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

Date of Notification:	Member's Name:	EDIPI:

This is the final notice that 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 was terminated effective: _____

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

These premiums must be paid, even though your coverage has been terminated. Any amount not paid constitutes a debt to the Government. 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

Signature	Date Signed
Typed Rank, Name	Type Organization Unit

Reset Form

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Privacy sensitive when filled in

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