

- Navy and Air Force members with full-time SGLI coverage should now use the SGLI Online Enrollment System (SOES) to make all SGLI coverage and beneficiary elections. This training explains how to use SOES to make these elections.
- All other uniformed services should continue to use the SGLV-8286 to make SGLI coverage and beneficiary elections. Use the "[Completing SGLV-8286](#)" training module to learn how to properly complete and submit this form.

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For optimal performance, we recommend  
you use the Internet Explorer browser.

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# SGLI ONLINE ENROLLMENT SYSTEM

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## What is SOES?

- Web application used by Servicemembers to manage their SGLI & Family SGLI coverage
- Developed jointly by the Department of Defense (DoD) and Department of Veterans Affairs (VA)
- Hosted by the Defense Manpower Data Center
- Replaces the paper forms SGLV 8286 & SGLV 8286a\*

\*These forms are not being eliminated, but rather will be utilized only in emergency situations when the member cannot access SOES and the update is required immediately.

**Welcome to SOES**

Welcome to the SGLI Online Enrollment System (SOES). SOES is a secure system you can use to review and make changes to your Servicemembers' Group Life Insurance (SGLI) and Family SGLI (FSGLI) coverage. You may:

- Increase, reduce or cancel your SGLI and FSGLI coverage
- Add a beneficiary or edit your SGLI beneficiary information
- View, save, print or email a SGLI Coverage Certificate

**First Time User Alert!** If you have recently joined the Service and you reduced your SGLI or Family SGLI coverage using a paper Form SGLV 8286 or 8286a, you must enter and certify your existing reduced coverage amount the first time you enter SOES and before you can make other changes to your coverage amounts.

Before you access SOES, you will be asked to confirm the accuracy of your marital data in DEERS.

**Information Displayed in SOES**  
The information (e.g., marital status, spouse name, etc.) displayed in SOES reflects your information in the Defense Eligibility and Enrollment System (DEERS). If any of the information that is displayed in SOES is inaccurate, please update DEERS using one of the methods below.

**Updating Member Name**  
Please report to your Service Personnel Office to correct your name.

**Adding a Spouse/ Updating Spouse Name or Date of Birth**  
Please report to your nearest DEERS/RAPIDS station to update your spouse information.

**Updating Spouse Address**  
If your spouse's address as displayed in SOES is incorrect, you have several online options for updating DEERS.

<https://www.dmdc.osd.mil/milconnect> (requires CAC, DS Logon or myPay account)  
[https://www.dmdc.osd.mil/SELF\\_SERVICE](https://www.dmdc.osd.mil/SELF_SERVICE) (requires CAC or DS Logon account)

Note: If you use the links above to make corrections for your spouse, you'll need to refresh SOES (log out and log back in) to see the updated information.

**Changes to Deductions from Pay**  
If you make changes to your coverage that require a change in premium payment, your new SGLI deduction amount will be updated in the appropriate pay system.

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## Advantages of SOES

SOES has many advantages over the paper-based system. SOES will:

- Automate the process whereby Servicemembers elect beneficiaries and coverage amount.
- Provide consistent information and critical counseling to Servicemembers across all services to assist them in making informed decisions about their SGLI coverage amount and beneficiary elections.
- Eliminate errors prevalent on the paper form, which often result in claim payment delays.
- Be accessible through the DoD milConnect portal and available 24/7 for Servicemembers to manage their SGLI and FSGLI elections.
- Initiate spousal notifications as required by law.
- Provide Casualty Assistance Offices with on demand access to the most up-to-date coverage and beneficiary information in the unfortunate event of a casualty.
- Be pre-populated with information from the Defense Enrollment Eligibility Reporting System (DEERS).
- Lessen costs to the SGLI Program, the Branches of Service, and DoD

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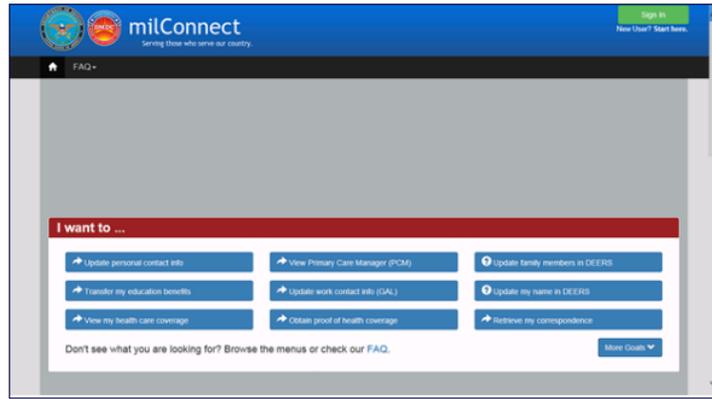
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## Accessing SOES

To access SOES, go to

<https://www.dmdc.osd.mil/milconnect>

and click "Sign In".



