



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. Even though you will have only half the coverage you had before, **your premiums will remain the same** as before your 65th birthday. This reduction feature is explained in all of our pamphlets and applications describing the Modified Life plans and it is clearly stated on the first page of your policy that there is an "Initial Face Amount" and an "Ultimate Face Amount" of insurance. This is also explained in the policy's first paragraph.

The idea behind a Modified Life policy is that you receive the maximum coverage for the minimum price up to age 65. Premium costs are kept low because of the face value reduction by one-half at a later date. The low rates of the Modified Life plans are determined by actuarial tables and made possible only because of this reduction. This is considered ideal coverage for the many veterans who find that their insurance needs are less as they grow older. For many individuals this happens because of such factors as mortgages being paid off, children having grown, accumulated savings or entitlement to pensions, and so forth.

If you find that you still need the same amount of coverage, we do offer additional whole life insurance coverage. You may purchase this policy at an additional cost to replace the insurance that will be lost when your policy reduces. You can buy the replacement policy without answering any health questions. Just complete the application on the reverse side of this letter and return it before your 65th birthday. Please be sure to include a check for the amount of the additional premium.

You do not have to buy the full amount of the coverage you lose when your policy reduces. Replacement insurance may be purchased in multiples of \$250, but not less than \$500. You may buy any amount of replacement insurance coverage up to the amount that will be lost. The **monthly** premium required to restore full coverage is \$ _____. If you wish to buy less than full replacement coverage, please call our toll free number below for the correct premium rate.

Remember - you must apply for the replacement policy before your 65th birthday.

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



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 INFORMATION: 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 5, Code of Federal Regulations 1.526 for routine uses identified in VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 USC 5701).


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. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. 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.