

SERVICEMEMBERS' GROUP LIFE INSURANCE TRAUMATIC INJURY PROTECTION PROGRAM (TSGLI)

Administered by the Office of Servicemembers' Group Life Insurance



Application for TSGLI Benefits

Please submit your completed claim to your branch of service below.

TSGLI Branch of Service Contacts				
Branch	Contact Information	Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail
Army All Components	Phone: (800) 237-1336 Website: www.tsqli.army.mil	(866) 275-0684	tsgli@conus.army.mil	Army Human Resources Command Traumatic SGLI (TSGLI) 200 Stovall Street Alexandria, VA 22332-0470
Marine Corps All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: https://www.manpower.usmc.mil/pls/portal/url/page/m_ra_home/wwwr/wwr_a_command_element/wwr_d_regimental_staff/3_s3/wwr_tsqli	(888) 858-2315	t-sqli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 3280 Russell Road Quantico, VA 22134
Navy All Components	Phone: (800) 368-3202 / 901-874-2501 DSN 882 Website: www.npc.navy.mil/CommandSupport/CasualtyAssistance/TSGLI	(901) 874-2265	MILL_TSGLI@navy.mil	Navy Personnel Command Attn: PERS-62 5720 Integrity Drive Millington, TN 38055-6200
Air Force Active Duty	Phone: (800) 433-0048 Website: ask.afpc.randolph.af.mil	(210) 565-2348	afpc.casualty@randolph.af.mil	AFPC/DPWC 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716
Air Force Reserves	Phone: (800) 525-0102	(303) 676-6255	arpc.dipped1@arpc.denver.af.mil	HQ, ARPC/DPPE 6760 E Irvington Place, #4000 Denver, CO 80280-4000
Air National Guard	Phone: (703) 607-0901	(703) 607-0033	tsgliclaims@ngb.af.mil	NCOIC, Customer Operations Air National Guard Bureau 1411 Jefferson Davis Hwy Suite 10718 Arlington, VA 22202
Coast Guard	Phone: (202) 475-5391	(202) 475-5927	compensation@comdt.uscg.mil	COMDT (CG-1222) 2100 2nd Street SW Washington, DC 20593-0001
Public Health Services	Phone: (301) 594-2963	(301) 594-2973 or (800) 733-1303	compensationbranch@psc.hhs.gov	PHS Compensation Branch Parklawn Building 5600 Fishers Lane, Rm 4-50 Rockville, MD 20857
NOAA Corps	Phone: (301) 713-3444	(301) 713-4140	Director.cpc@noaa.gov	U.S. Dept. of Commerce, NOAA 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910

OMB Control Number: 2900-0671

Respondent Burden: 45 minutes

GL.2005.261 Ed. 9/2008 107640-0908-PDF
SGLV 8600, Oct, 2008, (Supercedes GL 2005.261)



GENERAL INFORMATION

The Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program is a rider to Service member's Group Life Insurance (SGLI). The TSGLI rider provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. TSGLI payments range from \$25,000 to \$100,000 based on the qualifying loss

WHO IS ELIGIBLE?

Effective December 1, 2005, all service members who are insured under SGLI and ...

- experience a **traumatic event**
- that results in a **traumatic injury**
- which is listed as a **qualifying loss**

are eligible to receive a TSGLI payment. Service members who were severely injured between October 7, 2001 and November 30, 2005 in the theaters of operation for Operation Enduring Freedom or Operation Iraqi Freedom may also be eligible for TSGLI payment. Members should contact their branch of service for more information.

What is a Traumatic Event?

A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to your body.

What is a Traumatic Injury?

A traumatic injury is the physical damage to your body that results from a traumatic event.

What is a Qualifying Loss?

A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses, which lists all covered losses and payment amounts. You may view the complete Schedule of Losses and other TSGLI information at www.insurance.va.gov/sgliSite/TSGLI.htm Your branch of service TSGLI office will determine whether your injury is a qualifying loss for TSGLI purposes.

HOW TO FILE A TSGLI CLAIM

Filing a TSGLI claim is a three-step process in which the service member [or guardian or power of attorney or military trustee] and a medical professional must complete and submit the appropriate parts of the TSGLI Claim Form as follows:

Step 1	Step 2	Step 3
The service member [or guardian or power of attorney or military trustee]...	The medical professional...	The medical professional OR the service member [or guardian or power of attorney or military trustee]...
must complete Part A (pages 3 through 6) of the form and give it to a medical professional to complete Part B. Note: If a guardian or power of attorney completes Part A, they must include copies of letters of guardianship, letters of conservatorship, power of attorney, or durable power of attorney (if appropriate).	must complete Part B (pages 7 through 12).	must forward Parts A & B to the member's branch of service TSGLI office listed on the front cover of this form.