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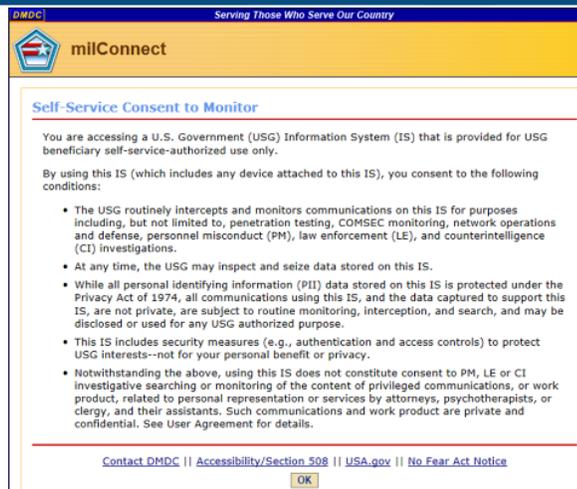
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After reading the Self Service Consent to Monitor,

click "OK".



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Login using your DS Logon or Common Access Card (CAC) to access milConnect.

The screenshot shows the milConnect login interface. It features three main login options: DS LOGON (Department of Defense Self-Service), CAC (Common Access Card), and DFAS myPay Password (Defense Finance and Accounting Service). Each option has a corresponding login form with fields for username, password, and a 'Login' button. Below the login forms, there are links for 'Forgot DS Logon Username?', 'Forgot DS Logon Password?', 'Forgot DFAS MyPay Login ID?', and 'Forgot DFAS MyPay Password?'. At the bottom, there are buttons for 'Need a DS LOGON?', 'Have a DS LOGON activation letter?', 'Need to upgrade your DS LOGON?', and 'Need to manage your logon profile settings?'. A 'Help Center' link is located in the top right corner.

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## Accessing SOES

From the milConnect homepage:

- Hover over the "Benefits" tab on the toolbar
- Click "Life Insurance (SOES - SGLI Online Enrollment System)".

The screenshot shows the milConnect homepage. The top navigation bar includes 'My Profile', 'Correspondence/Documentation', 'Benefits', and 'FAQ'. The 'Benefits' dropdown menu is open, showing options like 'Medical, Dental and Pharmacy', 'Proof of Coverage', 'Premiums and Claims (Catastrophic Cap & Deductible)', 'Other Health Insurance (OHI)', 'Transfer of Education Benefits (TEB)', 'Life Insurance (SOES - SGLI Online Enrollment System)', 'Family Subsistence Supplemental Allowance (FSSA)', and 'Incapacitation Dependency Redetermination'. Below the menu, there is a section titled 'I want to ...' with several buttons: 'Update personal contact info', 'View Primary Care Manager (PCM)', 'Update family members in DEERS', 'Transfer my education benefits', 'Update work contact info (GAL)', 'Update my name in DEERS', 'View my health care coverage', 'Obtain proof of health coverage', and 'Retrieve my correspondence'. A 'Learn More' button is also present.

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**Note:** If the Servicemember is ineligible for SGLI, they will get a message telling them that they must contact their Unit Personnel Office if they believe they received the message in error.

### User Ineligibility Notice

According to our records, you are not eligible for Servicemembers' Group Life Insurance or Family SGLI coverage. If you believe you have received this message in error, you should contact your Unit Personnel Office or Unit Commander.

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After reading the Standard Mandatory DoD Notice and Consent and Privacy Act Information, click "Continue".

### Standard Mandatory DoD Notice and Consent

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests - not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

### Privacy Act Information

Authority: 38 USC §1967(a), (c), (e) and 38 USC §1970(a).

Purpose: The information you provide will be used to make changes to your Servicemembers' Group Life Insurance (SGLI) or Family SGLI (FSGLI) insurance benefits. Information you provide may be used to calculate any necessary deductions from your pay. Information provided will be used to generate a Certificate of Coverage which will be filed in your Official Military Personnel File. Upon a death covered by your policy, data may be provided to your Service casualty office for verification of coverage.

