OMB Approved No. 2900-0068
Respondent Burden: 20 minutes

Department of Veterans Affairs

APPLICATION FOR SERVICE-DISABLED VETERANS INSURANCE

IMPORTANT INFORMATION

S-DVI provides up to $10,000 of life insurance for eligible veterans. To apply for this coverage, read the instructions below and complete both sides of the application. Make sure you sign and date the form.

Cost

Before you apply for S-DVI coverage, we encourage you to compare our premium rates to commercial insurance companies. If your disability is not serious, you may be able to find better rates from a commercial company.

When considering the cost of S-DVI coverage, remember that if you are or become totally disabled and unable to work for six or more months you do not have to pay premiums on your S-DVI policy. Most commercial life insurance companies add an additional charge for this benefit.

Speeding Up the Application Process

We can process your application more quickly if you send us a copy of the letter from VA that first notified you that your disability was rated service-connected within the last two years. You may also **apply online** by visiting our website at: "www.insurance.va.gov" and clicking "Apply for Service-Disabled-Disabled Veterans Insurance Online".

Mailing Address

Please complete and sign the application and then send immediately to:
Department of Veterans Affairs Regional Office and Insurance Center (RH), P.O. Box 7208, Philadelphia, PA 19101,
or fax to 1-888-748-5822.

Questions

If you have questions about Government Life Insurance, you can call us toll-free at 1-800-669-8477 or visit our website at:
www.insurance.va.gov.

Please be sure to complete both sides of this application.

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 Payment

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)*

☐ B. I want to pay premiums by a monthly allotment from my military service/retirement pay. *(We sill start the allotment for you)*

☐ C. I want VA to automatically withdraw the premium each month from my bank account (VA MATIC) *(Please send your first payment with this application)*

☐ D. I will send premiums directly to VA as follows: *(Please send your first payment with this application)*

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Continued on Reverse

EVERY QUESTION MUST BE ANSWERED, BE SURE TO SIGN AT THE BOTTOM OF THIS SIDE

3A. Are you now working? ☐ YES ☐ NO	3B. Do your work full-time? ☐ YES ☐ NO	3C. If you are not working or working part-time, explain why. Please be specific.
3D. When did you last work full-time?		3E. What was your occupation?

4. Have you had any of the following:	YES	NO	5. If your answer to any part of Item 4 is "YES", give dates, duration and other details. *(If more space is needed, attach a separate sheet)*
A. Lung condition?	☐	☐	
B. Mental or nervous disorders?	☐	☐	
C. Blood disorder?	☐	☐	
D. Heart condition?	☐	☐	
E. Cancer or tumor?	☐	☐	
F. Diabetes?	☐	☐	

6. Have you had any other physical defect or disease? *(If "YES", explain below)* ☐ YES ☐ NO

7. Social Security Number	8. Date of Birth	9. Daytime Telephone Number	10. E-mail Address

11. Beneficiary Designation and Selection of Settlement Option - The preprinted phrase "Or to survivors" means that the share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the remaining two principal beneficiaries.

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

CERTIFICATION: I have reviewed all of my answers above and certify that they are true and correct to the best of my knowledge and belief.

12A. Signature of Applicant *(Do NOT print, sign in ink)*	12B. 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 required to obtain this benefit. Giving us your social security number is voluntary. Refusal to provide your social security number by itself will not result in the denial of this benefit. VA will not deny an individual benefits for refusing to provide his or her social security number unless the disclosure of the social security number is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to determine 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 information, 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.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.