

We have good news. As a VA life insurance policyholder who is rated by VA as qualifying for Individual Unemployability, you may also be entitled to a waiver of your premiums. 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 if you are totally disabled and unable to work, you will not have to pay premiums. You will continue to have all the benefits and full coverage from your policy.

Why Do We Think You May Qualify?

The VA has rated you as qualifying for Individual Unemployability. The rules to qualify for Individual Unemployability and waiver of premiums are very similar. However, we need some additional information to determine if we can waive your premiums.

How to Apply

On the reverse side of this letter is a 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 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

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

| | |
|-------------|------------------------------|
| NAME: _____ | INSURANCE FILE NUMBER: _____ |
|-------------|------------------------------|

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|--------------------------------|---|
| 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 | <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> _____ Signature of Insured (<i>Or fiduciary completing form for insured</i>) </td> <td style="width: 30%; border: none;"> _____ Date Signed </td> </tr> </table> | _____ Signature of Insured (<i>Or fiduciary completing form for insured</i>) | _____ Date Signed |
| _____ 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: 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 1.576 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 mandatory.

RESPONDENT BURDEN: We need this information to determine your eligibility for a waiver of premiums on your government life insurance. Title 38, United States Code, 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/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.