Routine Use: Data may be used by the Department of Veterans Affairs (DVA) to evaluate your coverage request as well as to convert SGLI benefits to Veterans Group Life Insurance (VGLI). Upon a death covered by your policy, your information will be provided to the government contracted insurance company for the payment of the claim to your identified beneficiary.

Disclosure: Voluntary. Refusal to provide the requested information will not result in denial of benefits. However, if the requested information is not provided, it may impede efforts to identify and contact the beneficiary listed in your policy.

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## Accessing SOES

If using SOES for the first time, the Servicemember will see a Welcome message which explains:

- What the member can do in SOES
- Personal information comes from Defense Enrollment Eligibility Reporting System (DEERS)
- Changes in coverage amount will affect the premium deduction from pay

Read the statement and click the "Continue" button.

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**Welcome to SOES**

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Before you access SOES, you will be asked to confirm the accuracy of your marital data in DEERS.

**Information Displayed in SOES**  
The information (e.g., marital status, spouse name, etc.) displayed in SOES reflects your information in the Defense Enrollment and Enrollment System (DEERS). If any of the information that is displayed in SOES is inaccurate, please update DEERS using one of the methods below.

**Updating Member Name**  
Please report to your Service Personnel Office to correct your name.

**Adding a Spouse/ Updating Spouse Name or Date of Birth**  
Please report to your nearest DEERS/RAPIDS station to update your spouse information.

**Updating Spouse Address**  
If your spouse's address as displayed in SOES is incorrect, you have several online options for updating DEERS.

<https://www.dmdc.osd.mil/mikconnect> (requires CAC, DS Logon or myPay account)  
[https://www.dmdc.osd.mil/self\\_service](https://www.dmdc.osd.mil/self_service) (requires CAC or DS Logon account)

**Note:** If you use the links above to make corrections for your spouse, you'll need to refresh SOES (log out and log back in) to see the updated information.

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**IMPORTANT NOTE:** If the member has recently joined the service and has reduced SGLI or Family SGLI coverage using a paper Form SGLV 8286 or 8286a, the member must enter and certify the reduced coverage amount the first time he/she enters SOES.

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## Accessing SOES

SOES will display the Servicemember's marital information.

*Marital Status: Single*

The Servicemember will have to confirm whether the information displayed is correct.

*Marital Status: Married*

The marital information shown below is from DEERS. Is it correct?

Marital Status: Single

Yes  No

Continue

The marital information shown below is from DEERS. Is it correct?

Marital Status: Married

Yes  No

Spouse Name: Vestavia Pedone

Yes  No

Spouse Date of Birth: 01/23/1991

Yes  No

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## Accessing SOES

If the marital information is incorrect, the member will see a message with instructions to update their marital information in the Defense Enrollment and Eligibility System also known as DEERS.

The member must check the box next to the "I acknowledge..." statement and click the "Continue" button.

**Note:** The member will be able to make changes to their SGLI coverage, but will not be able to make changes to their Family SGLI coverage until they update their marital information in DEERS.

The marital information shown below is from DEERS. Is it correct?

Marital Status: Single

Yes  No

You have indicated that you are married but DEERS has no record of your spouse. You are required to register your spouse in DEERS. You may continue to view and make changes to your SGLI coverage, but you cannot make changes to your FSGLI coverage until you report to a DEERS/RAPIDS station to correct your marital information.

Failure to register your marriage in DEERS may result in you owing debts for unpaid FSGLI premiums, and you will not be able to change or decline Family SGLI coverage in SOES until your spouse is registered.

I acknowledge that I must report to a DEERS/RAPIDS station to correct my marital information. I understand that failure to correct my marital information can result in incorrect premium deductions for FSGLI spouse coverage.

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## Your Coverage

Your Coverage page displays:

- The member's current coverage information, social security number, rank, grade and the date their coverage was last certified in SOES
- **Alerts** - Messages to the member informing of SGLI program changes or recent changes to their coverage
- **User Guide** - Guides the member through the application by providing answers to common questions about the SGLI program and how to manage coverage and beneficiaries in SOES
-  The warning icon will display if the member has a pending coverage change.

