Department of Veterans Affairs

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
Expiration Date: XX/XX/XXXX

Department of Veterans Affairs

APPLICATION FOR ORDINARY LIFE INSURANCE

REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED AT AGE 65 NATIONAL SERVICE LIFE INSURANCE

1A. INSURANCE FILE NUMBER

1B. NEW POLICY NO. *(Assigned by VA)*

PRIVACY ACT - No insurance may be granted unless a completed application has been received (38 U.S.C. 1904). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the 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.

RESPONDENT BURDEN - VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, 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 - MIDDLE - LAST NAME OF INSURED

3. DAYTIME TELEPHONE NUMBER *(Include Area 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 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 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.