary

PO 3 times salary & Option A-Standard

Q1-5 3 times salary & Option C-Family

R1-5 3 times salary & Option A-Standard & Option C-Family S0 4 times salary

SO 4 times salary
TO 4 times salary & Option A-Standard

U1-5 4 times salary & Option C-Family

V1-5 4 times salary & Option A-Standard & Option C-Family

WO 5 times salary

X0 5 times salary & Option A-Standard Y1-5 5 times salary & Option C-Family

Z1-5 5 times salary & Option A-Standard & Option C-Family

**Also includes Basic Life

(1-5 means up to 5 times Option-C Family.)

Filing the Allotment

One of the key advantages of doing business with GPM Life is our experience in handling Allotments from the Federal Employee's pay. However, it is very important for the agent to correctly advise his/her client concerning the allotment filing process.

There are three (3) ways the Allotment can be filed.

1. Touch-Tone Phone (800 Number)

This method requires that the employee first know his/her *PIN* number and the *800* number that has been made available for his/her federal department. The Routing Number must also be given – 0119 0044 5. In addition, and of critical importance, is the GPM Life "Bank of America Code" that must be given – <u>247</u>0680 + the employee's Social Security #. While GPM Life's official company Code with Bank of America is <u>CGS</u>0680, the "CGS" cannot be dialed on a Touch-Tone phone, so "247" is used as a substitute. The "dollar" amount of the allotment and the "cents" amount, even if it is zero, are given separately. And please, remind your client to include his/her Social Security #.

2. Internet

This method also requires that the employee know his/her *PIN* number and, in this case, the website address that has been made available for his/her federal department. The official GPM Life Bank of America company code – CGS0680, must be used, but because a keyboard is used when filing by the Internet, "CGS" is used, not "247", as with the telephone sample above. The Routing Number – 0119 0044 5, is input, as well as the employee's Social Security #.

3. 1199A "Paper" Form to the Finance Center

Some finance centers still allow the 1199A Allotment to be filed the "old fashioned" way. If this is the case in your employee's area, use the official GPM Life Bank of America company code – CGS0680, PLUS the employee's Social Security #.

Regardless of the method used, the agent MUST send a copy of the form used to the GPM Life Home Office: Either a copy of the 1199A that was filed with the finance center (#3 above), or a filled-out Allot-BoA (Federal Allotment Distribution Authorization) reflecting exactly what was filed either by phone (#1), Internet (#2), or paper.

Government Personnel Mutual Life Insurance Company (GPM Life)

P. O. Box 659567

San Antonio, Texas 78265-9567

(800) 938-4765 fax (888) 701-3869

email: nbs@gpmlife.com

FEDERAL ALLOTMENT D	DISTRIBUTION AUTHORIZATION					
EMPLOYEE I	NFORMATION					
Employee Name (Last, First, Middle Initial)*						
Employee Home Address (Street)						
Employee Home Address (City, State, Zip)						
Social Security Number	Email					
Phone # (Home)	Phone # (Work)					
Bank Routing Number 011900445	Type of Depositors Account SAVINGS					
Allottee's Account Number (enter SSN) C G S 0 6 8 0 SOCIAL SECURITY NUMBER	Total Alfotment Amount Biweekly Monthly					
Check One Start Allotment Change Allotrnent	<u> </u>					
Confirmation Number Start Date	Pay Period					
	*					
NAME SOCIAL SECURITY #	POLICY # (if known) PERIODIC PREMIUM					
EMPLOYEE shown above	\$					
	\$					
If paying for another person(s) other than yourself, please	e list separately below.					
	\$					
	\$					
~ //	\$					
	TOTAL \$					

I hereby authorize **BANK OF AMERICA** to establish an account in my name to be a designated Insurance / Savings Account. I understand that this account will be used solely for the purpose of receiving monies from my employer for the payment of insurance premiums, and will be non-interest bearing.

I further authorize Bank of America, for and on my behalf, to receive my payroll deduction into this account and to distribute the amounts as indicated above.

