NOTICE OF TERMINATION
SERVICEMEMBER'S GROUP LIFE INSURANCE (SGLI)

Member's Rank, Name and Address	EDIPI:	DATE

You are 60 days or more past due in the payment of premiums for your coverage under the Servicemember's Group Life Insurance (SGLI) Program. Consequently, your coverage will be terminated effective 60 days from the date of this notice.

You must remit all premiums for SGLI through the above termination date, which is the amount of $_____

These premiums must be paid, even though your coverage will be terminated. Any amounts not paid constitutes a debt to the Government and legal collection remedies may be pursued including reporting to credit agencies and the Internal Revenue Service.

Send your payment to: U. S. Treasury
Finance Office
P. O. Box 206
Quantico, VA 22134

CONTINUATION OF SGLV

Your SGLI coverage maybe continued if, and only if you:

(1) Remit all required premiums by the above date.

(2) Justify, within the same time period, your failure to make timely remittance of premiums due. If you believe this to be the case, state your reason for the late payment on a separate sheet of paper and attach it to this Notice. An omitted acceptance of this justification will terminate your SGLI coverage without the possibility of reinstatement.

Signature	Date Signed
Typed Rank, Name	Type Organization Unit

Reset Form

Print Form

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