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## Your Coverage

- To view the details of SGLI coverage, click the arrow to the left of their name or click the "View Details" link.
- If there are no changes to the current beneficiary designation or coverage amount, click the "Confirm & Certify" button.
- If there are changes:
  - Click the "Edit Coverage" or "Edit Beneficiaries" tabs or
  - Click the "Edit" button, or
  - Click the "+Add beneficiary" button

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## Edit Coverage

- Edit Coverage page displays the increments of coverage that are available.
- The premium amount will change based on the amount of coverage selected.

**Note:** The member must “Confirm & Certify” the changes prior to exiting SOES for the changes to be effective.

*Original Coverage*

SGLI Chidi Marvelle	
Coverage	Premium
<input type="radio"/> 0K	\$29.00 per month
<input type="radio"/> 50K	
<input type="radio"/> 100K	
<input type="radio"/> 150K	
<input type="radio"/> 200K	
<input type="radio"/> 250K	
<input type="radio"/> 300K	
<input checked="" type="radio"/> 400K	
Total Premium \$29.00	
<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	

*Decrease Coverage*

SGLI Chidi Marvelle	
Coverage	Premium
<input type="radio"/> 0K	\$22.00 per month
<input type="radio"/> 50K	
<input type="radio"/> 100K	
<input type="radio"/> 150K	
<input type="radio"/> 200K	
<input type="radio"/> 250K	
<input checked="" type="radio"/> 300K	
<input type="radio"/> 400K	
Total Premium \$22.00	
<input type="button" value="Cancel"/> <input type="button" value="Continue"/>	

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## Edit Coverage

If the member decreases their SGLI coverage:

- They will see a message explaining the impact of reducing their coverage.
- They should click “Yes” to indicate that they are sure they want to reduce their coverage.

If the member declines coverage:

- They will see a message explaining the impact of declining their coverage.
- They should click “Yes” to indicate that they are sure they want to decline coverage.

### Are you Sure you Want to Reduce Your SGLI Coverage?

As a Servicemember who may go into harm's way, you need enough life insurance to provide for the financial needs of your family and loved ones in the event of your death. Those needs may include:

- paying off debt such as a mortgage or credit card
- education expenses for your children
- replacing your pay so your family can maintain their standard of living

SGLI provides inexpensive life insurance that will provide financial security for your loved ones.

**IMPORTANT:** Reducing SGLI coverage may also reduce your FSGLI spouse coverage and the amount of VGLI coverage you can get when you separate from service. You will need to submit proof of good health if you want to increase your coverage in the future.

Do you still want to reduce your SGLI coverage?

No Yes

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## Edit Coverage

### Undo a Coverage Reduction or Cancellation

- Coverage reductions and cancellations are effective on the first day of the month following the date the request was certified in SOES.
- Once a coverage reduction or cancellation is certified in SOES, the member will have the option to undo the coverage change until the change is effective.
- To undo the request, the member must click the "Undo SGLI Change" button and then complete the Confirm & Certify Process.

Your Coverage Edit Coverage Edit Beneficiaries Print/Save Certificate

SGLI Knowlton Spigelmyer [hide details](#) Coverage \$400,000.00 Premium \$29.00

[+ Add Beneficiary](#) [Undo SGLI Change](#)

PRIMARY BENEFICIARIES				
Name	Relationship	Payment Option	Amount	Share of Proceeds
Kim Spigelmyer	Sister	Lump Sum	\$100,000.00	25% <a href="#">Edit</a>
Dan Yan Petrolla	Spouse	Lump Sum	\$300,000.00	75% <a href="#">Edit</a>

SECONDARY BENEFICIARIES				
Name	Relationship	Payment Option	Amount	Share of Proceeds
FSGLI Dan Petrolla			\$100,000.00	Premium \$5.00

[Confirm & Certify](#)

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## Edit Coverage

If the member requests an increase in their SGLI coverage, they will be prompted to answer health questions when they confirm and certify their changes in SOES.

If the member answers "No" to all the health questions, the coverage increase is automatically approved in SOES.

