MODULE #12 INSURANCE				
DATE STARTED:		LOCATION:		
SERVICE OFFICER/TRAINEE SIGNATURE:				
TRAINER SIGNATURE:				
DATE COMPLETED				
I. Please rate the effectiveness of this training module.				
Objective		**Acceptable**	**Marginal**	**Unacceptable**
To learn the different types of life & other insurance available to veterans.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of USGLI, NSLI, VPILS,S/DVI & VMLI.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of waivers, loans, premium packages & dividends.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Beneficiary Designations.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Completion of necessary forms.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Knowledge of Proper use of Medical Forms.	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
SGLI TRAMATIC INJURY PROTECTION PROGRAM	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			

MODULE #_12___ CONTINUED

Objective		Acceptable	Marginal	Unacceptable
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			

SUBJECTIVE EVALUATION

		Good	Fair	Poor
1. Please rate the extent to which you met your personal objective for this module				
2. Rate the information provided in the Training Manual & other reference materials				
3. Please evaluate the physical environment where the training was held.				

4. Is there anything that we could have done to make this training better for you? (Please comment)

Training Module 12

INSURANCE

Objective: To learn the different types of life and other insurance plans available to veterans, and the terms and conditions associated with each type.

References:

Title 38, U.S. Code, Chapter 19
38 Code of Federal Regulations Parts 6, 7, 8, 8a, and 9
VA Pamphlet 29-9 - Service-Disabled Veterans Insurance RH Information and Premium Rates
VA Pamphlet 29-14, Information About Waiver of Premiums and Total Disability Income Provision
VA Pamphlet 29-77-03 - Facts About Beneficiary and Option Designations
VA Pamphlet Federal Benefits for Veterans and Dependents
DVA Booklet - Government Life Insurance Programs for Veterans and Members of The Uniformed Services (January 1999)

Instructions: Study the assigned materials to learn how to assist veterans and beneficiaries to apply for DVA insurance or the proceeds from the policy when appropriate.

Summary: The Department of Veterans Affairs either directly administers or supervises the administration of eight different types of insurance policies. They are as follows:

UNITED STATES GOVERNMENT LIFE INSURANCE: The War Risk Act of 1917 authorized the issuance of yearly renewable term policies to service personnel in amounts ranging from $1,000 to $10,000. These policies were issued from October 6, 1917, until June 7, 1924, when authority for their issuance was rescinded by act of Congress. During that period, approximately 4.4 million policies were issued for a face value of over $4 billion of insurance. The final expiration date of any yearly renewable term policy not converted to a permanent plan or a five-year convertible policy was July 2, 1927, unless the policyholder became disabled prior to that date. This type of policy is identified by the number prefix "K".

The USGLI program was established in 1919 to handle the direct issuance of new permanent plan policies and conversions from War Risk term insurance. Very few new USGLI policies were actually issued until after June 7, 1924, when the issuance of War Risk term policies was terminated. New insurance could only be issued upon entry into the services until May 29, 1928, when the law was amended to permit anyone, in or out of service, who served honorably during World War I, to apply for new insurance at that time. The USGLI program was closed to new issues on October 8, 1940, except for World War I veterans who could apply for such coverage until April 24, 1951.

NATIONAL SERVICE LIFE INSURANCE: The imminence of large-scale military inductions into World War II resulted in the enactment of legislation on October 8, 1940, which created a new insurance program known as NSLI. These policies have prefixes of "V", "H", "N", or "AN". The NSLI program was established in order to protect the USGLI fund surplus from depletion due to wartime claims and to permit the updated total disability and beneficiary selection provisions. This legislation closed the USGLI program to new issues for all but World War I veterans. Incoming service personnel were eligible to apply for the issuance of five-year, non-renewable

term policies in sums ranging from $1,000 to $10,000, which was convertible to permanent insurance after one year.

Subsequent legislation provided that permanent plan insurance could be issued without preexisting term coverage and that the term policies in force could be indefinitely renewed. The Insurance Act of 1951 closed both the NSLI and USGLI programs to new issues on April 24, 1951.