COMPLETING THE FORM

Instructions on completing the TSGLI Claim Form are included in each section. When completing the form, the service member guardian, power of attorney or military trustee **must** complete the service member's Social Security number on each page of the form. If you have questions about completing the form or if the member is deceased, please contact the branch of service TSGLI office listed on the front cover of this form.

CLAIM DECISION AND PAYMENT

Who Makes the Decision on My Claim?

Your branch of service TSGLI office will make the decision on your claim based upon the information in Parts A and B of the TSGLI Claim Form. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.

Who Will Receive the TSGLI Payment?

Payment will be made directly to the member. If the member is incompetent, payment will be made under the appropriate letters of guardianship/conservatorship or a power of attorney to the guardian or power of attorney on the member's behalf. If the member dies after qualifying for payment, the payment will be made to the member's current listed SGLI beneficiary(ies). The member must survive for seven days (168 hours) from the date of the traumatic event to be eligible for TSGLI.

How the TSGLI Payment Will be Made?

If your branch of service TSGLI office approves your claim, OSGLI will make the TSGLI benefit payment. There are three payment methods used for TSGLI benefits: Prudential's Alliance Account^{®*}, Electronic Funds Transfer (EFT), or check.

- 1. Prudential's Alliance Account^{®*}** — (for member only) An interest-bearing account will be established in the name of the member. The member can access the money immediately using the draft book ("checkbook"). There are no monthly service fees or per-check charges and additional checks can be ordered at no additional cost. If you have any questions about Alliance, please call Alliance Customer Service toll free at 877-255-4262 or the OSGLI Claim Department toll free at 800-419-1473.
- 2. Electronic Funds Transfer (EFT)** — Your bank account will be electronically credited with the TSGLI payment amount. Depending on your bank, payments will be credited three to five days from the date the payment is authorized.
Note: If the member does not choose EFT and there is no guardian or power of attorney, the payment will be made through Prudential's Alliance Account.
- 3. Check Payment** — (for guardian or power of attorney only) A check will be issued to the guardian or power of attorney or military trustee on behalf of the member.

RESPONDENT BURDEN: We need this information to allow service members who are insured under Servicemembers Group Life Insurance and suffer a loss from a traumatic injury to receive monetary compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 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/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this survey.

PRIVACY ACT NOTICE: VA will not disclose information collected on this survey 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. Giving us your Social Security number account information is mandatory. Applicants are required to provide their Social Security number under Title 38 USC

1980A. VA will not deny an individual benefits for refusing to provide his or her Social Security number unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

* Open Solutions BIS, Inc. is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions BIS, Inc., JPMorgan Chase Bank, N.A., and Integrated Payment Systems, Inc. are not Prudential Financial companies.



PART A - Member's Claim Information and Authorization (cont'd) - to be completed by the member, guardian, power of attorney or military trustee

Service member's Social Security Number

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3 Traumatic Injury Information

Information About Your Loss

Is the loss you are claiming the result of any of the following:

- a. an intentionally self-inflicted injury or an attempt to inflict such injury? Yes No
- b. use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor? Yes No
- c. the medical or surgical treatment of an illness or disease? Yes No
- d. a traumatic injury sustained while committing or attempting to commit a felony? Yes No
- e. a physical or mental illness or disease (not including illness or disease caused by a wound infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated substance)? Yes No

If you answered yes...

to any of the questions above, you are not eligible for TSGLI payment and should not file a claim.

If you are not sure...

whether your loss is a result of one of the items above, please contact your Branch of Service TSGLI Office to find out if you are eligible.

Tell us about your traumatic injury

In the box below, please describe your injury and give the date, time and location where it occurred.

Traumatic Injury Information



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PART B - Medical Professional's Statement (cont) to be completed by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her practice.

3 Qualifying Losses Suffered by Patient (cont'd)

Loss of Hearing

Loss of hearing in left ear

Date of onset

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Loss of hearing in right ear

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Hearing Activity

Average Hearing Acuity (measured without amplification device)

Left Ear

Right Ear

								db
								db

Loss of hearing is defined as:

Average hearing threshold sensitivity for air conduction of at least 80 decibels. Hearing Acuity must be measured at 500 Hz, 1000 Hz and 2000 Hz to calculate the average hearing threshold. Loss of hearing must be clinically stable and unlikely to improve.

