

**Continuation of Federal employees Group Life Insurance (FEGLI) Coverage**  
**REMITTANCE FORM**

Employees must include a copy of this form with each payment submitted to the DFAS-CL Disbursing Office. Your check should be made payable to DFAS-CL DSSN 8522.

Your payment and remittance form should be mailed to the DFAS-CL Disbursing Office address below:

For employees paid by DFAS **Cleveland** Payroll Office with a Payroll Office ID of:

97380600, 97380700, 97381400, 97381500, 97381800 mail to:

DFAS-CL Disbursing

**P. O. Box 998010**

Cleveland, OH 44199-8010

For employees paid by DFAS **Indianapolis** Payroll Office with a Payroll Office ID of:

97380100, 97380500, 97380800, 97381000, 97381100, 97381200, 97381600, 97381700 mail to:

DFAS-CL Disbursing

**P. O. Box 998009**

Cleveland, OH 44199-8009

I understand in order for my FEGLI Coverage to continue beyond the first 12 months while I am not in a pay status that I am responsible for submitting both the employee portion as well as the agency contribution towards the FEGLI premium in no less than one biweekly amount.

Employee's Name \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please print name as listed on your Leave and Earning Statement (LES))

Payroll Office ID Number \_\_\_\_\_

(The payroll office ID Number is an eight digit number such as 97380200, 97380300, 97390600 etc. shown in the REMARKS section of your LES)

My biweekly payment of both employee and employer share of the FEGLI premium in the amount of \$ \_\_\_\_\_ is enclosed.

THIS FORM CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.