The NSLI policies identified by the policy number prefix "H" was issued between August 1, 1946, and December 31, 1949, to certain veterans with service-incurred disabilities. This insurance has the same premium rates and policy provisions as "V" insurance except that it is non-participating in dividends.

VETERANS' SPECIAL LIFE INSURANCE: On April 25, 1951, Congress enacted the Servicemen's Indemnity Act and the Insurance Act of 1951 in order to meet the insurance needs of the Korean Conflict. Insurance under the VSLI program was available, without medical examination, to veterans separated from military service on or after April 25, 1951, and before January 1, 1957. Application had to be made within 120 days after separation, and insurance was available in amounts up to $10,000 less any NSLI or USGLI. This type of policy is identified by the number prefixes "RS" or "W".

This was a no-cost insurance policy for active duty service members. These policies could be renewed indefinitely. Beginning in 1959, "RS" policyholders could either convert to a permanent plan or exchange their policies for a lower premium term policy; the "W" policy. These "W" policies had to be converted to a permanent plan before the veteran reached age 50, or the coverage ceased. In 1989, the remaining "RS" term policies had their premium rates capped at the age 70 levels. The VSLI policies pay annual dividends.

SERVICE-DISABLED VETERANS INSURANCE: The Insurance Act of 1951 authorized the issuance of new insurance policies to veterans separated from service on or after April 25, 1951, who are suffering from a service-connected disability, but who are otherwise insurable. This type of policy is identified by the number prefix "RH". Coverage is available in amounts from $1,000 to $10,000, and must be applied for within two years from the date of notice to the insured that he or she has been rated service-connected by the DVA.

All plans of insurance are available unless the veteran is totally disabled at the time of application, in which case, the endowment plan is not available. This type of insurance does not pay annual dividends.

Legislation was enacted in 1959 to protect those veterans who became incompetent from service-connected disability while eligible to apply for SDVI, but who die before the application is filed. Such veterans are deemed to have applied for this $10,000 of insurance, less any existing Government life insurance, which is issued posthumously, and is payable to a preferred class of the insured's relatives in monthly installments. These policies are identified by the number prefix "ARH".

Legislation effective December 1, 1992, made it possible for insured that are totally disabled on waiver of premiums to purchase up to $20,000 in additional coverage. No waiver of premiums is available on this additional insurance.

Training Module 12

VETERANS' REOPENED INSURANCE: In 1964, Congress enacted legislation which provided for a limited reopening of NSLI for a period of one year beginning May 1, 1965, to veterans, not on active duty on date of policy issue who had been eligible to obtain insurance between October 8, 1940, and January 1, 1957, but did not do so. These types of policies are identified by the prefixes "J" and "JR" for service-connected and "JS" for nonservice-connected disabilities. The policies under this program were permanent plans with no term policies issued. Because all of the policyholders are disabled, the premium rates are higher than standard with the rates varying according to the nature and severity of the disabilities. In October 1977, all premium paying "JS" policies were declared fully paid-up. VRI policies pay annual dividends.

VETERANS' MORTGAGE LIFE INSURANCE (VMLI): This is a special mortgage life insurance issued only to severely disabled veterans who have been issued a Special Adapted Housing grant by the DVA. Coverage is automatic unless the veteran specifically declines it. The maximum amount of the policy is $90,000. The insurance is payable only upon the death of the veteran and is payable only to the mortgage lender. This insurance is not available if the veteran is age 70 or more when eligibility for Special Adapted Housing arises. The maximum amount of the insurance will not be reinstated if the house is refinanced or remortgaged. If the veteran is a part owner of the home, the insurance will only cover the percentage of the title in the veteran's name. The insurance coverage terminates upon the veteran's 70th birthday, if the mortgage is fully paid off, or if the veteran terminates ownership of the property securing the mortgage.