Burns

2nd degree or worse burns to the body including face and head

2nd degree or worse burns to the face only

Percentage of body affected %

Percentage of face affected %

Burns are defined as:

2nd degree (partial thickness) or worse burns over 20% of the body including the face and head OR 20% of the face only.

Note: Percentage may be measured using the Rule of Nines or any other acceptable alternative

Coma

Coma

Date of onset

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Date of recovery

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OR Check here if coma is ongoing

Glasgow score at 15 days

Glasgow score at 30 days

Glasgow score at 60 days

Glasgow score at 90 days

Coma is defined as:

Coma with brain injury measured at a Glasgow Coma Score of 8 or less that lasts for 15, 30, 60 or 90 consecutive days.

Number of days includes the date the coma began and the date the member recovered from the coma.

Important:

Facial

Reconstruction:

If the patient is undergoing facial reconstruction, a surgeon MUST certify this section by checking the box, printing his/her name and signing on the appropriate line.

Facial Reconstruction

- | | |
|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Upper or lower jaw | <input type="checkbox"/> 50% of left zygomatic |
| <input type="checkbox"/> 50% of cartilaginous nose | <input type="checkbox"/> 50% of right zygomatic |
| <input type="checkbox"/> 50% of upper lip | <input type="checkbox"/> 50% of left mandibular |
| <input type="checkbox"/> 50% of lower lip | <input type="checkbox"/> 50% of right mandibular |
| <input type="checkbox"/> 30% of left periorbita | <input type="checkbox"/> 50% of left infraorbita |
| <input type="checkbox"/> 30% of right periorbita | <input type="checkbox"/> 50% of right infraorbita |
| <input type="checkbox"/> 50% of left temple | <input type="checkbox"/> 50% of chin |
| <input type="checkbox"/> 50% of right temple | <input type="checkbox"/> 50% of forehead |

Facial Reconstruction is defined as:

Reconstructive surgery to correct traumatic avulsions of the face or jaw that cause discontinuity defects, specifically surgery to correct discontinuity loss of the following:

- upper or lower jaw
- 50% or more of the cartilaginous nose
- 50% or more of the upper or lower lip
- 30% or more of the periorbita
- tissue in 50% or more of any of the following facial subunits: forehead, temple, zygomatic, mandibular, infraorbital or chin.

Certification of Surgeon

Date of first surgery

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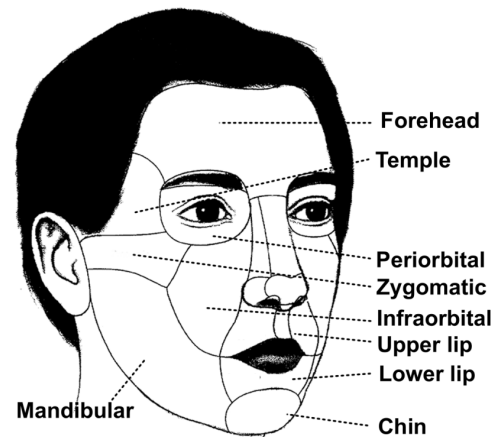
Name of Surgeon

X

Signature of Surgeon

Date (MM DD YYYY)

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PART B - Medical Professional's Statement (con't) to be completed by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her practice.

3 Qualifying Losses Suffered by Patient (cont'd)

Amputation is: is the severance or removal of a limb or part of a limb, including both severance due to a traumatic injury, or surgical removal that is required for the treatment of a traumatic injury.

Amputation of Hand

Date of amputation

<input type="checkbox"/> Amputation of left hand									
<input type="checkbox"/> Amputation of right hand									

Amputation of Hand is defined as:

Amputation of hand at or above* the wrist
*at or above: closer to the body

Amputation of Fingers

Date of amputation

<input type="checkbox"/> Amputation of 4 fingers/ left hand									
<input type="checkbox"/> Amputation of 4 fingers/ right hand									
<input type="checkbox"/> Amputation of left thumb									
<input type="checkbox"/> Amputation of right thumb									

Amputation of Fingers is defined as:

- Amputation of four fingers on the same hand (not including the thumb) at or above* the metacarpophalangeal joint OR,
- Amputation of thumb at or above the metacarpophalangeal joint.

*at or above: closer to the body

Amputation of Foot

Date of amputation

<input type="checkbox"/> Amputation of left foot									
<input type="checkbox"/> Amputation of right foot									

Amputation of Foot is defined as:

- Amputation of foot at or above the ankle OR,
- Amputation of all toes (including the big toe) on the same foot at or above the metatarsophalangeal joint.

