

We have good news. As a VA life insurance policyholder who is rated as qualifying for Individual Unemployability, you may also be entitled to have the premiums on your insurance policy waived. This letter will explain what "Waiver of Premiums" is and how it will affect your policy. It will also explain why we think you may qualify, and give you instructions for applying.

What is Waiver of Premiums?

Waiver of Premiums simply means that, if you are totally disabled and unable to work, you will not have to pay premiums. You will continue to have all the benefits from your policy. Rest assured that the value of your policy will not be reduced. There is no disadvantage to having your premiums waived.

Why Do We Think You May Qualify?

You have been rated as qualifying for Individual Unemployability (IU). We use many of the same guidelines to decide if you qualify for Waiver of Premiums as are used for IU. However, we need some additional information to determine if we can waive your premiums.

How to Apply

On the reverse side of this letter, you will find a shortened Waiver of Premiums application. Please follow the directions on the application and then return it to us at:

VAROIC - Insurance Waiver App
PO Box 8638
Philadelphia, PA 19101

Please make sure that you sign the application before returning it.

There is no time limit for applying. But it's to your benefit to apply quickly. The sooner you apply, the sooner you may be able to stop paying premiums on your insurance. If you need help completing the application or have other questions about this letter, call us at 1-800-669-8477.

Department of Veterans Affairs



SERVICE DISABLED VETERANS INSURANCE - WAIVER OF PREMIUMS

NAME: _____	INSURANCE FILE NUMBER: _____
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Note: Please answer Items 1-5, and return this form to the address given on the reverse side.

1. Personal Information	Address: _____ _____ Phone: () _____ Date of Birth: _____
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2. Social Security Benefit	Are you receiving, or have you applied for any disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Work Information	a. Date your disability prevented you from working: _____ b. Date you last physically went to work: _____ c. Have you returned to work? _____ If so, when? _____
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4. Work History	Please tell us about your last job (<i>Include self employment</i>) Dates of Work: From _____ To _____ Occupation _____ Reason for leaving _____ Hours worked weekly _____ Weekly Earnings _____ Name, address & phone number of employer _____ _____
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5. Signature	Your signature allows us to process your application and gives us the rights listed below to collect information that may help us make our decision: I consent that any physician or hospital who has treated or examined me for any purpose, or whom I have consulted professionally and any insurance company or organization to which I have applied for insurance or disability benefits, may provide to the Department of Veterans Affairs any information concerning myself. A photostatic copy of this consent shall be considered valid authorization for release of information to VA. I certify that each question has been truthfully and completely answered to the best of my knowledge.
Don't forget to sign & date ►	_____ Signature of Insured (<i>Or fiduciary completing form for insured</i>)
	_____ Date Signed

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

PRIVACY ACT INFORMATION: 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 as identified in 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 required to obtain or retain benefits. The responses you submit are considered confidential (38 USC 5701).

RESPONDENT BURDEN: We need this information to determine whether you as a VA life insurance policyholder who is rated as qualifying for Individual Unemployment may be entitled to have the premiums on your insurance policy waived (38 USC 1912). Title 38, USC 1912, allows us to ask for this information. We estimate that you will need an average of 20 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.