

IN REPLY REFER TO:

DATE:

FILE NUMBER:

ADDRESS:

Your approval for waiver of premiums on your Service-Disabled Veterans Insurance (RH) coverage makes you eligible for up to \$30,000 of Supplemental Service-Disabled Veterans Insurance (SRH). The information below provides information about the coverage and instructions on how to apply for the coverage.

**Plans and Premiums**

You may select from any of the nine plans of RH insurance for your SRH coverage. The premiums for your SRH insurance are determined by your age and the plan of insurance and amount of coverage you select. You can select any amount of coverage you desire up to \$30,000. If you choose less than \$30,000 initially, you can request additional coverage within one year of receiving this notice.

Please review the enclosed VA pamphlet (*Service-Disabled Veterans Insurance Information and Premium Rates 29-9*), for a detailed description of the available plans and premium rates.

**No Waiver of Premiums**

Unlike your basic coverage, the supplemental coverage **does not** provide for a waiver of premiums if you are totally disabled. If you desire this coverage, you must pay the premiums for it.

**Deadline To Apply**

If you are interested in SRH Insurance, you must apply before \_\_\_\_\_ or before your 65th birthday, whichever comes first.

**How To Apply**

Simply complete the application and return it to:

**Department of Veterans Affairs  
Regional Office and Insurance Center (SRH)  
P.O. Box 7208  
Philadelphia, PA 19101**

**Questions**

If you have questions about Government Life Insurance, you can call us toll-free at **1-800-669-8477**. Insurance Specialists are available from Monday through Friday, 8:30 a.m. to 6:00 p.m., Eastern time. We recommend that you call on Wednesdays, Thursdays, or Fridays when you can reach us more quickly. You can also visit our website at [www.insurance.va.gov](http://www.insurance.va.gov). The website provides detailed information on a range of topics, including applying for insurance and filing death claims.

Sincerely yours,

Joe Tomaselli  
Chief, Insurance Claims



## APPLICATION FOR SUPPLEMENTAL SERVICE-DISABLED VETERANS (SRH) LIFE INSURANCE

1. Enter the amount, plan, and premium of the insurance for which you are applying. *(See pamphlet 29-9-Service-Disabled Veterans Insurance Information and Premium Rates)*

A. Amount of Insurance	B. Plan of Insurance	C. Monthly Premium
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2. Check the method showing how you wish to pay for this Insurance:

- A. I want to pay premiums by a monthly deduction from my VA Compensation or Pension. *(We will start the deduction for you if the insurance is approved).*
- B. I want to pay premiums by a monthly allotment from my military service/retirement pay. *(We will start the allotment for you if the insurance is approved).*
- C. I want VA to automatically withdraw the premium each month from my bank account (VA MATIC). ***(Send your first payment with this application).***
- D. I will send premiums directly to VA as follows: ***(Send your first payment with this application).***
  - Monthly
  - Quarterly
  - Semi-Annually
  - Annually

3. Beneficiary Designation and Optional Settlement

Complete Name and Address of Each Principal and Contingent Beneficiary <i>(For married women, enter her own first and middle names. For example, Mary Rose Smith, not Mrs. John Smith)</i>	Beneficiary's Social Security Number <i>(If known. This is not required for this designation be valid)</i>	Relationship of the beneficiary to you	Share to be paid to each beneficiary <i>(Use \$ amounts, %, or fractions)</i>	Payment Option for Each Beneficiary <i>(See pamphlet for more information)</i>
				Lump Sum
				Lump Sum
				Lump Sum
<b>Or to survivors</b>				Lump Sum
<b>Contingent <i>(Person(s) who get the proceeds if the principal beneficiary(ies) die before the insured. If none, write "NONE"</i></b>				
				Lump Sum
				Lump Sum
				Lump Sum
<b>Or to survivors</b>				Lump Sum

4. This beneficiary change cancels all prior Beneficiary and Option selections and will apply to all my Government Life Insurance policies under my file number unless the box is checked.

- I would like this change to apply only to my Supplemental Service-Disabled Insurance policy. Please keep the existing beneficiary designation on all other insurance policies under my file number.

5. Your Social Security Number	6. Day Time Telephone Number <i>(Include Area Code)</i>	7. Email Address
8. Signature of Applicant <i>(Do NOT print, sign in ink)</i>		9. Date

**Privacy Act Notice:** 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 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, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38, U.S.C. 5701).

**Respondent Burden:** We need this information to establish your eligibility for VA Insurance benefits (38 U.S.C. 1922). 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 <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.