

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM				<i>See Instructions to Agencies on Reverse Side</i>	
1. Name of retired employee Mr. (Last) (First) (Middle) XXXX Caranci John C.			2. Date of birth (Month) (Day) (Year) (b)(6) Feb 7 1922 (b)(3)		
3. Mailing address (Number and street, city, State, and ZIP Code) c/o [redacted]			4. Plan or system under which retired CIA Retirement and Disability System		
5. Retirement claim No. (If any)	6. Effective date of annuity (Month) (Day) (Year) May 1 1970		7. Did employee retire for disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Did employee retire on an immediate annuity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IF ITEM 7 IS ANSWERED "YES," OMIT ITEMS 9 AND 10.					
9. Does employee have 12 or more years' verified creditable service of which at least 5 years are civilian service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. If employee retired on an immediate annuity but has less than 12 years' verified creditable service and if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 12 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.					
PERIOD OF SERVICE				DEPARTMENT OR AGENCY	
From—		To—		LOCATION OF EMPLOYMENT	
				TITLE OF POSITION	
				HAS SERVICE BEEN VERIFIED?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
APPROVED FOR RELEASE DATE: 10-Nov-2008					
JOHN C CARANCI CSI-1 255 367					
c/o [redacted]					
11. Has the employee had optional insurance during the full period that such insurance has been available to him? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject declined Optional FEGLI coverage.					
12. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct. /s/ [redacted] 31 JUL 1970 (Signature of authorized agency official) (Date)					
Central Intelligence Agency (Name of agency)			Insurance Officer, Alternate (Title) Washington, D. C. 20505 (Mailing address of agency, including ZIP Code)		

CERTIFICATION OF CIVIL SERVICE COMMISSION

<input checked="" type="checkbox"/> Individual named above has regular insurance as a retired employee under the Group Life Insurance Program. <input type="checkbox"/> Individual named above does not have regular insurance as a retired employee because: <input type="checkbox"/> Less than 12 years' creditable service. <input type="checkbox"/> Not retired on an immediate annuity. <input type="checkbox"/>	<input type="checkbox"/> Individual named above has optional insurance as a retired employee under the Group Life Insurance Program. <input checked="" type="checkbox"/> Individual named above does not have optional insurance as a retired employee because: <input checked="" type="checkbox"/> Did not elect optional insurance as an employee. <input type="checkbox"/> Not eligible for regular coverage as a retiree. <input type="checkbox"/> Not insured from first opportunity. <input type="checkbox"/>
1255367 (CSI number assigned)	Certified by: [redacted] Bureau of Retirement, Insurance, and Occupational Health [redacted] 8/17/70 (Date)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

Date annuity terminated 14 July 1970	Reason for termination Death	Insurance coverage at time of termination <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Regular and optional
[redacted] 11/5/70 (Signature of authorized official) (Date)		Last address if different from that shown in item 3

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

INSTRUCTIONS TO AGENCY OR OFFICE ADMINISTERING THE RETIREMENT SYSTEM

DEFINITIONS.—"Retirement for Disability," referred to in Item 7, means retirement under a provision of your system which requires a finding of "disability" as a prerequisite for title to annuity. (An employee who meets age and service requirements only is not "retired for disability", even though ill health forced his separation for retirement.)

"Immediate annuity," referred to in Items 8 and 10, means one which begins to accrue not later than 1 month following the date that the insurance would otherwise terminate. (This date is shown in Item 5 of the Agency Certification of Insurance Status (SF-56), submitted to you by the retiring employee.)

"Verified creditable service," referred to in Items 9 and 10, means service for the Federal or District of Columbia Governments which is allowable under section 8332 of title 5 United States Code, and which is substantiated by official records in your agency. The 12 years' creditable service may include periods of honorable active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States provided at least 5 of the 12 years are civilian service.

COMPLETION OF CERTIFICATION.—Prepare this certification in triplicate for each insured employee who has retired under any Federal system other than the Civil Service Retirement System who submits a completed Agency Certification of Insurance Status (SF 56).

DISPOSITION OF CERTIFICATION.—Send the original and duplicate of this certification together with Standard Form 56 to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415. Retain copy in your file. The duplicate will be returned for your records indicating whether the retired employee is insured.

CANCELLATION OF OPTIONAL INSURANCE.—An annuitant under age 65 desiring to cancel his optional insurance should be instructed to submit an SF 176 declining (canceling) the optional insurance to his retirement system so that deductions can be stopped. The retirement system will send the original of the form to the Civil Service Commission and retain the duplicate.

REPORTING TERMINATIONS OF ANNUITY.—Upon death of an *insured* retired employee or upon termination of his annuity for other causes under conditions which divest him of title thereto, complete the appropriate box on duplicate of certification and send it to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415. If you are in contact with the family of a deceased annuitant and can obtain a completed claim for death benefits (Form FE-6), it should be sent to the Civil Service Commission together with the duplicate of the certification and other documents to support the claim.