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**MEMORANDUM**

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**TO:** VBA PUBLICATIONS CONTROL OFFICER  
**FROM:** DANIEL G ELLIS, VA LIFE INSURANCE CENTER  
**SUBJECT:** NON-SUB CHANGE FOR DESIGNATION OF BENEFICIARY AND SUPPLEMENTAL DESIGNATION OF BENEFICIARY – GOVERNMENT LIFE INSURANCE FORMS  
**DATE:** OCTOBER 6, 2022

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The **VA 29-336 Designation of Beneficiary – Government Life Insurance Form**, is used for veterans to update their beneficiary information. The VA Insurance Center needs to update the Beneficiary Designation forms (VA Form 29-336 and 29-336a) based on a recent decision made to no longer allow multiple beneficiaries on multiple policies. We also added a note differentiating between VALife and non VALife regulations to cover us in case a B&O is accidentally received by a VALife policyholder. This is to also include information about ambiguous designations.

- On page 1, the **NOTE** at the top of the page should read “**NOTE:** *Before completing the form, please note we highly recommend updating your beneficiary designation directly online at <https://www.insurance.va.gov/home>. It is safe, secure and instant.*”
- On page 1, on the **IMPORTANT** note below item 7, please remove “**UNLESS YOU INDICATE OTHERWISE BY CHECKING THE BOX BELOW**” from the end of the sentence so the note reads “**IMPORTANT - IF YOU DO NOT NAME A SPECIFIC BENEFICIARY, YOUR INSURANCE WILL BE PAID AS NOTED UNDER SECTION V BELOW. THIS DESIGNATION WILL APPLY TO ALL POLICIES.**”
- On page 1, Please remove box 8 in its entirety.
- On page 1 under **INSTRUCTIONS FOR COMPLETING THIS FORM**, please add a 4<sup>th</sup> bullet that reads “*Federal regulations pertaining to designating beneficiaries of Government life insurance require that the designation be valid. If any part of the designation in either the principal or contingent beneficiary section is unclear, ambiguous, or not legally acceptable, then the previous beneficiary designation will remain effective, or the Veteran's estate will become the beneficiary if no previous, valid designation exists.*”
  - To create space, move the **INSTRUCTIONS FOR COMPLETING THE FORM** up utilizing the extra space from removing item 8, making the box bigger. See attached for reference.
- On page 5, under **SECTION IV - ADDITIONAL INSTRUCTIONS**, please remove the last sentence “**ALSO, LIST THE POLICY NUMBER OF ANY POLICY ON**

*WHICH THE BENEFICIARY IS NOT TO BE CHANGED.” From the end of the sentence so the language reads “YOUR INSURANCE PROCEEDS WILL BE AUTOMATICALLY PAID ACCORDING TO THE AUTOMATIC SURVIVORSHIP CLAUSE DETAILED IN SECTION V BELOW. IF YOU DO NOT WANT YOUR INSURANCE PAID THIS WAY, PLEASE EXPLAIN BELOW HOW YOU WANT IT PAID.”*

- On page 5, the entire box under **SECTION V – CERTIFICATION AND SIGNATURE** should read like the pic below. (Number 1 and the first 2 bullets under number 1 stay the same, everything else changes) Also see attached for reference.

SECTION V - CERTIFICATION AND SIGNATURE
<p>I Certify that I am the policyholder and I understand that:</p> <p>1. Unless otherwise noted in Section IV, Additional Instructions, my insurance will be paid according to the automatic survivorship clause as follows:</p> <ul style="list-style-type: none"><li>• If one or more principal beneficiary dies before me, the insurances will be divided between any remaining principal beneficiaries.</li><li>• If all principal beneficiaries die before me, the insurance will be paid to my contingent beneficiaries.</li><li>• For all programs other than VALife, if all principal and contingent beneficiaries die before me, the insurance will be paid to my estate.</li><li>• For VALife, if all principal and contingent beneficiaries die before me, the insurance will be paid based on the order of precedence in accordance with <u>38 U.S.C. 1922B</u>.</li></ul> <p>2. This change cancels all prior beneficiary and option selections and applies to all Government Life Insurance policies.</p> <p>3. <u>For all programs other than VALife</u>, by law, if a designated principal beneficiary does not file a claim for payment within two years of the date of my death, then payment may be made to the beneficiary(ies) next entitled. If no claim for payment is received from any designated beneficiary within four years of the date of my death, my insurance will be paid in accordance with <u>38 U.S.C. 1917(f)</u>. If I do not designate a beneficiary, my insurance will be paid to my estate or to my heirs.</p> <p>4. <u>For VALife</u>, by law, if the designated beneficiary does not file a claim for the payment within one year of the date of my death, or if payment to the designated beneficiary within that period is prohibited by Federal statute or regulation, my insurance will be paid based on the order of precedence listed under <u>38 U.S.C. 1922B</u>. Beneficiaries listed under the order of precedence may file a claim for such payment during the one year period following the period as if the designated beneficiary had predeceased the veteran.</p> <p>5. Federal regulations pertaining to designating beneficiaries of Government life insurance require that the designation be valid. If any part of the designation in either the principal or contingent beneficiary section is unclear, ambiguous, or not legally acceptable, then the previous beneficiary designation will remain effective, or the Veteran's estate will become the beneficiary if no previous, valid designation exists.</p>

- o To create space, move everything from the IMPORTANT note down to the bottom of the page. The mail and online instructions should sit at the bottom of the page. See attached for reference.
- o I added a Word document with the text you need so wouldn't have to retype everything. You can also use the attached 29-336 for reference and copy and paste.

