

Section 1 Member Information

First Name	Middle Initial	Last Name	Birthdate	Employee Id Number
Street		City	State	Zip Code
Date of Termination	Home/Cell Phone	Personal Email Address	Marital Status <input type="checkbox"/>	

Section 2 Fixed and Variable Funds Election (complete this section only if you have a balance)

Prior to termination of your employment, you have the option to transfer your total balance to the 401(k) Plan.

If you are married, your spouse must consent to your election in Section 5.

SELECT ONE You should review the Eligible Rollover Notice at www.tvars.com before making your election.

TOTAL WITHDRAWAL

I elect to withdraw my TOTAL Fixed and Variable Funds. *Note: The withdrawal will be paid to you by direct deposit. TVARS will withhold 20% income tax on the taxable portion. An additional 10% early withdrawal penalty applies when filing taxes if your election is during the year you leave TVA and you are under age 55 as of 12/31 of that year.*

DIRECT ROLLOVER OF ONLY TAXABLE FUNDS TO:

I elect to roll over the TAXABLE portion of my Fixed and Variable Funds to the trustee named below.
Note: The taxable portion will be mailed to the trustee, and the nontaxable portion will be paid to you by direct deposit.

Trustee Name: _____ Account #: _____

Trustee's Rollover Mailing Address: _____

DIRECT ROLLOVER OF TOTAL FUNDS (BOTH TAXABLE AND NONTAXABLE)

I elect to roll over my TOTAL Fixed and Variable Funds to the trustee named below.
Note: The trustee will receive two payments (one taxable and one nontaxable).

Trustee Name: _____

TAXABLE: _____ Account #: _____

NONTAXABLE: _____ Account #: _____

Trustee's Rollover Mailing Address: _____

***IMPORTANT NOTE REGARDING ROLLOVER TO ROTH IRA:** If you elect a rollover of taxable funds to a Roth IRA, 100% of the rollover amount will be reported as taxable income in the year the rollover is paid by TVARS.

Section 3 Cash Balance Account Election (monthly pension)

SELECT ONE

MAXIMUM * Maximum Monthly Benefit - Nothing Payable at Death

OPTION 2 100% Continuing Monthly Benefit to Beneficiary

OPTION 3 50% Continuing Monthly Benefit to Beneficiary

OPTION 4 * _____ % Continuing Monthly Benefit to Beneficiary

_____ % Continuing Monthly Benefit to Beneficiary with Pop-Up Feature

Other – Request Form

*If you are married, your spouse must consent to this election in Section 5.

Section 4 Beneficiary Designation for Option 2, 3, or 4 Continuing Monthly Benefit

If you are married, you must name your spouse as beneficiary unless your spouse completes Section 5. **Note:** If you elect a continuing monthly benefit for someone who is **not** your spouse and that person is more than 10 years younger than you, please contact TVARS to obtain an estimate of benefits.

The beneficiary you designate in this section to receive a continuing monthly retirement benefit CANNOT be changed after retirement payments begin, even in the event of death or divorce.

First Name	MI	Last Name	SSN (Last 4)	Birthdate	Relationship
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Section 5 Spousal Consent

I hereby acknowledge that I am aware of my spouse's retirement election(s) above and understand that the election(s) is not valid unless I consent by signing below. I hereby consent to the election(s) and understand that **my consent is final (not revocable)**.

Printed Name of Spouse

Signature of Spouse

Date

Witness Certification: *(The employee/retiree cannot sign as the witness.)*

Printed Name of Witness

Signature of Witness

Address of Witness

Section 6 Level Income Plan Election

I want to elect the Level Income Plan.

Yes

No

If Yes, contact TVARS for form RS-119A, Level Income Plan Election Form.

Section 7 Direct Deposit Election

Your retirement benefits will be deposited into the same account that was used for your net employee paycheck. If you want your retirement benefit deposited into a **different** account, please complete the following:

Bank Name	Routing Number	Account Number	Type of Account
			Checking Savings

Section 8 Federal Income Tax Election

Federal law requires a withholding election regarding your TVARS benefit. If you elect not to have income tax withheld, you are responsible for payment of any income tax due. For full details on the elections below, see Form W-4P at www.irs.gov.

REQUIRED: Check one below.

Single or married filing separately

Married filing jointly

Head of household

No withholding

OPTIONAL:

Income from a job and/or multiple pensions/annuities (including a spouse's job/pension/annuity) \$_____ (W-4P, Step 2).

Claim dependents – total dollar amount for qualifying children under 17 and other dependents \$_____ (W-4P, Step 3).

Other income you expect this year that won't have withholding, including interest/dividends/retirement income \$_____ (W-4P, Step 4(a)).

Other deductions – if you expect to claim deductions other than the standard deduction and want to reduce your withholding \$_____ (W-4P, Step 4(b)).