I further authorize Bank of America to disclose my Social Security Number and other nonpublic personal information to third parties as necessary to effect and administer the service to be performed by Bank of America hereunder.

I further agree that if my employer fails to deduct and/or transmit the required payments, whether intentionally, inadvertently or otherwise, Bank of America shall have no liability whatsoever with respect thereto even though such failure results in the forfeiture of any and all insurance policies or contracts. I authorize GPM Life to tell Bank of America a) what amount(s) of monies it will receive from my employer, b) when that (those) amount(s) will change, and c) the amount of the change(s).

I further understand that, in the absence of conditional receipt coverage, any insurance coverage will only be effective upon the date of coverage stated on the respective policy(s), provided premium money has been received by that date by GPM Life.

SIGNATURES	
EMPLOYEE SIGNATURE:	DATE:
AGENT NAME (PRINT):	

 $Allot - BoA \tag{1112}$

SPLIT ALLOTMENT FORM

Government Personnel Mutual Life Insurance Company
2211 N.E. Loop 410, San Antonio, Texas 78217 --- P.O. Box 659567, San Antonio, Texas 78265-9567
www.gpmlife.com

ı	Employee's Name (Please Print)	
	Social Security Number	
	Street Address	
	City, State, Zip Code	
	deral Civil Service employee, I have institut America (BoA), under my Social Security r	ted a bi-weekly allotment deduction from my pay, payable to number, to pay my insurance premium.
Accoun	t # CGS has beer (Employee's Social Security Number)	n set up to receive a deduction of \$bi-weekly.
I author	ize and empower you to divide my deduction	on and credit the accounts in the amounts below:
(1)	\$ to account # CGS 0680	, ,
(2)	\$to account # CGS* (Other Insurance Company)	for (Employee's Social Security Number) Insurance Company.
(3)		for (Employee's Social Security Number) Insurance Company.
	(Other Insurance Company)	insurance company.
(4)	\$to account # CGS*	for (Employee's Social Security Number) Insurance Company.
	(Other Insurance Company)	
	Employee's Signature	Date

*Other Company's BoA Account Number

M0988 MC (Rev. 0806)

Bank of America

Consolidated Government Allotment Service Insurance Industry Department Customer Listing*

AFLAC Inc.

Aetna Life

Allianz Life (Fidelity Union)

American Family Assurance

American General Life

American National Dental Service

American Pioneer Life

American United Life & Annuity

Atlas Life

Aviva Life Insurance Co.

Bankers Life

Benefit Trust Life

Boston Mutual Life

CHUBB

Citizens Security Life Insurance

Colonial Life and Accident

Colorado Bankers Commercial Life

Commercial Union Life

Commonwealth Life

Consumers Life

Continental Casualty Ins.

Continental Western Life

Dental source of MO & KS

Educators Mutual Life

Empire Life

Farmers and Traders Life

Federal Home Life

First Transamerica Life

GE Life & Annuity Assurance

Golden State Mutual

GPM Life

Great American Life

Great Southern Life

Hartford Insurance Group

Hartford Life & Accident

ING Reliastare Financial

Integon Life

Intercontinental Life

Investors Guaranty Life

ITT Life

Jefferson Pilot

Life of Boston
Life of Georgia

Life of Maryland

Life USA

Lincoln National Life Loyal American Life

Massachusetts General Life

Met Life

Midland Life

Monumental Life

MONY Group

National Affiliated Investors Life

New England Mutual Life

Northwestern National Life

Omaha Life

Peninsular Life

Penn Mutual Life

Pennsylvania Life

Peoples Security Life

Philadelphia Life

Premier Life Ins. Co. of New York

Provident Life & Accident

Shenandoah Life

State Mutual

Southwestern Life Insurance Co.

Sun Life Assurance

The Hartford Life Co.

The Independent Order of Foresters

Transamerica Occidental

Transport Life

TrustMark Insurance Co.

United Fidelity Life

United Home Life

UNUM Provident

Washington National Insurance

Washington National Life of N.Y.

Western Reserve Life

William Penn

Zurich American Life

^{*}Listing current as of 11-2006 and is subject to change.

