

Retrieving SOES (SGLI) For Outprocessing

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I want to...

Update personal contact info	Manage Health Benefits	Update family members in DEERS
Transfer my education benefits	Update work contact info (GAL)	Manage my SGLI
View my health care coverage	Obtain proof of health coverage	Retrieve my correspondence

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☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

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information you provide may be used to calculate e. Upon a death covered by your policy, data may

life Insurance (VGLI). Upon a death covered by

ende efforts to identify and contact the beneficiary

[Continue](#)

Electronic Signature

You must provide your electronic signature to certify your request.

Your full name
Leah Ashley Polhemus Barron

Your email address
leah.polhemus_barron@us.af.mil

Please enter your name as Leah Ashley Polhemus Barron

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

[Continue](#)

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

Select a Document
Document
Certificate of Coverage

Please use this button to encrypt and send the document. Do not use any other buttons.

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Email to:
90fss.a1wpcareersuppo@us.af.mil