Medical Questionnaire for SGLI - Service Member (Edgard Vanbeck)

\* indicates required field

Selected Coverage \$100,000

Date of Birth 01/06/1976

\* Weight lbs  \* Height ft  in

*If you answer 'yes' to any of the following, please enter the corresponding date, duration and details for the condition.*

* Have you ever been diagnosed as having a disease of the immune system?	Date ?	Duration ?	Details ?
<input type="radio"/> Yes <input type="radio"/> No			
* Have you had or been treated for known indications of:			
A heart condition	<input type="radio"/> Yes <input type="radio"/> No		
High blood pressure	<input type="radio"/> Yes <input type="radio"/> No		
A neurological disorder	<input type="radio"/> Yes <input type="radio"/> No		
Diabetes	<input type="radio"/> Yes <input type="radio"/> No		
Cancer or tumors	<input type="radio"/> Yes <input type="radio"/> No		
* Do you have any known physical impairments, deformities or ill health not covered above?			
<input type="radio"/> Yes <input type="radio"/> No			

[Cancel](#) [Continue](#)

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## Edit Coverage

- If the members answers "Yes" to any health questions, the request must be reviewed by the Office of Servicemembers' Group Life Insurance (OSGLI).
- Until the coverage is approved, the member will see a warning message stating that their increased coverage is pending approval.
- Once OSGLI makes a decision, they will send a letter to the member to notify him or her of their decision.
- The member will also be able to see the decision in the "Alerts" section of the Your Coverage screen.

The screenshot shows the 'Edit Coverage' interface for SGLI Willford McGowan. It includes a table for 'PRIMARY BENEFICIARIES' and an 'Alerts (1)' section.

Name	Relationship	Payment Option	Amount
Archa Ortila McGowan	Spouse	Lump Sum	\$100,000.00

**Alerts (1)**

**SGLI Pending Medical Review**

06/24/2016 Your request to increase your SGLI coverage is pending medical review. To check the status of your request, please call OSGLI at 1-800-419-1473.

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## Edit Coverage

If the member edits their SGLI coverage, they will see a message asking them if they wish to review the amount of insurance each beneficiary will receive.

- If "No", the shares will be automatically adjusted and they will be returned to "Your Coverage".
- If "Yes", they will be taken to the "Edit Shares of Proceeds" page to allocate shares by share (%) of proceeds.

The dialog box asks for confirmation to change insurance amounts payable based on new coverage.

**Change to Insurance Amounts Payable**

The insurance amounts payable to your beneficiary(ies) will be adjusted based on your new coverage amount.

Do you wish to review the amount of insurance each beneficiary will receive?

No Yes

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## Beneficiary Added

Your beneficiary has been added. It is important that you enroll all your family members in DEERS to make sure your family members have access to all their benefits. Also, if there is a change in family information, remember to visit your nearest DEERS/RAPIDS station and update your family member's eligibility record in DEERS.

OK



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## Edit Beneficiaries

If notification of the spouse is required because:

- A married member changes the beneficiary from the spouse or child to someone other than their spouse or child as a primary beneficiary, or
- The member elects less than the maximum coverage amount and the spouse or child is the beneficiary.
- A message will appear indicating that the member's spouse will be notified.



This notification is required by law (38 USC 1967 (f)).

### Spouse Notification Required

You have designated someone other than your spouse or child as beneficiary. As required by law, your spouse will be notified that a change has been made.

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## Edit Beneficiaries

If the member designates a child as beneficiary, the member will get a message indicating that the insurance will be paid to either the court-appointed guardian of the child's estate or to the minor beneficiary when they reach the age of majority.

The message will also explain that the member can establish a trust for the benefit of the minor beneficiary.

### Designate Child as Beneficiary and Trust

If you name minor children as beneficiaries, the insurance will be paid to either:

- the court-appointed guardian of the children's estate, or
- to the children when they reach the age of majority.

You can also establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does NOT create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

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## Edit Beneficiaries

If the member designates someone other than their spouse, parent or child, they will see a message requesting that they acknowledge they are naming someone other than an immediate family member.

### Beneficiary Other Than Immediate Family Member

You have designated someone other than your spouse, parent or child as a beneficiary. While you are free to designate anyone you choose as beneficiary, please certify that you understand you are designating someone other than an immediate family member, and that the person you have named is the person you intend to receive a share of your insurance proceeds by checking the box below:

- I understand that I have designated a beneficiary who is not an immediate family member, and I intend Brother One to receive a share of my insurance proceeds in the event of my death.

No

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## Edit Beneficiaries

When adding or deleting beneficiaries, the member will be prompted to allocate shares to each beneficiary by doing one of the following:

- Allocate shares by percentage of proceeds
- Distribute the shares equally among the beneficiaries by checking the "Distribute Shares Equally" box.