WAIVER OF PREMIUMS: With certain exceptions, these policies have provisions for waiver of premiums if the policyholder becomes totally disabled prior to age 65. The total disability need not be service-connected, but must last for at least six months. Prefix "K" policyholders who elect the "Endowment at Age 96" option do not have waiver of premiums for total disability. Totally disabled veterans who have "RH" policies may be granted a waiver of premiums for the basic policy, but not for any supplemental coverage. Veterans who qualify for VMLI are totally disabled by definition and there is no waiver of premiums. All NSLI and USGLI policies except for "RH", "JR", and "JS" have a total disability income provision which will pay a set amount should the insured become totally disabled before age 65.

DIVIDENDS: There are several options for policies that pay annual dividends. Unless specified, dividends will be credited to an interest-bearing account. Options available are direct payment to the policy holder, holding the dividends in an interest-bearing account to be added to the cash value of the insurance, using the dividends to pay the premiums in advance, using the dividends to purchase additional paid-up insurance, or using the dividends to reduce indebtedness by applying them toward a loan or lien on the policy. The policy has a cash value equal to the reserve plus any dividends held on deposit plus interest, less any indebtedness. After the policy has been in force for at least one year with all premiums either paid or waived, the policy may be surrendered for its cash value upon written request. If a policy is surrendered for its cash value, it may not thereafter be reinstated. A loan for up to 94% of the value of the reserve, less any indebtedness, may be made on a policy that has been in force for at least one year with all premiums either paid or waived.

BENEFICIARY: The insured veteran may name any person, persons, or legal entity as the beneficiary to include corporations and estates. If the veteran has more than one policy, the same beneficiary designation(s) applies to each the same unless otherwise stated. If there is more than one beneficiary, the distribution of shares must equal 100%. Principal and contingent beneficiaries must always be clearly identified as such. All beneficiary designations must be in

writing and witnessed. The insured veteran retains ownership of the policy (ies) with the right to change beneficiaries regardless of state court orders, property settlements or divorce decrees to the contrary. Ownership of the policy may not be divested from the insured, nor may it be transferred to a trust. If the veteran is adjudged by a court of competent jurisdiction to be incompetent, the legally appointed representative may make a beneficiary designation on the veteran's behalf, with the specific authorization of the court. A veteran adjudged incompetent, during a lucid moment, witnessed by a physician who must make a statement in writing that the insured had the capacity to understand the nature and consequences, may make a beneficiary designation. A last will and testament cannot be used to make a change of beneficiary. It can be used to designate a change in the chosen payment option.

PROCEEDS OPTION: The options for payment of the insurance proceeds can be either a lump sum or in various installments. If the installment option is selected and the beneficiary does not survive the insured, or no beneficiary lives long enough to receive all of the guaranteed installments, any available amounts left over will be paid as a lump sum to the veteran's estate or the last surviving beneficiary for USGLI policies. When the lump sum option is selected, the proceeds are paid to the beneficiary's estate unless the insured had directed that the proceeds be paid to contingent beneficiaries. If multiple beneficiaries are named, the shares of any beneficiaries who die before the veteran does, the proceeds are paid to the surviving beneficiaries. Gratuitous S-DVI (ARH) payable in lump sum only.

SERVICEMEN'S GROUP LIFE INSURANCE: SGLI was instituted in 1965 to meet the insurance needs of the Vietnam-era service member. Although the Government had provided life insurance to the Armed Forces since World War I, the SGLI program of protection took a different approach. Unlike the previous DVA administered programs that provided individually under-written and issued policies, the law creating SGLI provided for group coverage.

Since the program's inception, it has undergone several significant modifications to meet the changing insurance needs of those it was designed to protect. The more notable of these developments have been the program coverage expansions and increases in the maximum amount of coverage. Currently, SGLI provides up to $400,000 life insurance coverage for individuals in military service and for specified periods after separation or release from periods of reserve duty.

In June 2001, Congress authorized insurance coverage of a service member's dependents. Service member's spouse may be covered up to $100,000 and each service member's children at $10,000 each.