Establish, Cancel or Change a PostalEASE Allotment through Bank of America

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

P.O. BOX 659567 SAN ANTONIO, TX 78265-9567 Office: (800) 938-4765 or (210) 357-2222

FAX Numbers: Toll-Free - (888) 701-3869 or Local - (210) 357-2235

1.	Call	PostalEASE at 1-877-477-3273	PRESS 1	
2.	Key	in your Employee ID#		
3.	Key	in your Personal Identification PIN#		
4.	PRES	s 2 to select PAYROLL OPTIONS		
5.	PRES	s 1 to select ALLOTMENTS ,	PRESS 2 to continue	
			d a maximum of two (2) allotments. To estable, you must process the cancellation first.	blish a new
	5a)	If you are CHANGING an existing allot	ment PRESS 1	
		Change	from \$ to	
	5b)	If you are CANCELING an existing allo	otment PRESS 2	
	5c)	If you are ESTABLISHING a new allot	ment PRESS 3	
6.	This	allotment is being set up as a SAVINGS	account.	
	6a)	Key in routing number: 0 1 1 9	0 0 4 4 5	
	6b)	Key in account number: C G S	0680	
		NOTE: CGS is entered on the phone pad a	(Your Social Security Number) as 247	
	6c)	Enter new savings allotment dollar an	mount: (for example, if the allotment is \$64.25,	enter 64 here)
	6d)	Enter cents:	(for example, if the allotment is \$64.25,	enter 25 here)
7.	Rec	ord the Confirmation number:		
8.	Rec	ord the Pay Period number:		
9.	Rec	ord the Allotment Start Date:/_		
(CALL	ME TO REPORT CONFIRMATION NUI	MBER (7), PAY PERIOD NUMBER (8), AND START	DATE (9)
Ag	ent Na	ame:	Phone Number:	
		one/BoA		(12-05)

Federal Employees' Group Life Insurance RATES & RULES

Basic Life

- Life Insurance coverage is equal to annual basic pay (excludes COLA), rounded up to next \$1,000 plus \$2,000 (minimum \$10,000). An extra benefit without cost is provided up to age 45.
- Accidental death and dismemberment coverage.
- All eligible postal service employees, while working, receive basic life insurance without cost.
- The following table summarizes cost and election choices at retirement:

	Monthly	Cost Per \$1,	000 After Re	tirement
Elections	Before You R	leach Age 65	After you Re	each Age 65
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
75% Reductions - Amount of insurance reduces 2% per month after the later of age 65 or retirement to a minimum of 25% of your Basic Insurance Amount at retirement.	\$0.325	\$0.150	No Cost	No Cost
50% Reduction - Amount of Insurance reduces 1% per month after the later of age 65 or retirement to a minimum of 50% of your Basic Insurance Amount at Retirement	\$1.035	\$0.477	\$0.071	\$0.327
No Reduction - 100% of your Basic Insurance Amount at retirement is retained.	\$2.455	\$1.133	\$2.13	\$0.983

Option A - Standard

- \$10,000 Additional Life Insurance coverage
- \$10,000 Accidental death and dismemberment coverage
- Standard coverage will reduce at age 65 or retirement (whichever is later) by 2% each month until it reaches 25% of its face value.

Option B - Additional

- You may choose additional life insurance coverage equal to one, two, three, four, or five times annual basic pay (excludes COLA), after pay is first rounded up to next \$1,000.
- Additional coverage will reduce at age 65 or retirement (whichever is later) by 2% each month for 50 months, at which time the coverage will end. Employees can elect unreduced Option B, which requires continued premiums.

Option C - Family

- Spouse \$5,000 life insurance coverage (employees can elect up to 5 multiples of this amount.)
- Each Child \$2,500 Life Insurance coverage (employees can elect up to 5 multiples of this amount).
- Family Insurance will reduce at age 65 or retirement (whichever is later) by 2% each month for 50 months, at which time the coverage will end. Employees can elect unreduced Option C, which requires continued premiums.