YOUR BENEFICIARIES		EDIT SHARES OF PROCEEDS	
PRIMARY BENEFICIARIES			
	Payment Option ?	Share of Proceeds ?	
Bo Marville	Lump Sum	50 %	
Mo Marville	Lump Sum	50 %	
(Total must equal 100%)		Total: 100%	
<input type="checkbox"/> Distribute Shares Equally			

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## Edit Beneficiaries

- Click "Continue" once shares of proceeds are allocated.
- A message will display indicating they have made changes to their share of proceeds.
- Click "OK" to acknowledge the message

**Remember:** No elections are finalized until the member confirm and certifies their changes.

PRIMARY BENEFICIARIES			
	Payment Option ?	Share of Proceeds ?	
Bo Marville	Lump Sum	EQUAL SHARES	
Mo Marville	Lump Sum	EQUAL SHARES	
(Total must equal 100%)		Total: 100%	
<input checked="" type="checkbox"/> Distribute Shares Equally			
			Cancel Continue

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## Share of Insurance Proceeds Updated

The share of insurance payable to your beneficiaries has been updated.

OK



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## Confirm & Certify

Before the member exits SOES, they must confirm and certify their changes for them to be effective. This can be done by clicking the "Confirm & Certify" button on the Your Coverage screen.

Your Coverage	Edit Coverage	Edit Beneficiaries	Print/Save Certificate
SGLI Chidi Marville	<a href="#">view details</a>	Coverage	⚠ \$400,000.00 Premium \$29.00
			<a href="#">Confirm &amp; Certify</a>

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## Confirm & Certify

If the member requested an increase in their SGLI or FSGLI coverage, but did not request the maximum amount of coverage available, they will get a message asking if they want to increase their coverage to the maximum amount.

If they do not want the maximum coverage, they will click "No." If they decide they do want the maximum coverage, they will click "Yes".

### Medical Questionnaire Required for Pending SGLI Increase

In order to increase or restore your SGLI coverage, you are required to complete a medical questionnaire. Before you do this, you may want to consider increasing your coverage to the maximum amount available.

Do you want to request the maximum amount of coverage?

No

Yes

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## Confirm & Certify

Servicemembers must complete the medical questionnaire.

If the member answers "No" to all of the health questions, their coverage increase will be automatically approved and will be effective as of the date they requested the increase.

Medical Questionnaire for SGLI - Service Member (Edgard Vanbeek)

\* indicates required field

Selected Coverage \$100,000

Date of Birth 01/06/1976

Weight  lbs    \* Height  ft  in

If you answer 'yes' to any of the following, please enter the corresponding date, duration and details for the condition.

* Have you ever been diagnosed as having a disease of the immune system?	Date ?	Duration ?	Details ?
<input type="radio"/> Yes <input type="radio"/> No			
* Have you had or been treated for known indications of:			
A heart condition	<input type="radio"/> Yes <input type="radio"/> No		
High blood pressure	<input type="radio"/> Yes <input type="radio"/> No		
A neurological disorder	<input type="radio"/> Yes <input type="radio"/> No		
Diabetes	<input type="radio"/> Yes <input type="radio"/> No		
Cancer or tumors	<input type="radio"/> Yes <input type="radio"/> No		
* Do you have any known physical impairments, deformities or ill health not covered above?			
<input type="radio"/> Yes <input type="radio"/> No			

Cancel Continue

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## Confirm & Certify

If the member answers "Yes" to any question, a message will display indicating OSGLI Medical Underwriting Approval is required. They will then be prompted to enter their current mailing address.

### OSGLI Medical Underwriting Approval Required

Your request to increase or restore insurance coverage requires approval by the Office of Servicemembers' Group Life Insurance. You will be notified by mail of their decision. Applications are generally processed within 60 days.

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## Address Required SGLI

### Your Mailing Address

OSGLI requires your full mailing address in order to complete the Medical Underwriting of your SGLI coverage change request.

Address Line 1 \*

Address Line 2

City/Province \*

State \*

Zip/Postal Code \*

Country \*



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## Confirm & Certify

The member will see a list of items they must check based on whatever actions they have taken in SOES.

**For Example:** If they increased their SGLI coverage, they will be prompted to check a box indicating that understand they have requested to increase their SGLI coverage.