SGLI TRAMATIC INJURY PROTECTION PROGRAM: Effective December 1st, 2005, this new insurance provides financial help to military families through extended periods of medical care and healing. Benefits are payable retroactive to October 7th, 2001 for military members who suffered certain traumatic injuries serving in Operation Enduring Freedom or Operation Iraqi Freedom.

VETERANS' GROUP LIFE INSURANCE: VGLI is a program of post-separation insurance which provides for the conversion of SGLI to a five-year term policy. This program, like SGLI, is supervised by the DVA, but administered by the Prudential's Office of Servicemen's Group Life Insurance (OSGLI). Initially, VGLI provided five-year, nonrenewable term coverage to recently discharged veterans and was later extended to members of the Individual Ready Reserve and the Inactive National Guard. At the end of the five-year period, VGLI had to be converted to a

commercial permanent plan policy within the 16 month application period. The policy is issued at standard premium rates regardless of the veteran's health at the time of application. Effective December 1, 1992, VGLI coverage became renewable for life in five year term periods. At the end of any term period, a member had the right to convert the insurance to an individual commercial life insurance policy.

VGLI is issued in multiples of $10,000 up to a maximum of $400,000 but not for more than the amount of SGLI coverage the member had in force at the time of separation from active duty.

Training Module 12

Review Questions: Insurance

Using the assigned references and reading materials, answer the following questions:

1. Beginning in 1991, gratuitous S-DVI insurance is payable to the beneficiary only as a lump sum payment. 12-3

   a. True
   b. False

2. For veterans who qualify for VMLI insurance, the maximum coverage is $_____. 12-3

   a. $55,000
   b. $75,000
   c. $90,000
   d. $115,000

3. SGLI provides up to $_____ life insurance coverage for individuals in military service. 12-5

   a. $100,000
   b. $85,500
   c. $400,000
   d. $125,000

4. A veteran in receipt of at least one _____% service-connected disability can apply for S-DVI. 12-3

5. Can a veteran name a new insurance beneficiary in his or her will? 12-4

   a. Yes
   b. No

6. What is the time limit for applying for coverage under the S-DVI ("RH") insurance policy? 12-3

   a. Six month after separation from active duty, if the veteran has a disability.
   b. One year from the date the veteran applies for service connection for a disability.
   c. One year from the date VA notifies the veteran of the grant of service-connection.
   d. Two years from the date VA notifies the veteran of the grant of service-connection.

7. A beneficiary designation applies to the following: 12-4

   a. SGLI
   b. SDVI
   c. NSLI
   d. All of the above

8. The loan value of an insurance policy which has been in effect for at least one year, with all premiums either waived or paid, is ___% of the reserve value less any indebtedness. 12-4

Training Module 12

9. All veterans' insurance programs provide for waiver of premiums for total disability. 12-4

   a. True
   b. False

10. Which of the following types of NSLI policies do not provide for a Total Disability Income Provision to the basic policy? 12-4

    a. Service-Disabled Veterans' Insurance ("RH")
    b. Veterans' Service-Disabled Insurance ("JR")
    c. Veterans' Nonservice-Disabled Insurance ("JS")
    d. All of the above

11. SGLI Traumatic Injury protection Program effective 12/1/05 provides financial assistance to help military families through extended periods of medical care and healing if the veteran suffered traumatic injuries serving in: 12-5

    a. OEF
    b. Vietnam
    c. OIF
    d. A & C only

Training Module 12

FORMS

INSURANCE CLAIMS

VA Form 21-22 - Appointment of Veterans Service Organization as Claimant's Representative (The American Legion)
VA Form 29-336 - Designation of Beneficiary – Government Life Insurance
VA Form 29-357 – Claim for Disability Life Insurance
VA Form 29-0188 - Application for Supplemental Service Disabled Veterans Life Insurance
VA Form 29-1546/1547 - Application for Cash Surrender Value/Application for Policy Loan
VA Form 29-4125 - Claim for One Sum Payment
VA Form 29-4364 - Application for Service-Disabled Insurance
SGLV 8714 - Application for Veterans' Group Life Insurance
Copy of DD-214
Death Certificate

