



IN REPLY REFER TO:

FILE NUMBER:

You are now approaching your 65th birthday, and we would like to take this opportunity to remind you about a very important provision of the Government life insurance policy you selected. Your policy, _____, is known as a Modified Life policy. This means that the amount of your insurance coverage will automatically reduce by one-half from its present face value of \$ _____ to \$ _____ on the day before your birthday.

Your premiums are currently waived because you were found to be totally disabled for insurance purposes. If your premiums are still being waived at the time of reduction of your policy, you **will not** have to apply for the additional insurance. We will automatically issue you an Ordinary Life policy to replace the amount of Modified Life insurance being discontinued. Premiums on both policies will continue to be waived as long as you remain totally disabled.

QUESTIONS ABOUT YOUR INSURANCE? CALL US TOLL FREE AT 1-800-669-8477
OUR HOURS OF OPERATION ARE 8:30AM TO 6:00PM EASTERN TIME.
THE BEST DAYS TO CALL ARE WEDNESDAY AND THURSDAY.
INFORMATION ABOUT MODIFIED LIFE REDUCTION



1A. INSURANCE FILE NUMBER

**APPLICATION FOR ORDINARY LIFE INSURANCE
REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED AT
AGE 65
NATIONAL SERVICE LIFE INSURANCE**

1B. NEW POLICY NO. (Assigned)

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, and published in the Federal Register. Your obligation to respond is required to obtain this benefit.
RESPONDENT BURDEN: We need this information to determine your eligibility for an insurance benefit. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB Control Number is displayed. Valid OMB Control Numbers can be located at the OMB Internet Page at: www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT - This application and the first premium must be submitted to the Department of Veterans Affairs BEFORE your 65th birthday.

2. FIRST NAME, MIDDLE NAME AND LAST NAME OF INSURED

3. DAYTIME TELEPHONE NUMBER

()

4. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or post office, State and ZIP Code)
(COMPLETE ONLY IF DIFFERENT THAN THAT SHOWN ON REVERSE)

I wish to apply for the amount of insurance shown in the block to the right as replacement for the insurance coverage that will end on the day before my 65th birthday.

5. AMOUNT OF INSURANCE APPLIED FOR

\$

I UNDERSTAND that the beneficiary designation and optional settlement under this new policy will be the same as on my Modified Life policy and will remain the same until I submit a change in writing to VA.

6. SIGNATURE OF INSURED (Do not print, sign in ink)

7. DATE OF APPLICATION

When completed, mail this application and the first premium to the Department of Veterans Affairs at the address shown on the reverse.