Extra withholding. Enter any additional tax you want withheld from each payment \$_____ (W-4P, Step 4(c)).

Section 9 Verification of Date of Birth

You **must** submit a copy of your birth certificate, passport, or Real ID with this completed application as verification of your date of birth. A copy of a birth certificate, passport, or Real ID is also required on any beneficiary designated in Section 4 to receive a continuing monthly benefit.

Section 10 Member Certification

I have read this form and its instructions, and I understand the elections I have made.

With the exception of Sections 7 and 8 above, I understand that, once my payments begin, the retirement elections I have made are final (not revocable). I understand that if I designated a beneficiary in Section 4 above to receive a continuing monthly benefit after my death, I CANNOT change that beneficiary designation after my payments begin, even in the event of death or divorce.

Signature

Date

Submission Instructions

Submit your completed application and birth certificate/passport/Real ID(s) by mail, e-mail, or fax to:

TVA Retirement System
400 West Summit Hill Drive
Knoxville, TN 37902

E-mail: tvars@tva.gov

Fax: 865-632-8591

PRIVACY ACT STATEMENT - The information requested on this form becomes part of the TVA Retirement System (TVARS) Privacy Act System of Records (TVA-26). Authority for maintenance of this system of records is provided by the TVA Act of 1933 (16 U.S.C. 831-831ee), Internal Revenue Code, and the TVARS Rules and Regulations. The information solicited on this form may be made available as a "routine use." A complete list of the routine uses can be found in the system of records notice associated with this form, "TVA-26, Retirement System Records-TVA," available at <https://www.tva.com/information/about-the-tva-privacy-program>.

INSTRUCTIONS

IMPORTANT: If you have not contacted TVARS regarding your eligibility for various benefits, you should contact TVARS prior to completing this application. **You must go to PeopleGateway, select Career and Recruiting, and select Leaving TVA to initiate the process of leaving TVA.** To assist in the timely payment of your benefits, your retirement application should be submitted prior to termination of your employment.

Please read all instructions, and complete your application carefully. **All elections on the retirement application are final (not revocable) (with the exception of Sections 7 and 8).** If you have any questions on the completion of your application, please contact TVARS.

60-Day Filing Deadline

Your retirement application must be filed no later than 60 days after your termination date. **If your application is not received by TVARS within 60 days after your termination date, you will be subject to a default benefit.** Your retirement benefit will default to a deferred retirement benefit with payments scheduled to begin no later than age 65. If you are subject to the spousal consent requirement under the TVARS Rules and Regulations, the default benefit will be in the form of a 100% joint and survivor annuity. Otherwise, it will be in the form of a single life annuity with no survivor benefit. During the deferral period, you may elect for payments to begin as early as age 55, but no later than age 65. You may also elect a survivor option and name a beneficiary to receive a continuing benefit. Payments cannot begin before age 55 or the date your application is received, whichever is later.

In addition, you have 60 days from your termination date to make a decision regarding distribution of your Fixed and Variable Funds. After 60 days, the Fixed Fund will cease to accrue additional interest. Your options with your funds are: (1) withdraw your total balance, or (2) roll over all or some portion of your balance to an IRA or another qualified retirement plan which will accept a rollover. Any funds not rolled over will be paid directly to you.

Level Income Plan

The Level Income Plan (LIP) is an optional plan intended to provide retirees with approximately the same amount of monthly retirement income before and after Social Security benefits are payable, assuming the retiree begins receiving Social Security benefits at age 62. To be eligible for the optional LIP at retirement, a member must be eligible for a future Social Security benefit and be younger than age 62. For more information or to elect the LIP, contact TVARS.

Federal Employees' Group Life Insurance (FEGLI)

See your Estimate of Retirement Benefits and the instructions for form SF 2818 for detailed information on eligibility, coverage amounts, and premiums. Your FEGLI coverage will be in effect for 31 days after your termination date. **If you are not eligible to continue FEGLI coverage as a retiree,** you can convert your coverage to an individual, direct-pay policy. You must apply for conversion within 31 days of termination by completing form SF 2819, Notice of Conversion Privilege, available by calling 888-275-8094. **If you are eligible to continue FEGLI as a retiree,** you must complete form SF 2818, Continuation of Life Insurance Coverage, to elect or waive coverage. For information concerning other life insurance coverage, call 888-275-8094.

Retiree Medical and Dental Insurance

For information on applying for retiree medical and dental insurance, see the *Benefits Summary for Terminating Employees* at www.tvars.com or call 888-275-8094. **Applications MUST be received within 30 days after termination.**

Federal Long-Term Care Insurance

If you have Federal Long-Term Care Insurance, deductions will not automatically transfer from TVA to TVARS. You must contact Long Term Care Partners at 800-LTC-FEDS (800-582-3337) to report your retirement. More information is available at www.ltcfeds.gov.

