

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 being 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 8:30 AM TO 6:00 PM EASTERN TIME. THE BEST DAYS TO CALL ARE WEDNESDAY AND THURSDAY. INFORMATION ABOUT MODIFIED LIFE REDUCTION

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

4. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or post office, STATE and Zip Code)         4. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or post office, 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 of the insurance coverage that will end on the day before my of the beneficiary designation and optional settlement under this new policy will be the same as on my Modified Life policy and w same until submit a change in writing to the Department of Veterans Affairs.         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.			Expiration Date: XX/XX/XXXX
REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED       18. NEW POLICY NO. (Assigned by F.4)         PRIVACY ACT - No insurance may be granted unless a completed application has been received (38 U.S.109). The information organized may reduine use identified in the VA system of records, 36VA00, Veterans and Armed Forces.         Concernment II formance Records - VA, publication the reducal Regimes of Government into the VA system of records, 36VA00, Veterans and Armed Forces.         RESPONDENT BURDEN - VA may not conduct or sponsor, and respondent is not required to respond to this collection of information are stimated to average 5 minutes per response, including the time for reviewing the burden estimate or any other aspect of this collection of information are stimated to average 5 minutes per response, including the time for reviewing the burden estimate or any other aspect of this collection of information, call 1.800-827-1000 for mating information on where its send year comments.         IMPORTANT - This application and the first premium must be submitted to the Department of Veterans Affairs BEFORE your 65th birthday.         2. FIRST - MIDDLE - LAST NAME OF INSURED       3. DAYTIME TELEPHONE NUMBER ( <i>brech</i> )         4. MALING ADDRESS FOR INSURANCE PURPOSES ( <i>Number and street or rural route, city or post affice</i> , STATE and Zip Code)       1         I wish to apply for the amount of insurance shown in the block to the right as the address shown on the reverse.       0. AMOUNT OF INSURANCE APPLIED FOR Sign in May         CUDDERSTAND that the benchicary designation and optional settlement under this new policy will be the same as on my Modified Life policy and was menual Labamia change in writing to the Department of Veterans Affairs. </th <th>Department of Veterans Affairs</th> <th></th> <th>1A. INSURANCE FILE NUMBER</th>	Department of Veterans Affairs		1A. INSURANCE FILE NUMBER
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