**Confirm & Certify**

- Payment Information** - I understand that my insurance proceeds will be paid to beneficiaries as outlined under the help topic "Who will receive your insurance benefit?"
- Right to Speak With an Attorney** - I understand that if I have questions concerning this form, I may consult with a military attorney at no expense to me.
- Combined SGLI and VGLI coverage** - I understand that I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.
- FSGLI Spouse Coverage** - I understand that:  
- if I am married or if I get married after completing this form, and my spouse is not in the military, my spouse is automatically covered under FSGLI and premiums for this coverage will be deducted from my pay unless I decline or cancel FSGLI coverage.  
- For FSGLI premium deductions to occur, my spouse must be registered in DEERS. Failure to register my spouse may result in my owing debts for unpaid premiums.
- Request to Increase Coverage** - I have requested to increase or restore my SGLI coverage to \$100,000
- Beneficiary Update** - I have changed my beneficiary designation and/or payment instructions and I understand that this form cancels any prior beneficiary or payment instructions.

I certify that I understand all the information above.

Cancel Continue

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## Confirm & Certify

The member must check all the boxes that appear, including the "I certify..." statement and click "Continue".

**Confirm & Certify**

**Payment Information** - I understand that my insurance proceeds will be paid to beneficiaries as outlined under the help topic "Who will receive your insurance benefit?"

**Right to Speak With an Attorney** - I understand that if I have questions concerning this form, I may consult with a military attorney at no expense to me.

**Combined SGLI and VGLI coverage** - I understand that I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

**FSGI Spouse Coverage** - I understand that:  
- If I am married or if I get married after completing this form, and my spouse is not in the military, my spouse is automatically covered under FSGI and premiums for this coverage will be deducted from my pay unless I decline or cancel FSGI coverage.  
- For FSGI premium deductions to occur, my spouse must be registered in DEERS. Failure to register my spouse may result in my owing debts for unpaid premiums.

**Request to Increase Coverage** - I have requested to increase or restore my SGLI coverage to \$100,000

**Beneficiary Update** - I have changed my beneficiary designation and/or payment instructions and I understand that this form cancels any prior beneficiary or payment instructions.

I certify that I understand all the information above.

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## Confirm & Certify

After clicking "Continue", the member will preview the certificate of coverage.

**Preview Certificate of Coverage**

Servicemembers' Group Life Insurance  
Election and Certificate of Coverage

Name: Knowlton Anton Spigelmyer SSN: XXXXX7648  
Branch of Service: Army

Your SGLI Coverage Amount as of 08/12/2016: \$100,000  
Your SGLI Beneficiary Designation as of 08/12/2016

Primary/Secondary	Name and Address	Social Security Number	Relationship	Share of Proceeds	Payment Option
Primary	Kim Spigelmyer 2401 W. Main St. San Jose, CA 95128-2738	000000001	Spouse	100%	Whole Pay
Secondary	None		None	00%	Whole Pay

I certify that I have designated a beneficiary who is not an immediate family member, and I intend Kim Spigelmyer to receive a share of my insurance proceeds.

Your Family SGLI Spouse Coverage Amount as of 08/12/2016: \$100,000

Your Family SGLI Child Coverage  
If you have dependent children, each dependent child is automatically covered for \$10,000.

Your Family SGLI Beneficiary  
You, the Servicemember, are the beneficiary for spouse and child coverage.

Date Certified: 08/12/2016

Electronic Signature: Knowlton Anton Spigelmyer 1220567208  
Knowlton Anton Spigelmyer barbara.k.sand@igak.army.mil  
08/12/2016 14:04:18

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## Confirm & Certify

Apply electronic signature by:

- Entering "Full Name" and "Email Address"
- Checking the "Certification" box
- Clicking the "Continue" button

When finished, the member can return "Your Coverage" or "Log Out".

### Electronic Signature

You must provide your electronic signature to certify your request.

Your full name \* Knowlton Antron Spigelmyer Your email address \* jas@email.com

By electronically signing this form, I certify that the information provided on the form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Cancel Continue

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## Confirm & Certify

If a married member makes a coverage or beneficiary change that requires spouse notification, a message will appear indicating that the member's spouse will be notified.

This notification is required by law 38 USC 1967 (f).

### Spousal Notification Required

As required by law, a notification of your change in beneficiary and/or coverage amount will be sent to your spouse.

OK

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## Confirm & Certify

A message will also appear indicating the effective date of the SGLI election or coverage change.

