



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 additioal 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

OMB Approved No. 2900-0166 Respondent Burden: 5 minutes

	Respondent Burden: 5 minutes
Department of Veterans Affairs	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 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36V Government Life Insurance Records - VA, and published in the Federal Register. Your obligation to respon RESPONDENT BURDEN: We need this information to determine your eligibility for an insurance benefit. information. We estimate that you will need an average of 5 minutes to review the instructions, firnd the inf sponsor a collection of information unless a valid OMB Control Number is displayed. Valid OMB Control www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 ft	A00, Veterans and Armed Forces Personnel U.S. d is required to obtain this benefit. Title 38, United States Code, allows us to ask for this formation, and complete the form. VA cannot conduct or Numbers can be located at the OMB Internet Page at:
IMPORTANT - This application and the first premium m Department of Veterans Affairs BEFORE your	
2. FIRST NAME, MIDDLE NAME AND LAST NAME OF INSURED	3. DAYTIME TELEPHNONE NUMBER
	()
4. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or post off (COMPLETE ONLY IF DIFFERENT THAN THAT SHOWN ON REVERSE)	ice, State and ZIP Code)
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

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

7. DATE OF APPLICATION

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)

shown on the reverse.