



## FEGLI CANCELLATION PROCESS AND PROCEDURES

If an employee wishes to reduce or cancel their FEGLI coverage they will need to download the following form:

[http://www.opm.gov/forms/pdf\\_fill/sf2817.pdf](http://www.opm.gov/forms/pdf_fill/sf2817.pdf)

***The employee will need to fill out:***

- 1.....Section 2 with their identifying information
- 2.....Sign in Section 3 to retain their Basic Coverage

In Section 4- this is where they will elect the optional coverage A, B, or C by signing in that section. If they wish to reduce their Option B from 5 to 3 they can indicate the "3" in the box and sign and it will reduce their multiples. By not signing in a section, they are waiving that coverage. In other words, someone who wants to cancel all of Option B would not sign anywhere in that box.

***THERE ARE THREE COPIES OF THE SAME FORM IN THIS ATTACHMENT. THEY MUST SEND IN ALL THREE COPIES. ONCE IT HAS BEEN PROCESSED, SHARED SERVICES WILL SEND ONE OF THE VALIDATED COPIES BACK TO THEM. THE ADDRESS THEY NEED TO SEND ALL THREE FORMS TO IS:***

***HRSSC Benefit/Compensation***

***P.O. BOX 970400***

***GREENSBORO, NC 27497-0400***

***TELL THEM TO SEND IT CERTIFIED MAIL SO THEY HAVE A RECEIPT FOR DELIVERY.***