**FROM:** <<insert date>>

<<insert employee’s name>>

<<insert employee’s address>>

<<insert phone number and email address here>>

**TO:**  
<<Insert Agency info here>>

**Dear Human Resources:**

I am writing you to officially submit the attached SF-2817 FEGLI Election Form to remove Option C from my coverage.

Option C provides coverage on the life of eligible family members (i.e., a spouse and children up to the age of 22). **I have not had any eligible family members covered under this plan since <<insert date>>, and I kindly request to be issued a refund for the premiums I paid under Option C since that date.**

For reference, please see: <https://www.opm.gov/healthcare-insurance/life-insurance/reference-materials/publications-forms/feglihandbook.pdf>

On page 20 it states: *“If you do not want the erroneous coverage and incontestability applies, you may cancel it. However, the cancellation is prospective. There is no refund of premiums.* ***Exception:*** *If you got Option C-Family erroneously, and you did not have any eligible family members, then this coverage may be cancelled retroactively and you would get a refund of your erroneous Option C premiums retroactive to when you ceased having any eligible family members.”*

Thank you for your time and attention to this matter.

Sincerely,

<<insert employee’s name>>

**ATTACHMENT A:** *SF-2817 FEGLI Election Form*