FOR FUTURE REFERENCE

Updates to Address/Direct Deposit/Tax Withholding/Name

After retirement, changes to your name, address, direct deposit, or tax withholding are handled by BNY Mellon.

Second Survivor

If you marry or remarry after retirement, you may elect to provide a continuing monthly survivor benefit to your new spouse within 90 days of the marriage. Election of this option will result in an additional actuarial reduction and will not be effective until the month following the one-year anniversary of the marriage. To elect a second survivor benefit, you must submit form RS-210B to TVARS.

Note: Should there be any conflict between the information in this document and the provisions of the various plans, the plan provisions and not this document shall be controlling.

SUBMIT YOUR SF 2818 TO TVARS WITH YOUR RETIREMENT APPLICATION



Continuation of Life Insurance Coverage As an Annuitant or Compensation Federal Employees' Group Life Insurance (FEGLI) Program

Instructions for Completing this SF 2818

- Read these instructions carefully.
- Complete this form:
 - ❖ When you retire, or
 - ❖ When you are receiving compensation payments from the Office of Workers' Compensation Programs (Department of Labor) and your FEGLI coverage as an employee ends.
- Be sure to sign at the bottom of the election page and return the entire form.
- Your coverage, based on your eligibility and the elections you make, is effective at retirement and may continue for life.
- Detach and keep these instructions for your records.
- Premium information can be found at www.opm.gov/insure/life.
- "You" means the insured employee. "We" and "us" mean the Office of Personnel Management (OPM) or your retirement system, if OPM is not your retirement system.
- Terms of coverage as applicable at retirement described below also apply to coverage in effect at the end of 12 months nonpay status, whichever occurs first.

1. Basic Insurance

What is Basic Insurance?

That is the coverage equal to your annual basic pay, rounded up to the next \$1,000, plus \$2,000 (or a minimum of \$10,000).

Will I have Basic Insurance in retirement?

If you are *eligible* and want to carry Basic insurance in retirement, you must mark "Yes" in Item 7. If you mark "No" in Item 7, you will not have any insurance in retirement. Please sign in item 14 and return to your Human Resources office.

You cannot newly elect or increase existing life insurance as an annuitant now or after you retire.

Who is eligible?

You are eligible to have Basic insurance in retirement if: (1) you retire on an immediate annuity; (2) you were enrolled in Basic insurance for the five years of service immediately before your annuity began or for all opportunities during which it was available to you, if enrolled less than five years; (3) you or the assignee(s), if applicable, do not cancel the coverage; (4) you, the assignee(s), or a power of attorney acting on your behalf, do not convert it to an individual policy; and (5) you did not receive a full Living Benefit. See page 3 for information on compensationers, assignments and Living Benefits.

How much Basic Insurance will I have?

The amount of your Basic insurance will depend on your final annual basic pay, your age, your choice of reduction in Item 8, and whether you elected a Living Benefit. See page 3 for information on Living Benefits.

Your Basic insurance in retirement is equal to your final annual basic pay, rounded up to the next \$1,000, plus \$2,000 (or a minimum of \$10,000). This amount continues until you reach age 65. If you are under age 45, you have an Extra Benefit (see below). Your Basic insurance will reduce after you retire and turn age 65, unless you elect No Reduction in Item 8.

What is the Extra Benefit?

The Extra Benefit doubles the amount of Basic insurance payable if you die at age 35 or younger. Beginning on your 36th birthday, the Extra Benefit decreases by 10% each year. If you die at age 45 or older, there is no Extra Benefit. You do not pay for the Extra Benefit.

What if I don't want Basic Insurance in retirement?

If you don't want to have Basic insurance in retirement and you have not assigned your coverage, mark "No" in Item 7 and sign in Item 14. Do **not** file a *Life Insurance Election* (SF 2817). You will not have **any** life insurance in retirement, but you will be insured for 31 days after your life insurance coverage as an employee stops. You can convert to private coverage.

Will I have accidental death and dismemberment coverage in retirement?

No. Accidental death and dismemberment coverage stops when your life insurance as an employee stops.

Will my Basic Insurance reduce?

It depends. If you are eligible and choose to have Basic insurance in retirement, you can choose either 75% Reduction, 50% Reduction, or No Reduction in Item 8.

• What is 75% Reduction?

This means that your Basic insurance will reduce by a fixed amount each month, equal to 2% of the amount of Basic insurance you carried into retirement. Your Basic insurance will continue to reduce until 25% of the original amount remains. You do not pay an extra premium for this choice.

• What is 50% Reduction?

