



INSURANCE DEDUCTION AUTHORIZATION (FOR DEDUCTION FROM BENEFIT PAYMENTS)

PRIVACY ACT INFORMATION: No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information requested is required to obtain or retain benefits and 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, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, published in the Federal Register.

RESPONDENT BURDEN: We need this information to authorize VA to deduct money from the insured's VA compensation check to pay premiums, loans and/or liens on his/her insurance contract. 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 number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. FIRST, MIDDLE, LAST NAME OF INSURED <i>(Type or print)</i>		2. INSURANCE FILE NO. <i>(Include letter prefix)</i>							
3. NUMBER AND STREET OR RURAL ROUTE <i>(Type or print)</i>		4. VA CLAIM FILE NUMBER							
5. CITY OR P.O., STATE AND ZIP CODE <i>(Type or print)</i>		6. TOTAL MONTHLY BENEFITS AWARDED <i>(Before deductions)</i> <i>Value cannot exceed 99,999,999.99.</i>							
7. ACTION REQUESTED <input type="checkbox"/> START <input type="checkbox"/> DECREASE <input type="checkbox"/> INCREASE <input type="checkbox"/> DISCONTINUE		<input checked="" type="checkbox"/> 8. PURPOSE AND AMOUNT OF DEDUCTIONS TO BE MADE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"><input type="checkbox"/> PREMIUM</td> <td style="width: 30%; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> LOAN</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> LIEN</td> <td style="padding: 2px;">\$</td> </tr> </table>		<input type="checkbox"/> PREMIUM	\$	<input type="checkbox"/> LOAN	\$	<input type="checkbox"/> LIEN	\$
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<input type="checkbox"/> LIEN	\$								
AUTHORIZATION: The Department of Veterans Affairs is authorized: (1) to deduct each month from benefits payable to me the sum indicated in Item 6 to be used in payment of premiums, repayment of Loans and/or Liens as shown above, and (2) TO ADJUST THE AMOUNT REQUIRED within the limits of benefits payable, to pay premiums on my Government Life Insurance.									
9. SIGNATURE OF INSURED <i>(Sign in ink)</i>			10. DATE						

IMPORTANT INFORMATION AND INSTRUCTIONS

Deductions from benefit payments are established to pay premiums on a one month in advance basis; i.e., a premium deduction made from a January benefit payment will pay a premium due in February, a February deduction will pay a March premium, and so forth. **THEREFORE:**

TO PREVENT LAPSE OF YOUR INSURANCE, CONTINUE TO PAY PREMIUMS UNTIL, YOU HAVE BEEN NOTIFIED THAT THE AUTHORIZATION HAS BEEN ACCEPTED AND THAT THE DEDUCTIONS FROM BENEFIT PAYMENTS ARE BEING MADE. ANY OVERPAYMENT OF PREMIUMS WILL BE REFUNDED TO YOU.

Your authorization will remain in effect as long as your monthly benefit payment is enough to pay the monthly premium, and/or loan, and/or lien payment. If you become entitled to a waiver of premiums under the disability provisions of your policy, VA will stop the deductions for premium payments. They will be resumed after the waiver ends unless you have canceled the authorization.

Monthly loan and/or lien payments should be authorized for \$5.00 or more. Such payments will continue to be deducted until your loan and/or lien is paid in full or you ask us to stop the deduction.

When completed and signed by you, send this authorization to the office where your insurance records are maintained. The address of the Department of Veterans Affairs office that maintain these records is:

**Department of Veterans Affairs
Regional Office and Insurance Center
P. O. Box 42954
Philadelphia, PA 19101**