*at or above: closer to the body

Amputation of Toes

Date of amputation

<input type="checkbox"/> Amputation of 4 toes/ left foot									
<input type="checkbox"/> Amputation of 4 toes/ right foot									
<input type="checkbox"/> Amputation of big toe/ left foot									
<input type="checkbox"/> Amputation of big toe/ right foot									

Amputation of Toes is defined as:

- Amputation of four toes on one foot at or above the metatarsophalangeal joint (not including the big toe) OR,
- Amputation of big toe at or above the metatarsophalangeal joint.

*at or above: closer to the body

Important:

Limb Salvage:
If the patient is undergoing limb salvage, a surgeon MUST certify this section by checking the box, printing his/her name and signing on the appropriate line.

Limb Salvage

Date of first surgery

<input type="checkbox"/> Salvage of left arm									
<input type="checkbox"/> Salvage of left leg									
<input type="checkbox"/> Salvage of right arm									
<input type="checkbox"/> Salvage of right leg									

Limb Salvage is defined as:

A series of operations designed to save an arm or leg rather than amputate.

A surgeon must certify that:

- The option of amputation of limb(s) was offered to the patient as a medically justified alternative to limb salvage and
- The patient has chosen to pursue limb salvage.

Certification of Surgeon

The option of amputation was offered to the patient and the patient has chosen to pursue limb salvage.

Name of Surgeon

X

Signature of Surgeon

Date (MM DD YYYY)

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Additional Comments



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PART B - Medical Professional's Statement (con't) to be completed by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her practice.

3 Qualifying Losses Suffered by Patient (cont'd)

Require Assistance is defined as:
 ■ physical assistance (hands-on),
 ■ stand-by assistance (within arm's reach),
 ■ verbal assistance (must be instructed because of cognitive impairment),
without which the patient would be INCAPABLE of performing the task.

Inability to Independently Perform Activities of Daily Living (ADL) (cont'd)

Unable to dress independently

Start date:

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 End date:

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OR Check here if inability is ongoing

Type of assistance required (check all that apply)

- physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)
 stand-by assistance (within arm's reach)

Patient is UNABLE to dress independently if...

He/she **requires** assistance from another person to get and put on clothing, socks or shoes.

Describe assistance needed:

Unable to eat independently

Start date:

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 End date:

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OR Check here if inability is ongoing

Type of assistance required (check all that apply)

- physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)
 stand-by assistance (within arm's reach)

Patient is UNABLE to eat independently if...

He/she **requires** assistance from another person to:

- get food from plate to mouth OR,
- take liquid nourishment from a straw or cup OR, he/she is fed intravenously or by a feeding tube

Describe assistance needed:

Unable to toilet independently

Start date:

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 End date:

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OR Check here if inability is ongoing

Type of assistance required (check all that apply)

- physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)
 stand-by assistance (within arm's reach)

Patient is UNABLE to toilet independently if...

He/she must use a bedpan or urinal to toilet OR, he/she **requires** assistance from another person with any of the following: going to and from the toilet, getting on and off the toilet, cleaning self after toileting, getting clothing off and on.

Describe assistance needed:

Unable to transfer independently

Start date:

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 End date:

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OR Check here if inability is ongoing

Type of assistance required (check all that apply)

- physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)
 stand-by assistance (within arm's reach)

Patient is UNABLE to transfer independently if...

He/she **requires** assistance from another person to move into or out of a bed or chair.

Describe assistance needed:



Service member's Social Security Number

Grid for Social Security Number

PART B - Medical Professional's Statement (con't) to be completed by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her practice.

4 Other Information

To your knowledge, were any of the losses indicated in Part B due to:

- a. an intentionally self-inflicted injury or an attempt to inflict such injury,
b. use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor,
c. the medical or surgical treatment of an illness or disease,
d. a physical or mental illness or disease (not including illness or disease caused by a pyogenic infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated

If yes, please explain below:

Large empty box for explanation

5 Medical Professional's Comments

Use this block to provide any additional information about the patient's injuries. When a narrative description is required, please be complete and concise.

Large empty box for medical professional's comments

6 Medical Professional's Information

Name of Medical Professional

Grids for First Name, MI, and Last Name

Grids for Medical Professional's Address (number and street) and Suite

Grids for City, State, and ZIP Code

Grids for Telephone Number and Fax Number

Grid for E-mail Address

Grids for Specialty and Medical Degree

7 Medical Professional's Signature

I have observed the patient's loss. I have not observed the patient's loss, but I have reviewed the patient's medical records.

This Medical Professional's Statement is based upon my examination of the patient, and/or, a review of pertinent medical evidence. I understand the patient and/or I may be asked to provide supporting documentation to validate eligibility under the law.

Date (MM DD YYYY) grid

X Signature

WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