This means that your Basic insurance will reduce by a fixed amount each month, equal to 1% of the amount of Basic insurance you carried into retirement. Your Basic insurance will continue to reduce until 50% of the original amount remains. You pay an extra premium for this choice.

• What is No Reduction?

This means that your Basic insurance will not reduce. You pay an extra premium for this choice.

When do reductions begin?

If you elect 75% Reduction or 50% Reduction in Item 8, your Basic insurance begins to reduce on the first day of the second month after you reach age 65 or on the first day of the second month after you retire, whichever is later.

What do I pay?

As an annuitant, you will pay the same regular Basic premium, on a monthly basis that active employees pay, until you reach age 65. You probably paid a biweekly premium as an employee. You stop paying the regular premium on the first day of the month after you reach age 65. If you retire after turning 65, you will never pay the regular premium in retirement. If you choose 50% Reduction or No Reduction, you must pay an extra premium. You continue to pay the extra premium for life or until you cancel the coverage or change to 75% Reduction. See www.opm.gov/insure/life for information on current rates.

What if I want to change my reduction election?

You have 30 days from the date you receive your first regular monthly annuity check to change your reduction election. Write to us and tell us what you want to change. After that time you or the assignee(s), if applicable, may only change to 75% Reduction and not to 50% Reduction or No Reduction. If you or the assignee(s), if applicable, change to 75% Reduction, we will compute the amount of your Basic as if you had originally elected 75% Reduction. Premiums will stop and you will **not** receive a refund of premiums you already paid.

2. Optional Insurance

What is Optional insurance?

There are three types of Optional insurance. Option A (Standard) equals \$10,000. Option B (Additional) equals 1 to 5 multiples of your annual basic pay, after rounding your pay up to the next \$1,000. Option C (Family) is 1 to 5 multiples of coverage for your spouse and eligible children. Each Option C multiple equals \$5,000 for your spouse and \$2,500 for each of your eligible children.

Will I have Optional insurance in retirement?

If you are *eligible* and want to carry Option A and/or Option B and/or Option C in retirement, you must mark "Yes" and sign for that coverage in items 9, 10, and 12. If you mark "No", you will not have that coverage in retirement.

You cannot newly elect or increase existing life insurance as an annuitant now or after you retire.

Who is eligible?

You are eligible to have Optional insurance in retirement if:

(1) you continue your Basic insurance in retirement (employees who received a full Living Benefit are exempt from this requirement), (2) you were enrolled in the option for the five years of service immediately before your annuity began or for all opportunities during which it was available to you, if enrolled less than five years; (3) you, the assignee(s), or a power of attorney acting on your behalf, if applicable, do not convert it to an individual policy; and (4) you or the assignee(s), if applicable, do not cancel it. See page 3 for information on compensations. If you cancel your Basic insurance, you cannot continue your Optional insurance.

How much Option A will I have?

If you are eligible to have Option A in retirement and choose "Yes" in Item 9, you will have \$10,000 of Option A coverage.

How much Option B will I have?

If you are eligible to have Option B in retirement and choose "Yes" in Item 10, your Option B will equal your annual basic pay at retirement, rounded up to the next higher \$1,000, multiplied by *either* the lower of (1) the number of multiples you are eligible to continue; *or* (2) the number of multiples you elect to continue in Item 11.

How much Option C will I have?

If you are eligible to have Option C in retirement and choose "Yes" in Item 12, your Option C will be the lower of *either* (1) the number of multiples you are eligible to continue; *or* (2) the number of multiples you elect to continue in Item 13; multiplied by \$5,000 (for your spouse) and \$2,500 (for each of your eligible children).

How many multiples of Option B and/or Option C can I have?

You may have up to the number of multiples you had during:

- the 5 years of service immediately before your annuity began, or
- all service during which those multiples were available to you, if enrolled less than 5 years.

Will my Option B and/or Option C reduce?

It depends on what you choose now in Item 11 and Item 13. You may choose Full Reduction or No Reduction. You can mix and match multiples - you can choose either Full Reduction or No Reduction for some or all multiples of the same option. You can also choose something different for Option B than for Option C.

• What is Full Reduction?

This means that for the multiple(s) you elect, your coverage will reduce by a fixed amount each month, equal to 2 percent of the original amount, for 50 months, at which time coverage will end. Reductions start on the first day of the second month after you reach age 65 or the first day of the second month after you retire, if later. Coverage is free starting on the first day of the month after you turn age 65.

• What is No Reduction?

This means that for the multiple(s) you elect, your coverage will not reduce. You will continue to pay premiums for the rest of your life, or until you cancel the insurance or change to Full Reduction.

You have 30 days from the date you receive your first regular monthly annuity payment to change your reduction election. After that time, you can only reduce or cancel coverage.

Can I elect to have both "No Reduction" and "Full Reduction" multiples?