Your Age	1 1	ding per nsurance	\$10,000	ding for nsurance	Option B - Withhold \$1,000 In	ling per surance	Option C Withhole Multiple of	ding per Coverage
	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly
under age 35	\$0.15	\$0.33	\$0.20	\$0.43	\$0.02	\$0.043	\$0.22	\$0.48
35-39	\$0.15	\$0.33	\$0.30	\$0.65	\$0.03	\$0.065	\$0.27	\$0.59
40-44	\$0.15	\$0.33	\$0.40	\$0.87	\$0.04	\$0.087	\$0.41	\$0.89
45-49	\$0.15	\$0.33	\$0.70	\$1.52	\$0.07	\$0.152	\$0.59	\$1.28
50-54	\$0.15	\$0.33	\$1.10	\$2.38	\$0.11	\$0.238	\$0.92	\$1.99
55-59	\$0.15	\$0.33	\$2.00	\$4.33	\$0.20	\$0.433	\$1.48	\$3.21
60-64	\$0.15	\$0.33	\$6.00	\$13.00	\$0.44	\$0.953	\$2.70	\$5.85
65-69	\$0.15	\$0.33	\$6.00	\$13.00	\$0.54	\$1.170	\$3.14	\$6.80
70-74	\$0.15	\$0.33	\$6.00	\$13.00	\$0.96	\$2.080	\$3.83	\$8.30
75-79	\$0.15	\$0.33	\$6.00	\$13.00	\$1.80	\$3.900	\$5.26	\$11.40
80 & over	\$0.15	\$0.33	\$6.00	\$13.00	\$2.64	\$5.720	\$7.20	\$15.60

Above information reflects changes in FEGLI effective January 2016.

If rates change, your employing office will be notified.

Government Personnel Mutual Life Insurance Company

PO Box 659567, San Antonio, Texas 78265

CONFIDENTIAL GPM FEDERAL CIVIL SERVICE BENEFIT COORDINATION REPORT

Name	Age/DOB	Male Female	■ Non Tobacco User	■ Tobacco User
Spouse	Age/DOB	Male Female	Non Tobacco User	□ Tobacco User
Address	Home Phone	Children	's Name(s)/DOB	
City, State, Zip	Business Phone	Ext		
Spouse Employer	Business Phone	Ext		
EMPLOYMENT STATUS				
CSRS / FERS DOH CSRS Change	eover? Yes No Date		Type: 🗖 Regular 🗖 Po	stal 🗖 Firefighter
Break in Service From To				
Military Dates of Service From To	Did you buy time?	☐ Yes ☐ No	■ Military Reserve	Technician
Current Pay \$ Mode BW / M / A I	Pay Rate / Grade	Pay Incre	ase % "Al	JO" %
Retirement Date Reduction-in-Force (RII	F) Yes No Pension CC	DLA %	Expected Pay prior to R	etirement \$
BENEFIT DATA				
FEGLI Alpha Basic \$ A_	B (1-5)	C (1-5	5) FEGLI Bi-Weekly Pren	nium \$
Basic Amount Reduction % Retain Op			,	
TSP Balances G Fund \$ C F				
	I Fund \$			
Contribution %, \$ or Max Growth Rate —				
Spouse Income \$ Sp				•
FINANCIAL DATA / OBJECTIVES				
Your Current Assets:				
			Interest Rat	e
Courings C	Other Liquid	Accete C	an Acceta	~
		Assets \$	on Assets _	-
Sources of Income		I Assets \$	on Assets _	
Sources of Income	' if on child)		on Assets _	
Sources of Income	' if on child) nount Plan Type	Premium	on Assets _	Beneficiary
Sources of Income Existing Life Insurance (mark with "s" if on spouse, "c" Company Year of Issue Face An	' if on child) nount Plan Type	Premium	Purpose	Beneficiary
	' if on child) nount Plan Type	Premium	on Assets _	Beneficiary
Sources of Income Existing Life Insurance (mark with "s" if on spouse, "c" Company Year of Issue Face An	' if on child) nount Plan Type	Premium	Purpose	Beneficiary
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