ADDRESSES, TELEPHONES, AND FAX NUMBERS

Department of Veterans Affairs
Regional Office & Insurance Center
PO Box 7208
Philadelphia, PA 19101
Phone: 1-800-669-8477
Fax: (215) 381-3561

The Office of Service members Group Life Insurance
213 Washington Street
Newark, NJ 07102-2999
Phone: 1-800-419-1473
Fax: (973) 643-8723

APPLICATION FOR

Veterans' Group Life Insurance

Return completed application to:
OSGLI
PO Box 41618, Philadelphia, PA 19176-9913

IMPORTANT: No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Follow these easy steps!" before completing this application. Please complete all fields.

For OSGLI Use Only

Action Taken

OSGLI Representative

Date

1. Servicemember Information

Last	First	MI
Doe	John	E.

No.	Street
100	Veteran Avenue

City	State	Zip
Raleigh	North Carolina	27999

E-mail Address

Telephone Number	Social Security Number	Date of Separation
919 777 1234	123-45-6789	01/02/2009

Date of Birth	Gender	Age	Branch of Service
04/01/1980	Male	30 - 34	Army

2. Coverage Amount

I elect the following VGLI coverage amount:

☒ $400,000 ☐ $350,000 ☐ $300,000 ☐ $250,000 ☐ $200,000 ☐ $150,000 ☐ $100,000 ☐ $50,000

☐ Other_____

I am enclosing my first premium payment of: $100.00

Make check or money order payable to "OSGLI."

3. Payment Method

I agree to make future payments by:

☐ Mail Please select frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Automatic monthly deductions from military retirement pay

☒ Automatic monthly deduction from VA disability benefits. My VA claim file number is CSS 123-45-6789

4. Health Statement

(Only complete this section if you are applying more than 120 days after you were discharged from the service. Attach separate sheet with complete details for any question answered "Yes".)

Have you had or been treated for or had known indications of:	Y	N
A. Heart trouble or abnormal pulse?	☐	☐
B. High blood pressure?	☐	☐
C. Mental health conditions?	☐	☐
D. Diabetes or sugar in urine?	☐	☐
E. Cancer or tumors?	☐	☐
F. Lung or respiratory disorders?	☐	☐
G. Disorder of kidney, bladder, or urinary system?	☐	☐
H. Liver or gallbladder disorder?	☐	☐
I. Stomach or intestinal disorders?	☐	☐
J. Arthritis?	☐	☐
K. Have you ever been declined or postponed for any form of life or health insurance or offered a policy with a higher premium because of health reasons only?	☐	☐
L. Have you been absent from work because of sickness or injury during the last six months?	☐	☐

Have you within the past five years:	Y	N
M. Been advised to have a surgical procedure?	☐	☐
N. Been a patient or been advised to enter a hospital or health care facility?	☐	☐
O. Consulted, been attended, or examined by a doctor or other practitioner exclusive of annual or periodic physicals?	☐	☐
P. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism?	☐	☐
Q. Have you ever been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related complex (ARC)?	☐	☐
R. Do you have any known physical impairments, deformities, or ill health not covered above?	☐	☐
S. Do you have a service-connected disability?	☐	☐

If yes, what is the VA claim file number?_____

(Continued on reverse side)

5. Beneficiary(ies) and Benefit Payment Options

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Beneficiary	Relationship To You	Share to Beneficiary* (Use %, $ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)
Principal Beneficiary Doe, Jane — Last / First / MI — Social Security Number (if known): 987-65-4321 100 Veteran Avenue, Raleigh, NC 27999 — No. / Street / City / State / Zip	Spouse	100%	36
Principal Beneficiary Last / First / MI — Social Security Number (if known) No. / Street / City / State / Zip			
Contingent Beneficiary Doe, Janice — Last / First / MI — Social Security Number (if known): 989-12-4567 100 Veteran Avenue, Raleigh, NC 27999 — No. / Street / City / State / Zip	Daughter	100%	36
Contingent Beneficiary Last / First / MI — Social Security Number (if known) No. / Street / City / State / Zip			
Contingent Beneficiary Last / First / MI — Social Security Number (if known) No. / Street / City / State / Zip			
Contingent Beneficiary Last / First / MI — Social Security Number (if known) No. / Street / City / State / Zip			