Yes. You may elect to have both reduced and unreduced multiples of Option B and/or Option C. After retirement, you may change your "No Reduction" multiples to "Full Reduction", but you will not be able to change your multiples from "Full Reduction" to "No Reduction".

What if I elect to have more multiples of Option B and/or Option C than I'm eligible to have?

You will have whichever number is *lower* - the number you *elect* to continue *or* the number you are *eligible* to continue.

What if I don't want Optional insurance in retirement?

If you don't want to have Optional insurance in retirement, and you have not assigned your coverage, mark "No" in Item 9 for Option A, Item 10 for Option B and/or Item 12 for Option C. Do *not* file a *Life Insurance Election* (SF 2817). You will not have that option in retirement, but you will have it for 31 days after your life insurance coverage as an employee stops. You can convert to private coverage. Your human resources office will provide you with SF 2819 "Notice of Conversion Privilege" so you can convert your coverage to a non-FEGLI policy.

Will my Option A reduce?

Yes. You do not have a choice. Option A reduces on the first day of the second month after you reach age 65 or the first day of the second month after you retire, whichever is later. Each month the amount reduces by another \$200. Reductions stop when Option A reaches \$2,500.

Will I have accidental death and dismemberment coverage for Option A in retirement?

No, you will not. Accidental death and dismemberment coverage stops when your life insurance as an employee stops.

What do I pay for Option A?

As an annuitant you will pay the same premium, monthly, that active employees pay, based on your age. You probably paid a biweekly premium as an employee.

Option A is free starting on the first day of the month after you reach age 65 or starting at retirement if you retire after turning age 65. Premium information can be found at www.opm.gov/insure/life.

What do I pay for Options B and C?

As an annuitant, you will pay the same premium, on a monthly basis, that active employees pay, based on your age and the number of multiples you have in retirement. You probably paid a biweekly premium as an employee.

For Full Reduction multiples, coverage is free to you starting on the first day of the month after you reach age 65 or starting at retirement if you retire after turning age 65. For No Reduction multiples, you will continue to pay premiums for the rest of your life, or until you cancel the insurance or change to Full Reduction.

What if I want to change my reduction election after I retire?

You can write to us at any time and change from No Reduction to Full Reduction or cancel your coverage, (unless you assigned your coverage, in which case only the assignee(s) can change to Full Reduction). However, neither you or an assignee can change from Full Reduction to No Reduction later in retirement.

3. General Information

Who can sign this form?

Only you, the insured employee, may sign this form in item 14. The signature of an assignee, a guardian, conservator or other fiduciary (including, but not limited to, those acting according to a Power of Attorney or a Durable Power of Attorney) is **not** acceptable. Even if your power of attorney previously applied for a living benefit on your behalf, only you can sign the form.

When does my life insurance coverage as an employee stop?

It stops on the earliest of the date you resign, separate for retirement, or end 12 months in nonpay status.

What if I don't make a choice for one or more coverages or I don't file this form at all?

Then, if you are eligible to continue the insurance in retirement, you will have the default selection(s). For Basic insurance, that means 75% Reduction. For Option A, that means having it in retirement (it reduces automatically). For Options B and C, that means Full Reduction for all multiples you are eligible to have in retirement.

To avoid confusion, please complete the entire form, as applicable, and return it to your human resources office.

What if I want to change my reduction election?

You have 30 days from the date you receive your first regular monthly annuity payment to change your reduction election. Write to us and tell us what you want to change. After that time, you or your assignee(s) can only change from No Reduction to Full Reduction, or cancel coverage. Premiums will stop and you will not receive a refund of premiums you already paid.

Can I stop my FEGLI insurance later?

After you file this form, you (or the assignee(s), if applicable) can cancel any or all life insurance coverage at any time, by writing to us. If you cancel Basic insurance, you will cancel all Optional insurance too. The cancellation will be effective at the end of the month in which OPM receives your letter. You will not be entitled to a refund of premiums paid through the end of the month in which we receive your request, and you cannot get the coverage back. You cannot convert the cancelled coverage.

What if I am receiving Workers' Compensation benefits?

During your first 12 months in nonpay status while in receipt of compensation, your life insurance coverage is still treated as if you are an employee. At the end of 12 months, to be eligible to have life insurance coverage as a compensationner, you must meet the 5-year/all opportunity requirement as of the date you became eligible for compensation. The Office of Workers' Compensation Programs will withhold applicable premiums from your compensation benefits.

The amounts of Option A and Option C for compensationners are the same as for retiring employees. The amount of your Basic insurance and Option B is based on your annual basic pay at the time your insurance as an employee ended (at separation or the end of 12 months of nonpay status, whichever came first).

If you are eligible to continue coverage as a compensationner, you have the same choices for reduction as if you were retiring.

