



(For Use of VA Index)

**APPLICATION FOR CHANGE OF PERMANENT PLAN
 (MEDICAL)**

(CHANGE TO A POLICY WITH A LOWER RESERVE VALUE)

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

RESPONDENT BURDEN: We need this information to verify your eligibility to change your permanent plan (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 30 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/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send your suggestions or comments about this form.

INSTRUCTIONS

This form is used to change a permanent plan of Insurance to another permanent plan with a lower reserve value.

The difference between the reserve of the two plans may be applied to a policy loan, applied to future premiums, or refunded to you in cash.

REQUIREMENT: You must be in good health to change to a plan with a lower reserve value. Please complete all the health questions on the back of this form.

The beneficiary and/or optional settlement under the new policy will remain the same as under the old policy. If a change is desired, submit VA Form 29-336, Designation of Beneficiary - Government Life Insurance.

It is not possible to change from a permanent plan to Term Insurance. Call our toll-free number for information on the available plans.

Complete and return this form to the following address: Department of Veterans Affairs
 Regional Office and Insurance Center (COP)
 P. O. Box 7208
 Philadelphia, PA 19101

PART I - STATEMENT OF APPLICATION

1. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED		2. INSURANCE FILE NUMBER <i>(Include letter prefix)</i>	
3. MAILING ADDRESS			
4. SOCIAL SECURITY NUMBER	5. VA FILE NUMBER <i>(If any)</i>	6. DAYTIME TELEPHONE NUMBER	
7. POLICY NUMBER	8. AMOUNT OF INSURANCE APPLIED FOR \$	9. PLAN OF INSURANCE APPLIED FOR	10. DO YOU WISH TO CONTINUE OR ADD THE TOTAL DISABILITY INCOME PROVISION <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DISPOSITION OF RESERVE CREDIT <input type="checkbox"/> PAY FUTURE PREMIUMS <input type="checkbox"/> APPLY TO INDEBTEDNESS <input type="checkbox"/> PAY IN CASH			
12. METHOD OF PREMIUM PAYMENT <input type="checkbox"/> DIRECT PAYMENT TO VA <i>(Complete Item 13)</i> <input type="checkbox"/> MONTHLY ALLOTMENT FROM SERVICE PAY <input type="checkbox"/> MONTHLY DEDUCTION FROM VA BENEFIT CHECK <input type="checkbox"/> MONTHLY DEDUCTION FROM YOUR CHECKING ACCOUNT			
13. MODE OF PREMIUM PAYMENT <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY			

IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE CALL TOLL FREE 1-800-669-8477.