*If more than one principal or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

NOTE: SGLI remains in effect for 120 days after separation. The beneficiary designation above becomes effective when VGLI coverage becomes effective. Initial this box if you wish this designation to change your SGLI beneficiary designation immediately.

Initials _____

Applicant Signature

I understand that I cannot have combined SGLI and VGLI coverage for more than $400,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

John E. Doe
Print Name of Applicant

123-45-6789
Social Security Number of Applicant

John E. Doe
Signature of Applicant (Do not print. Sign in ink.)

3/15/2009
Date

PENALTY: The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine, imprisonment, or both.

OMB Approved No. 2900-0020
Respondent Burden: 10 minutes

IMPORTANT - SEE INSTRUCTIONS ON REVERSE

Department of Veterans Affairs

DESIGNATION OF BENEFICIARY
GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA	DATE RECORDED	SIGNATURE OF VA INSURANCE OFFICIAL

1A. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES *(Type or print)*

John E. Doe
(First,Middle,Last Name)

100 Veteran Avenue
(Number and street or rural route)

Raleigh, NC 27999
(City or P.O., State and ZIP Code)

2A. INSURANCE FILE NUMBER
F

2B. SOCIAL SECURITY NUMBER
123-45-6789

3. DAYTIME TELEPHONE NUMBER *(Include Area Code)*
(919) 777-1234

1B. IS THIS CHANGE OF ADDRESS FOR YOUR INSURANCE? ☐ YES ☒ NO

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW	B. BENEFICIARY'S SOCIAL SECURITY NO. (If known See Instruction No. 5 on reverse)	C. RELATIONSHIP TO INSURED	D. SHARE TO EACH (Use fractions such as 1/2, 2/3, or "all")	E. OPTION FOR EACH
PRINCIPAL				
Jane Doe	987-65-4321	Spouse	100%	LUMP SUM
				LUMP SUM
				LUMP SUM
				LUMP SUM
OR TO SURVIVORS				
CONTINGENT (Person(s) who get proceeds if all of the Principal Beneficiaries die before the insured. If none, write "none")				
Janice Doe	989-12-4567	Daughter	100%	LUMP SUM
				LUMP SUM
				LUMP SUM
				LUMP SUM
OR TO SURVIVORS				

5. REMARKS (Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED *(Do **NOT** print) (Power of Attorney signatures are **NOT** acceptable)*
John E. Doe

7. DATE
4/20/2009

8. NAME AND ADDRESS OF WITNESS *(Type or print)*

If you have any questions concerning designating a beneficiary, call us toll-free at 1-800-669-8477

SUPERSEDES VA FORM 29-336, FEB 2003, WHICH WILL NOT BE USED.

OMB Approved No. 2900-0068
Respondent Burden: 40 minutes

Department of Veterans Affairs

APPLICATION FOR SERVICE-DISABLED VETERANS

IMPORTANT INFORMATION

Eligibility
S-DVI provides up to $10,000 of life insurance for eligible veterans. To be eligible for S-DVI, you must meet **all three** of the following requirements:

1. you were released from active service in the Armed Forces on or after April 25, 1951, under other than dishonorable conditions.

2. **it has been less than 2 years since VA notified you of a new service-connected disability or you are currently waiting for a rating for your service-connected disability. Please Note**: The disability you are rated for must be a **new** disability, not an increase in a disability you already have. Being increased to 100% or being granted individual unemployability **does not** automatically entitle you to a new eligibility period.

3. you are in good health **except for your service-connected disability.** We will evaluate all health conditions that are not service-connected. Information about any health conditions should be included on your application.