If the Department of Labor finds you are capable of returning to work, your life insurance coverage as a compensationner will stop. This is still true even if you don't return to work and even if you receive partial compensation payments. If you return to work in a position eligible for FEGLI coverage, you will get life insurance coverage as an employee. Basic premiums will be deducted from your salary (and for Option A and Option C, if enrolled). Your coverage is treated the same as if you are a reemployed annuitant. You are covered for the higher of your Basic insurance, either the Basic you had as a compensationner or the reemployment-acquired Basic.

For Option B, you must choose which coverage to have, either the Option B you have as a compensationner or the reemployment-acquired Option B. Premiums will be withheld according to which Option B coverage you choose.

We cannot reinstate any insurance you cancel while receiving compensation.

What if I assigned my coverage?

Assignment means giving a person, firm or trust the ownership and control of your life insurance coverage (except Option C), generally by using an RI 76-10 *Assignment* form.

You complete this form (SF 2818). Assignees do not.

If you assigned your life insurance coverage, you **cannot** stop your Basic, Option A or Option B by marking "**No**" in items 7, 9, or 10. You must choose "**Yes**".

If you assigned your life insurance coverage, you elect the Basic insurance reduction (75%, 50% or No Reduction) and the Option B and Option C reduction (Full Reduction or No Reduction). However, only the assignee(s) can later change the Basic reduction to 75%, change the Option B reduction to Full Reduction, or cancel coverage.

What if I received a Living Benefit?

If you received a **full** Living Benefit, you no longer have any Basic insurance benefits. There is no Basic insurance to continue into retirement. Check "I received a full Living Benefit" in Item 7. Leave Item 8 blank. You may still continue Optional insurance.

If you received a **partial** Living Benefit, your Basic insurance remains the same as it was after your Living Benefit election. If you want to have Basic in retirement, you must check "No Reduction" in Item 8.

Privacy Act Statement

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes the solicitation of this information. The Office of Personnel Management will use the data you furnish to determine the amount of life insurance coverage you will have in retirement or as a compensationner. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program.

It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security number or tax identification number. This is an amendment to title 31, Section 7701. If you don't furnish the requested information, you may not have the level of insurance protection you want.



Continuation of Life Insurance Coverage
As an Annuitant or Compensation
Federal Employees' Group Life Insurance (FEGLI) Program

Important:
Read instructions on pages 1 - 3
before completing this form.

Identifying Information

1. Employee's name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social Security number
4. Employing department/agency Tennessee Valley Authority	5. Work location (<i>city, state, ZIP code</i>)	6. Compensation claim number (<i>if applicable</i>)

Basic Life Insurance

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

Yes (<i>If yes, complete Item 8.</i>)	No	I received a full Living Benefit. (<i>skip to Item 9</i>)
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8. What level of Basic do you want in retirement/compensation? *Check only one box. If you received a partial Living Benefit, you must check No Reduction.*

75% Reduction	50% Reduction	No Reduction
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Option A – Standard Optional Insurance

9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic.
(Check "yes" only if you currently have as an employee.)

Yes	No	I don't have Option A.
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Option B - Additional Optional Insurance

10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic.
(Check "yes" only if you currently have as an employee.)

Yes (<i>If yes, complete Item 11.</i>)	No	I don't have Option B.
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11. How many multiples of Option B do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.

_____ (<i>number of NO REDUCTION multiples</i>)	_____ (<i>number of FULL REDUCTION multiples</i>)
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Option C - Family Optional Insurance

12. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic.
(Check "yes" only if you currently have as an employee.)

Yes (<i>If yes, complete Item 13.</i>)	No	I don't have Option C.
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13. How many multiples of Option C do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.

_____ (<i>number of NO REDUCTION multiples</i>)	_____ (<i>number of FULL REDUCTION multiples</i>)
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Signature

14. Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.	Date (mm/dd/yyyy)
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Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle)		Date of birth of Insured (mm/dd/yyyy)	Social Security Number of Insured
The Insured is:	<input checked="" type="checkbox"/> an employee <input type="checkbox"/> a retiree <input type="checkbox"/> a compensationner	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:	
Place an "X" in the appropriate box.			
Department or agency where the Insured works (If retired, last department or agency where the Insured worked):			
Department or agency TENNESSEE VALLEY AUTHORITY		Bureau or division	Location (city, state, and ZIP code) KNOXVILLE, TN 37902

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Total (Must equal 100% or 1.0) (Do not use dollar amounts)				
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)				

C. Statement of Insured or Assignee (type or print)

Your name and address (Including ZIP code)	Please check one: I am:	Please check all three:
	<input checked="" type="checkbox"/> the Insured	<input type="checkbox"/> I have not assigned the insurance.
	<input type="checkbox"/> an Assignee	<input type="checkbox"/> Two people who witnessed my signature signed below.
See Back of Part 2 for definitions		<input type="checkbox"/> I did not name either witness as a beneficiary.
<p>I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.</p> <p>I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).</p>		
<p>I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.</p> <p>I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.</p>		
Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box.		Date (mm/dd/yyyy)

D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness	Address (Including ZIP code)
Signature of witness	Address (Including ZIP code)

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency TVA	Date of receipt (mm/dd/yyyy)	Signature of authorized official	Title Retirement Officer
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Part 1 - Original

Note: If you need more space when completing this form, see "What if I need more room?" in the instructions on the Back of Part 2.

