OMB Approved No. 2900-0068
Respondent Burden: 20 minutes
Expiration Date: XXXXXXXX

Department of Veterans Affairs

APPLICATION FOR SERVICE-DISABLED VETERANS INSURANCE

IMPORTANT INFORMATION

Eligibility

S-DVI provides up to $10,000 of life insurance for eligible veterans. To be eligible for S-DVI, you must meet **all three** of the following requirements:

1. You were released from active service in the Armed Forces on or after April 25, 1951, under other than dishonorable conditions.

2. **It has been less than 2 years since VA notified you of a new service-connected disability or you are currently waiting for a rating for your service-connected disability. Please Note:** The disability you are rated for must be a **new** disability, not an increase in a disability you already have. An increase to 100% or being granted individual unemployability **does not** automatically entitle you to a new eligibility period.

3. You are in good health **except for your service-connected disability.** We will evaluate all health conditions that are not service-connected. Information about any health conditions should be included on your application.

Cost

Before you apply for S-DVI coverage, we encourage you to compare our premium rates to commercial insurance companies. If your disability is not serious, you may be able to find better rates from a commercial company.

When considering the cost of S-DVI coverage, remember that if **you are or become totally disabled and unable to work for six or more months you do not have to pay premiums** on your Government Life Insurance policy. Most commercial life insurance companies add an additional charge for this benefit.

Speeding Up the Application Process:

You may **apply online** by visiting our website at "www.insurance.va.gov" and clicking "Apply for Service-Disabled Veterans Insurance Online".

The fastest and most secure way for insureds and beneficiaries to send the application to VA Insurance is to use the document upload service at https://insurance.va.gov/home/IDU.	OR MAIL THE COMPLETED FORM TO: VAROIC P.O. BOX 7208 PHILDELPHIA, PA 19101

Questions:

If you have questions about Government Life Insurance, you can call us toll-free at **1-800-669-8477** or visit our website at: **www.insurance.va.gov.**

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS APPLICATION

1. Name and Mailing Address for Insurance Purposes

A. First, Middle, Last Name	B. Mailing Address

2. Beneficiary Designation and Selection of Settlement Option - The preprinted phrase **"Or to survivors"** means that a share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the remaining two principal beneficiaries.

Complete Name and Address of Each Principal and Contingent Beneficiary *(For married women, enter her own first and middle names. For example, Mary Rose Smith, not Mrs. John Smith)*	Beneficiary's Social Security Number *(If known. This is not required for this designation to be valid)*	Relationship of the beneficiary to you	Share to be paid to each beneficiary *(Use $ amounts, %, or fractions)*	Payment Option for Each Beneficiary *(See pamphlet for more information)*
PRINCIPAL				
				Lump Sum
				Lump Sum
Or to survivors				**Lump Sum**
Contingent *(Person(s) who get the proceeds if the principal beneficiary(ies) die before the insured.)* If none, write "NONE"				
CONTINGENT				**Lump Sum**
				Lump Sum
Or to survivors				**Lump Sum**

Continued on Reverse

EVERY QUESTION MUST BE ANSWERED, BE SURE TO SIGN ON THIS SIDE

3. VA Claim Number *(If any)*	4. Social Security No.	5. Date of Birth *(Month, Day,Year)*	6. Daytime Telephone Number *(Include Area Code)*	7. Email address

8. ENTER THE AMOUNT, PLAN, AND PREMIUM OF THE INSURANCE FOR WHICH YOU ARE APPLYING
(See Pamphlet 29-9 - Service-Disabled Veterans Insurance Information and Premium Rates)

A. Amount of Insurance	B. Plan of Insurance	C. Monthly Premium

9A. Are you now working?	9B. Do you work full-time? *(If "Yes," skip to Item 10)*	9C. If you are not working part-time, explain why *(Please be specific)*
☐ YES ☐ NO	☐ YES ☐ NO	

9D. When did you last work full-time?	9E. What was your occupation?

10. Check the method showing how you wish to pay for this insurance *(If you are not eligible for waiver of premiums)*

☐ A. I want to pay premiums by a monthly deduction from my VA Compensation or Pension. *(We will start the deduction for you if the insurance is approved)*

☐ B. I want to pay premiums by a monthly allotment from my military service/retirement pay. *(We will start the allotment for you if the insurance is approved)*

☐ C. I want VA to automatically withdraw the premium each month from my bank account (VA MATIC) *(Send your first payment with this application)*

☐ D. I will send premiums directly to VA as follows *(Send your first payment with this application)*

☐ Monthly ☐ Annually

11. Have you had any of the following:	YES	NO
A. Lung condition?	☐	☐
B. Mental or nervous disorders?	☐	☐
C. Blood disorder?	☐	☐
D. Heart condition?	☐	☐
E. Cancer or tumor?	☐	☐
F. Diabetes?	☐	☐

12. If your answer to any part of Item 11 is "YES," give dates, duration and other details. *(If more space is needed, attach a separate sheet)*

13. Have you had any other physical defect or disease? *(If "YES", explain below)* ☐ YES ☐ NO

CERTIFICATION: I have reviewed all of my answers above and certify that they are true and correct to the best of my knowledge and belief.

14A. Signature of Applicant *(Do NOT print, sign in ink)*	14B. Date

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, 36VA29, "Veterans of Uniformed Services Personnell Programs of U.S. Government", published in the Federal Register. Your obligation to respond is required to obtain this benefit. Giving us your social security number is voluntary. Refusal to provide your social security number by itself will not result in the denial of this benefit. VA will not deny an individual benefits for refusing to provide his or her social security number unless the disclosure of the social security number is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to determine your eligibility for VA Insurance benefits (38 U.S.C. 1922). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the information, 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.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.