Cost Before you apply for S-DVI coverage, we encourage you to compare our premium rates to commercial insurance companies. If your disability is not serious, you may be able to find better rates from a commercial company.

When considering the cost of S-DVI coverage, remember that if **you are or become totally disabled and unable to work for six or more months you do not have to pay premiums** on your Government Life Insurance policy. Most commercial life insurance companies add an additional charge for this benefit.

Speeding Up the Application Process We can process your application more quickly if you send us a copy of the letter from VA that first notified that your disability was rated service-connected within the last two years.

Mailing Address If you meet these criteria, please complete and sign the application and then send immediately to:
Department of Veterans Affairs Regional Office and Insurance Center (RH), P.O. Box 7208, Philadelphia, PA 19101.

Questions If you have questions about Government Life Insurance, you can call us toll-free at **1-800-669-8477** or visit our website at: **www.insurance.va.gov.**

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS APPLICATION

1. Name and Mailing Address for Insurance Purposes

A. First, Middle, Last Name	B. Mailing Address
John E. Doe	100 Veteran Avenue Raleigh, NC 27999

2. Beneficiary Designation and Selection of Settlement Option - The preprinted phrase "Or to survivors" means that a share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the remaining two principal beneficiaries.

Complete Name and Address of Each Principal and Contingent Beneficiary (For married women, enter her own first and middle names. For example, Mary Rose Smith, not Mrs. John Smith)	Beneficiary's Social Security Number (If known. This is not required for this designation to be valid)	Relationship of the beneficiary to you	Share to be paid to each beneficiary (Use $ amounts, %, or fractions)	Payment Option for Each Beneficiary (See pamphlet for more information)
Jane Doe	987-65-4321	Spouse	100%	Lump Sum
				Lump Sum
				Lump Sum
Or to survivors				Lump Sum
Contingent (Person(s) who get the proceeds if the principal beneficiary(ies) die before the insured. If none, write "NONE"				
Janice Doe	989-12-4567	Daughter	100%	Lump Sum
				Lump Sum
				Lump Sum
Or to survivors				Lump Sum

EXISTING STOCK OF VA FORM 29-4364, MAY 1999, WILL BE USED.

Continued on Reverse

EVERY QUESTION MUST BE ANSWERED, BE SURE TO SIGN ON THIS SIDE

3. VA Claim Number *(If any)*	4. Social Security Number	5. Date of Birth *(Month, Day, Year)*	6. Daytime Telephone Number *(Include Area Code)*	7. Email address
CSS	123-45-6789	04/1/1980	(919) 777-1234	

8. Enter the amount, plan, and premium of the insurance for which you are applying. (See Pamphlet 29-9 - Service-Disabled Veterans Insurance Information and Premium Rates)

A. Amount of Insurance	B. Plan of Insurance	C. Monthly Premium
$10,000.00	5 year level term	$20.00

9. Check the method showing how you wish to pay for this insurance

[X] A. I want to pay premiums by a monthly deduction from my VA Compensation or Pension. (We will start the deduction for you if the insurance is approved)

[ ] B. I want to pay premiums by a monthly allotment from my military service/retirement pay. (We will start the allotment for you if the insurance is approved)

[ ] C. I want VA to automatically withdraw the premium each month from my bank account (VA MATIC) (Send your first payment with this application)

[ ] D. I will send premiums directly to VA as follows: (Send your first payment with this application)

[ ] Monthly [ ] Quarterly [ ] Semi-Annually [ ] Annually

10A. Are you now working?	10B. Do you work full-time?	10C. If you are not working or working part-time, explain why
[X] Yes [ ] No	[X] Yes [ ] No	

11A. Are you now hospitalized? *(If "YES", for what condition(s)? (List below)*	11B. Name and Address of Hospital
[ ] Yes [X] No	

12. Have you ever been treated for the use of alcohol or drugs, including marijuana, sedatives, stimulants, etc.? *(If "YES", give date(s) and type of treatment(s)*