Another message will appear letting the member know they have completed the SGLI certification process.

The member must click "OK" to acknowledge each message.

### Effective Date

The effective date of your SGLI election is 09/01/2016. If a change in your premium deduction amount is required, SOES will submit the change request to your Finance Office. Depending upon the date of this request, it may take up to 2 months for the change in your payroll deduction to be effective. In some cases multiple premiums may be deducted from one paycheck to bring your premium account up to date.

OK

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## Effective Date

The effective date of your SGLI beneficiary election is 06/30/2016.

OK

## SGLI Certification Complete

You have completed certification of your SGLI coverage and beneficiaries. To print, save or email your Certificate of Coverage, choose Print/Save Certificate on the SOES home screen.

OK



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## Print/Save Certificate

From the Print/Save Certificate screen, members can view their policy documents, which includes the Certificate of Coverage and any medical questionnaires completed for any coverage increases requested.



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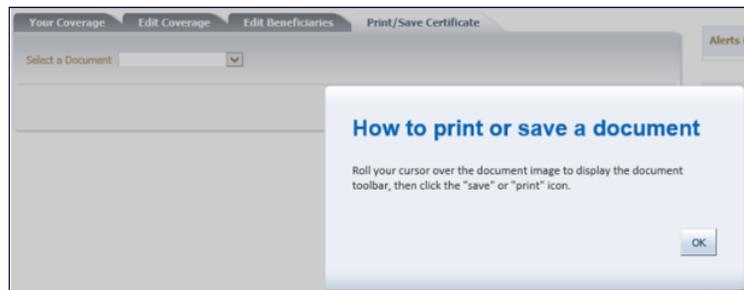
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## Print/Save Certificate

When you first click on the "Print/Save Certificate" tab, you will see an explanation of how to print or save the document. Click "OK".

From the "Select a Document" drop down menu, choose a document to view.



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[Your Coverage](#) | [Edit Coverage](#) | [Edit Beneficiaries](#) | [Print/Save Certificate](#)

Select a Document Certificate of Coverage  
SGLI Medical Questionnaire

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### Print/Save Certificate

**For Example:** If the member chooses Certificate of Coverage, the SGLI Election and Certificate of Coverage will display.

To securely email the document to the member's email account, the member should click the "Email Document" button.

[Your Coverage](#) | [Edit Coverage](#) | [Edit Beneficiaries](#) | [Print/Save Certificate](#)

Select a Document Certificate of Coverage

Please use this button to encrypt and send the document. Do not use any other button to email the document that may allow unauthorized personnel to view your information.

Email Document

---

Servicemembers' Group Life Insurance  
Election and Certificate of Coverage

Name: Chidi Chimi Marville      SSN: XXXXXX7568  
Branch of Service: Army

Your SGLI Coverage Amount as of 06/24/2016: \$400,000  
Your SGLI Coverage Amount as of 07/01/2016: \$0

Your SGLI Beneficiary Designation as of 06/24/2016

Primary/Secondary	Name and Address	Social Security Number	Relationship	Share of Proceeds	Payment Option
Primary	Bo Marville		Brother	1%	Lump Sum

I certify that I have designated a beneficiary who is not an immediate family member, and I intend Bo Marville to receive a share of my insurance proceeds.

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## Print/Save Certificate

Securely send the document by:

- Enter an Email address and create a password, which the member will need to create in order to open the document from their Email.
- After entering the information, click "Continue".

Select a Document: Certificate of Coverage

Please use this button to encrypt and send the document. Do not use any other button to email the document that may allow unauthorized access.

### Please Enter Email and a Password

\* Enter email address  
\* Reenter email address  
\* Enter a password  
\* Reenter password  
Enter email body

You will need the password to open your document.

Cancel Continue

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## Print/Save Certificate

The member will get a message that the email request was processed and click "OK".

### Email Request

Your request has been processed.

OK

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## Print/Save Certificate

The Adobe toolbar will display at the top of the document. From the toolbar, members can click on the save or print icon, and zoom in and out on the document.

Members should not use the email icon in the Adobe toolbar. Instead, they should use the "Email Document" button.

Primary/Secondary	Name and Address	Social Security Number	Relationship	Share of Proceeds	Payment Option
Primary	Bo Marville		Brother	2%	Lump Sum

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If you have feedback on this training,  
please click the E-Mail button below to send your  
comments.



E-Mail

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