Examples of Designations

- 1. How to designate one beneficiary** Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

- 2. How to designate more than one beneficiary** Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Jose P. Lopez	111-11-1111	360 Williams Street Red Band, NJ 07701	Domestic Partner	one-half
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half

- 3. How to designate a contingent beneficiary** *(Someone to receive the benefits if the person you designate dies before the Insured dies)*

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Spouse	100%
Otherwise to: Susan A. Parrish	444-44-4444	810 West 180th Street New York, NY 10033	Sister	100%

- 4. How to designate different beneficiaries for Basic and Optional** You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

- 5. How to designate an inter vivos trust** *(A trust that you set up during your lifetime)*

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in the John Q. Public Trust Agreement dated 10/15/2013, if valid. Otherwise to:			Trustee	100%
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

- 6. How to designate a testamentary trust** *(A trust that is set up when you die, according to terms in your will)*

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:			Trustee	100%
Maria Sufuentes	999-99-9999	5909 Pacific Avenue, NW Washington, DC 20019	Niece	100%

- 7. How to cancel all designations of beneficiary**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Cancel prior designations				

SUBMIT YOUR SF 2823 TO TVARS WITH YOUR RETIREMENT APPLICATION

INSTRUCTIONS: The Insured or assignee must sign this form. Two people must witness the signature and sign as witnesses. The Insured's agency (or U.S. Office of Personnel Management [OPM], if the Insured is an annuitant or insured as a compensation beneficiary) must receive the designation before the Insured's death. A person with a power of attorney or other similar legal authority may not sign for the Insured or assignee. A witness cannot be a beneficiary. The agency or OPM, as appropriate, must receive valid court orders involving FEGLI before the Insured's death.

Please read the additional instructions below before completing this form.

"You" and "your" refer to the person completing this form (the Insured or an assignee). The "Insured" is the insured employee, annuitant or compensation beneficiary. The "Assignee" is a person(s), firm(s), or trust(s) (usually named on an Assignment form, RI 76-10) who owns and controls the Insured's life insurance coverage. An assignment is NOT the same as a designation of beneficiary.

Who receives benefits when the Insured dies? By law, the Office of Federal Employees' Group Life Insurance (OFEGLI) pays benefits in this order:

- ❖ If the Insured assigned ownership of his/her insurance (usually by filing an RI 76-10, *Assignment of Life Insurance*), OFEGLI will pay:
 - First*, to the beneficiary(ies) the assignee(s) validly designated;
 - Second*, if none, to the assignee(s).
- ❖ If the Insured did not assign ownership and there is a valid court order (see Part 870 of title 5, Code of Federal Regulations) on file with the agency or OPM, as appropriate, OFEGLI will pay benefits according to the court order.
- ❖ If the Insured did not assign ownership and there is no valid court order on file with the agency or OPM, as appropriate, then OFEGLI will pay:
 - First*, to the beneficiary(ies) the Insured validly designated;
 - Second*, if none, to the Insured's widow or widower;
 - Third*, if none of the above, to the Insured's child or children in equal shares, and the descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
 - Fourth*, if none of the above, to the Insured's parents in equal shares, or the entire amount to the surviving parent;
 - Fifth*, if none of the above, to the court-appointed executor or administrator of the Insured's estate;
 - Sixth*, if none of the above, to the Insured's other next of kin entitled under the laws of the State where the Insured lived.

Do I have to designate a beneficiary? No. But if you want OFEGLI to pay differently than listed above and you have not assigned the life insurance and there is no valid court order on file with the agency or OPM, as appropriate, you need to designate a beneficiary.

What if one of the beneficiaries dies or is disqualified for any reason? Unless you indicate otherwise on your designation of beneficiary, OFEGLI will distribute that beneficiary's share equally among the surviving beneficiaries, or entirely to the sole survivor.

What if none of the beneficiaries is living when the Insured dies? OFEGLI will pay the benefits according to the order of precedence listed above.

Can I cancel or change this designation at any time? Yes, you may cancel or change your designation at any time, without the knowledge of or consent of the beneficiary(ies), unless you assigned the insurance or there is a valid court order on file with the agency or OPM, as appropriate.

