



**Department of
Veterans Affairs**

P.O. BOX 7208
PHILA., PA 19101-7208

IN REPLY REFER TO:

FILE NUMBER:

Dear Policyholder:

We have suspended payment of your monthly insurance checks. The Department of the Treasury has informed us that your _____ check was not cashed within one year from the issue date. They have cancelled the check and forwarded the funds to us. If you still have that check, please destroy it. You must complete and return this letter before we can take further action.

The check was returned because _____
(If the payee is deceased, please provide the date of death)

OMB Approved No. 2900-0635
Respondent Burden: 10 minutes

Please complete the items below. Only complete Item 2 if you desire Direct Deposit.			
1. HOME ADDRESS		2. U.S. BANK ACCOUNT	
		A. BANK NAME	
		B. TRANSIT/ROUTING NUMBER	
3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER	C. CHECKING OR SAVINGS ACCOUNT NUMBER	
5. DAYTIME TELEPHONE NUMBER (Including Area Code)		6. EVENING TELEPHONE NUMBER (Including Area Code)	
()		()	
7. SIGNATURE (Do NOT print)		8. DATE	
<p>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 retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in 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.</p> <p>RESPONDENT BURDEN: We need this information from you to resume payment of your monthly government life insurance check. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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/omb/library/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.</p>			
<p>Please return this form to:</p> <p style="text-align: center;">Department of Veterans Affairs P.O. Box 7208 Philadelphia, PA 19101-7208</p> <p>If you have any questions or if the payee is incapable of conducting his/her own affairs, please call the toll free number below.</p> <p style="text-align: center;">QUESTIONS ABOUT YOUR INSURANCE? CALL US TOLL-FREE AT 1-800-669-8477 THE BEST DAYS TO CALL ARE WEDNESDAY AND THURSDAY OPERATORS ARE ON DUTY MONDAY THROUGH FRIDAY 8:30AM TO 6:00 PM EASTERN TIME</p>			