



VA MATRIC ENROLLMENT/CHANGE

IMPORTANT: You can use this form to enroll in VA MATIC or to make a change to an existing account.

SECTION I - TO BE COMPLETED BY INSURED

1. NAME AND ADDRESS OF INSURED	2. INSURANCE FILE NUMBER
	3. SOCIAL SECURITY NUMBER
	4. DAYTIME TELEPHONE NUMBER

I HEREBY authorize the Department of Veterans Affairs to start/change a deduction from my account at the financial institution stated below for the purpose of paying Government Life Insurance premiums. I further authorize the Department of Veterans Affairs to adjust the amount of this deduction if my premiums increase or decrease. I understand that each deduction will be in the amount of my monthly premium payment and the deduction shall be made on the premium due date. Unless otherwise specified by me, this authorization will cover all of the Government Life Insurance policies under the insurance file number shown in Item 2.

5. SIGNATURE OF INSURED <i>(Sign in ink)</i>	6. DATE
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SECTION II - PREMIUM PAYMENT INFORMATION

7. NAME OF BANK/FINANCIAL INSTITUTION	8. PHONE NUMBER OF BANK/FINANCIAL INSTITUTION
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9. BANK ROUTING NUMBER (9 DIGITS)	10. CHECKING ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

The **bank routing number** is always 9 digits and appears between the ! symbols.

Customer Name Street Address City, State, ZIP	SAMPLE CHECK	Check No. 1234
PAY TO THE ORDER OF _____	\$ _____	
_____ Dollars		
! 123456789 !	1617284958569678	!!
Bank Routing Number	Bank Account Number	

The **bank account number** varies in length and may contain dashes or spaces. The "!" symbol indicates the end of the account number.

11. DO YOU PARTICIPATE IN DIRECT DEPOSIT? IF YES, WILL THIS NEW INFORMATION APPLY TO DIRECT DEPOSIT?

☐ YES ☐ NO

NOTE: PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY, IF YOU HAVE NOT ALREADY DONE SO. SENDING A VOIDED CHECK CAN HELP MAKE SURE YOUR INFORMATION IS PROVIDED CLEARLY. AND COULD PREVENT DELAYS IN PROCESSING.

THIS COMPLETED FORM MAY BE SUBMITTED BY:

<p align="center">ONLINE</p>	<p align="center">OR MAIL THE COMPLETED FORM TO:</p>
<p align="center"> Upload the form using our secure website at https://insurance.va.gov/home/IDU </p>	<p align="center"> VAROIC P. O. Box 42954 Philadelphia, PA 19101 </p>

PRIVACY ACT NOTICE: The 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 the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, published in the Federal Register. Your response is voluntary. VA uses your Social Security Number (SSN) to identify your insurance file. Providing your SSN will help insure 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 Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: No insurance deduction may be made unless a completed authorization is received (38 USC 708). We estimate that you will need an average of 15 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 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.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477.