Is a change or cancellation of beneficiary in my last will or testament valid? It is valid only if you sign your will, two people who witnessed your signature sign your will, and your agency (or OPM, for retirees or insured compensation beneficiaries) receives your will before the Insured's death.

What if I don't know a beneficiary's social security number? If you don't know the number, leave it blank. But having the number helps speed up the payment of benefits.

Can a witness receive benefits as a designated beneficiary? No.

Who can I name as a beneficiary? You may name any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia government).

Can I use a common disaster clause? Yes. A common disaster clause is a statement that says that a designated beneficiary is entitled to the benefits only if he/she survives the Insured by a specified minimum number of days. The number of days cannot exceed 30. You can name a contingent beneficiary. If you don't name a

contingent and your beneficiary does *not* live long enough to qualify, OFEGLI will pay according to the order listed in the first column.

Can I designate a trust? Yes. See examples 5 and 6 on the Back of Part 1. Those examples name a contingent beneficiary in case the trust is not valid. You don't have to name a contingent beneficiary unless you want to. If the trust is not valid, and you do not name a contingent, OFEGLI will pay according to the order listed in the first column. The trust designation should include the name of the grantor, the trust name (if different), the name(s) of the trustees, and the date the trust was signed.

When is a designation canceled? A designation of beneficiary is automatically canceled 31 days after the Insured stops being insured. It is also canceled if either the Insured or assignee assigns the insurance or if the Insured or assignee submits another valid designation.

What if the Insured elected a full living benefit? Then there is no Basic left. So if you want to designate different types of insurance to different beneficiaries (see example 4 on the Back of Part 1), you should only list Option A and Option B.

Who can sign this form? The Insured or Assignee (if applicable) must sign this form. The signature of a guardian, conservator or other fiduciary (including, but not limited to, those acting according to a Power of Attorney or a Durable Power of Attorney) is *not* acceptable.

What if I erase or cross out something on this form? You should complete another form. Erasures, cross-outs and alterations cause a delay in the payment of benefits and may make the entire designation invalid.

What if I need more room? Write "See Attached" in Part B of the form. Use a blank sheet. Print your name, date of birth and social security number at the top of the attachment. List the information required in Part B for each beneficiary. Sign the form and attachment. Have the same two people witness both of your signatures and sign the form and attachment.

Where can I get more information? The FEGLI Handbook (RI 76-26) and FEGLI Booklet (FE 76-21 or FE 76-20 for Postal employees) contain more information. You can read them at www.opm.gov/healthcare-insurance/life-insurance.

Where should I send this form? Send it to the Insured's employing agency if the Insured:

- ❖ is an employee; or
- ❖ has been receiving compensation payments from the Office of Workers' Compensation Programs for less than 12 months and is still on the agency's rolls as an employee.

~~Send it to the Office of Personnel Management, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-0045 if the Insured:~~

- ❖ is a retiree; or
- ❖ is receiving compensation payments from the Office of Workers' Compensation Programs and is not still employed or has been receiving compensation payments for at least 12 months.

The agency or OPM will note receipt in section E of the form and return a copy to you as evidence that it received and filed the original.

PROPERLY COMPLETED DESIGNATIONS ARE NOT VALID UNLESS THE APPROPRIATE OFFICE LISTED ABOVE RECEIVES THEM BEFORE THE INSURED'S DEATH.

Privacy Act and Public Burden Statements

Title 5, U.S. Code, chapter 87, Life Insurance, authorizes solicitation of this information. The Office of Federal Employees' Group Life Insurance (OFEGLI) will use the information you furnish to determine your beneficiary(ies) for benefits under the Federal Employees' Group Life Insurance Program. OFEGLI is not a Federal agency. It is staffed by employees of the contracted life insurance carrier. It may share this information with the Office of Personnel Management (OPM). Agencies and/or OPM will place this information in the Insured's Official Personnel Folder or retirement file. OPM or OFEGLI may disclose this information to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

We also ask for the Insured's Social Security Number to use it as an individual identifier in the Federal Employees' Group Life Insurance Program.

Executive Order 9397, dated November 22, 1943, allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names.

While the law does not require you to supply all the information requested on this form, doing so will help in the prompt processing of your designation.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time you complete this form.

We estimate this form takes an average of 15 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0136), Washington, D.C. 20415-3430. The OMB number, 3206-0136, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

KEEP YOUR DESIGNATION CURRENT. SUBMIT A NEW ONE IF THE ADDRESS OF ONE OF YOUR BENEFICIARIES CHANGES OR IF YOUR INTENTIONS CHANGE (FOR EXAMPLE, DUE TO A CHANGE IN FAMILY STATUS, SUCH AS MARRIAGE, DIVORCE, DEATH, BIRTH, ETC.).