[ ] Yes [X] No

13. Have you had any of the following:	YES	NO
A. Lung condition?		X
B. Mental or nervous disorders?	X	
C. Blood disorder?		X
D. Heart condition?		X
E. High blood pressure?	X	
F. Paralysis?		X
G. Cancer or tumor?		X
H. Stomach condition?		X
I. Diabetes?		X
J. Seizure disorder?		X

14. If your answer to any part of Item 13 is "YES", give dates, duration and other details *(If more space is needed, attach separate sheet)*

B. S/C for TBI
E. S/C for Hypertension

15. Have you had any other physical defect or disease? *(If "YES", explain below)*

[X] Yes [ ] No S/C for right leg nerve and muscle damage due to schrapnel

16A. Height

6 Feet 2 Inches

16B. Weight

189 Lbs.

16C. Has your weight changed more than 10 pounds during the past two years? *(If "YES", give complete details including amount gained or lost and length of time present weight maintained)*

[ ] Yes [X] No

CERTIFICATION: I have reviewed all of my answers above and certify that they are true and correct to the best of my knowledge and belief.

17A. Signature of Applicant *(Do NOT print, sign in ink)*	17B. Date
John E. Doe	April 20, 2009

Important Notice About Information Collection We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 722). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 40 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Privacy Act Notice The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).

OMB Approved No. 2900-0060
Respondent Burden: 6 Minutes

Department of Veterans Affairs

CLAIM FOR ONE SUM PAYMENT
GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER

2. INSURANCE POLICY NUMBER: 111-22-3333

3. NET AMOUNT OF INSURANCE: $ 10,000.00

4. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN	5. DATE OF DEATH	6. BENEFICIARY'S SHARE *(Fraction)*
John A. Doe	04/15/2009	100%

INSTRUCTIONS

WE NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE OR A STATEMENT FROM THE ATTENDING PHYSICIAN SHOWING DATE AND CAUSE OF DEATH. ONLY ONE CERTIFICATE OR STATEMENT IS REQUIRED FOR OUR RECORDS.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 10. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

Send this completed form to:

Department of Veterans Affairs
Regional Office and Insurance Center
P.O. Box 7208
Philadelphia, PA 19101

NOTE: If you prefer, instead of mailing this form, it may be FAXED to: 1-888-748-5822

7. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY *(Please print)*	8. RELATIONSHIP TO INSURED	9. DATE OF BIRTH OF BENEFICIARY
Ann Doe	Surviving Spouse	August 15, 1950

10A. MAILING ADDRESS *(Must be completed)*

110 Veteran Avenue
Raleigh, NC 27999

10B. BENEFICIARY'S SOCIAL SECURITY NUMBER: 987-65-4321

10C. DAYTIME TELEPHONE NUMBER: (919) 777-0000

CERTIFICATION: I certify that the above entries are true and correct to the best of my knowledge and belief.

11. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN: Ann Doe

12. DATE: 4/20/2009

IF DIRECT DEPOSIT IS DESIRED, ATTACH A VOIDED CHECK OR COMPLETE BLOCKS A THRU E. THE ACCOUNT MUST BE IN THE NAME OF THE BENEFICIARY.

IF THE BENEFICIARY IS A TRUST, ESTATE, OR REPRESENTED BY A FIDUCIARY, YOU MUST SEND A VOIDED CHECK FOR THAT SPECIFIC ACCOUNT AND COMPLETE ITEM F.

A. NAME OF FINANCIAL INSTITUTION	B. ROUTING TRANSIT NUMBER *(NINE DIGIT FIELD)*	
C. TELEPHONE NUMBER OF FINANCIAL INSTITUTION	D. TYPE ☐ CHECKING ☐ SAVINGS	E. DEPOSITOR ACCOUNT NUMBER

F. EIN OR TIN NUMBER *(FOR TRUST OR ESTATE ONLY)*

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, and published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).

Respondent Burden: We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 6 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL FREE NUMBER 1-800-669-8477