OMB Approved No. 2900-0060
Respondent Burden: 15 Minutes

Department of Veterans Affairs

CLAIM FOR MONTHLY PAYMENTS UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI)

1. INSURANCE FILE NUMBER

F -

2. INSURANCE POLICY NUMBER

3. NET AMOUNT PAYABLE	4. BENEFICIARY'S SHARE *(Fraction)*	5. PAYMENT OPTION SELECTED BY INSURED ▶	

IMPORTANT - Use this form for K prefix policies ONLY. PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM.

BENEFICIARY - This form is to be used only when monthly payments were selected by the insured, or the beneficiary is select monthly payments instead of one sum. See the directions on the reverse side if you wish select a Lump Sum Payment.
SIGNATURE - In order to expedite payment of this claim Item 16 must be signed by the beneficiary. 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 12.
DIRECT DEPOSIT - If direct deposit is desired, please fill out the direct deposit box on the reverse side.

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.

6. FIRST, MIDDLE AND LAST NAME OF INSURED VETERAN	7. DATE OF BIRTH	8. INSURED'S PLACE OF DEATH
9. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY	10. RELATIONSHIP TO INSURED	11. BENEFICIARY'S DATE OF BIRTH
12. ADDRESS OF BENEFICIARY OR THEIR GUARDIAN	13. BENEFICIARY'S DAYTIME TELEPHONE NUMBER *(Include Area Code)* ( )	14. BENEFICIARY'S SOCIAL SECURITY NUMBER

15. Read the instructions on the reverse side and consult the tables attached before making your selection in the space below. Check ( ) the box for the option selected, or more than one box if more than one option is selected in accordance with Instruction 2 on the reverse side. If selecting Option 2, please complete all items on the line checked.

OPTION NUMBER	OPTION DESCRIPTION	
☐ 2 ▶	MONTHLY INSTALLMENTS PAYABLE FOR 36 TO 240 MONTHS *(In multiples of 12)*	NUMBER OF EQUAL MONTHLY INSTALLMENTS *(In multiples of 12)* .....
☐ 3 ▶	MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY WITH 120 PAYMENTS GUARANTEED. **PROOF OF AGE REQUIRED**	
☐ 4 ▶	MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY, WHICH WILL GUARANTEE PAYMENT OF AN AMOUNT AT LEAST EQUAL TO THE BENEFICIARY'S SHARE OF THE FACE OR NET AMOUNT OF THE CONTRACT. **PROOF OF AGE REQUIRED**	
☐ 5 ▶	THIS OPTION IS AVAILABLE TO THE BENEFICIARY ONLY WHEN THE INSURED DIES WHILE RECEIVING TOTAL PERMANENT DISABILITY PAYMENTS. THE BENEFICIARY MAY ELECT TO RECEIVE THE REMAINING MONTHLY INSTALLMENTS.	

NOTE - Settlement under one of these options shall be considered full and complete settlement of all liability under this contract. This section shall not be valid unless and until it is recorded in the Department of Veterans Affairs. If the beneficiary fails to select an option, settlement will be based on the option selected by the insured.

IMPORTANT -This form must be signed by the beneficiary, guardian, or fiduciary, in Item 16, in order for payment to be made. If the beneficiary cannot sign his/her name, but is competent to handle his/her own affairs, an "X", made by the beneficiary and signed by two disinterested witnesses, is acceptable.

16. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN	17. DATE SIGNED

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

INSTRUCTIONS FOR SELECTION OF OPTIONAL SETTLEMENT

1. A LUMP SUM SETTLEMENT is not available when the insured selected a monthly installment option. HOWEVER, if the insured left a will or there is other evidence, in writing, that the insured desired that the beneficiary receive a lump sum, the beneficiary may submit a copy of such consideration. When submitting also sign Item 16 of this form and return it along with the additional evidence. It is not necessary to complete the entire form.

2. If the insured selected Option 2, with monthly installments in excess of 120, beneficiary may elect to receive payment in a greater number of installments under Option 2, or may elect to receive payment under Option 3 or 4.

3. If the insured selected Option 2, with monthly installments in excess of 120, beneficiary may elect to receive payment in a greater number of installments under Option 2 or may elect to receive payment under Option 3.

4. If the insured has selected Option 2, and named no contingent beneficiary, beneficiary may elect to receive payment under Option 4.

5. If insured has selected Option 4, the beneficiary may elect to receive payment under Option 5.

6. The tables attached indicate what you will receive monthly on the monthly installments plan (Option 2) and on the continuous monthly installment plan (Option 3 or Option 4). The amount represent the value per thousand of insurance. If you entitled to more than $1000 under the policy, the value should be increased proportionately. (i.e., $3000 policy will pay on the 36 monthly installment system, three times $29.19 or $87.57 monthly).

TO BE COMPLETED BY BENEFICIARY IF DIRECT DEPOSIT IS DESIRED	
NAME OF FINANCIAL INSTITUTION	ROUTING TRANSIT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS
TELEPHONE NUMBER OF FINANCIAL INSTITUTION	DEPOSITOR ACCOUNT NUMBER

SEND COMPLETED FORM TO:

DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE AND INSURANCE CENTER
P.O. BOX 7208
PHILADELPHIA, PA 19101

PRIVACY ACT NOTICE: No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 1917). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the 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.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.