

Dear Policyholder:

We have suspended payment of your monthly insurance checks. The Department of the Treasury has informed us that your check was not cashed within one year from the issue date. They have cancelled the check and forwarded the funds to us. If you still have that check, please destroy it. You must complete and return this letter before we can take further action.

The check was returned because _____

If the payee is deceased, please provide the date of death in Item 8 below.

 OMB Approved No.: 2900-0635
 Respondent Burden: 10 minutes
 Expiration Date: XX/XX/XXXX

The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below in Items 2A, 2B and 2C. If you do not have a bank account, please visit https://www.benefits.va.gov/benefits/banking.asp . This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.			
1. HOME ADDRESS (Number and street or rural route, P.O. Box, City, State, and ZIP Code)		2. U.S. BANK ACCOUNT	
		A. BANK NAME	
		B. TRANSIT/ROUTING NUMBER	
3. DATE OF BIRTH	4. SOCIAL SECURITY NO.	C. CHECKING OR SAVINGS ACCOUNT NUMBER	
5. DAYTIME TELEPHONE NUMBER (Include Area Code)		D. TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
6. SIGNATURE (DO NOT PRINT)		7. DATE SIGNED	8. DATE OF DEATH (If Payee is deceased)
<p>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 38, Code of Federal Regulations 1.576 for routine uses identified in the 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 voluntary. VA uses your SSN to identify your insurance file. Providing your SSN will help ensure that your records are properly associated with your insurance file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.</p> <p>Respondent Burden: We need this information to continue your payment of a monthly insurance check. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control 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.</p>			
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 to: VA Insurance Center P.O. Box 7208 Philadelphia, PA 19101	
If you have any questions or if the payee is incapable of conducting his/his own affairs, please call the toll-free number below. Questions about your insurance? Call us toll-free at 1-800-699-8477 . The best days to call are Wednesday and Thursday. Operators are on duty Monday through Friday 8:30 AM to 6:00 PM Eastern Time.			