The **VA 29-336a Supplemental Designation of Beneficiary – Government Life Insurance Form**, is used for veterans to add additional beneficiary's and beneficiary information to their policy. The VA Insurance Center needs to update the Beneficiary Designation forms (VA Form 29-336 and 29-336a) based on a recent decision made to no longer allow multiple beneficiaries on multiple policies. We also added a note differentiating between VALife and non VALife regulations to cover us in case a B&O is accidentally received by a VALife policyholder. This is to also includes information about ambiguous designations.

- On page 1, the **NOTE** at the top of the page should read ***“NOTE: Before completing the form, please note we highly recommend updating your beneficiary designation directly online at <https://www.insurance.va.gov/home>. It is safe, secure and instant. You may either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly and using capital letters to expedite processing of the form.”***
- On page 1, after VETERANS SOCIAL SECURITY NUMBER, please remove the box below in its entirety.

CHECK BOX IF YOU WANT THIS DESIGNATION TO ONLY APPLY TO A SPECIFIC POLICY ▶ <input type="checkbox"/>									
Insurance Policy Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- At the bottom of page 3 under SECTION III – ADDITIONAL INSTRUCTIONS, please remove the last sentence so the text should read – ***“YOUR INSURANCE PROCEEDS WILL BE AUTOMATICALLY PAID ACCORDING TO THE AUTOMATIC SURVIVORSHIP CLAUSE DETAILED IN SECTION IV BELOW. IF YOU DO NOT WANT YOUR INSURANCE PAID THIS WAY, PLEASE EXPLAIN BELOW HOW YOU WANT IT PAID.”***
- On page 5, under **SECTION IV - ADDITIONAL INSTRUCTIONS**, please remove the last sentence ***“ALSO, LIST THE POLICY NUMBER OF ANY POLICY ON WHICH THE BENEFICIARY IS NOT TO BE CHANGED.”*** So the language reads ***“YOUR INSURANCE PROCEEDS WILL BE AUTOMATICALLY PAID ACCORDING TO THE AUTOMATIC SURVIVORSHIP CLAUSE DETAILED IN SECTION V BELOW. IF YOU DO NOT WANT YOUR INSURANCE PAID THIS WAY, PLEASE EXPLAIN BELOW HOW YOU WANT IT PAID.”***

- On page 4, the entire box under **SECTION IV – CERTIFICATION AND SIGNATURE** should read like the pic below. See attached for reference.

SECTION IV - CERTIFICATION AND SIGNATURE
<p>I Certify that I am the policyholder and I understand that:</p> <ol style="list-style-type: none"> <li>Unless otherwise noted in Section III, Additional Instructions, my insurance will be paid according to the automatic survivorship clause as follows: <ul style="list-style-type: none"> <li>If one or more principal beneficiary dies before me, the insurances will be divided between any remaining principal beneficiaries.</li> <li>If all principal beneficiaries die before me, the insurance will be paid to my contingent beneficiaries.</li> <li>For all programs other than VALife, if all principal and contingent beneficiaries die before me, the insurance will be paid to my estate.</li> <li>For VALife, if all principal and contingent beneficiaries die before me, the insurance will be paid based on the order of precedence in accordance with <u>38 U.S.C. 1922B</u>.</li> </ul> </li> <li>This change cancels all prior beneficiary and option selections and applies to all Government Life Insurance policies.</li> <li>For all programs other than VALife, by law, if a designated principal beneficiary does not file a claim for payment within two years of the date of my death, then payment may be made to the beneficiary(ies) next entitled. If no claim for payment is received from any designated beneficiary within four years of the date of my death, my insurance will be paid in accordance with <u>38 U.S.C. 1917(f)</u>. If I do not designate a beneficiary, my insurance will be paid to my estate or to my heirs.</li> <li>For VALife, by law, if the designated beneficiary does not file a claim for the payment within one year of the date of my death, or if payment to the designated beneficiary within that period is prohibited by Federal statute or regulation, my insurance will be paid based on the order of precedence listed under <u>38 U.S.C. 1922B</u>. Beneficiaries listed under the order of precedence may file a claim for such payment during the one year period following the period as if the designated beneficiary had predeceased the veteran.</li> <li>Federal regulations pertaining to designating beneficiaries of Government life insurance require that the designation be valid. If any part of the designation in either the principal or contingent beneficiary section is unclear, ambiguous, or not legally acceptable, then the previous beneficiary designation will remain effective, or the Veteran's estate will become the beneficiary if no previous, valid designation exists.</li> </ol>

- If you need to create space, move everything from the IMPORTANT note down to the bottom of the page. The mail and online instructions should sit at the bottom of the page. See attached for reference.
- I added a Word document with the text you need so wouldn't have to retype everything. You can also use the attached 29-336a for reference and copy and paste. This is the same language as 29-336 except the second line should state section III not IV.

These modifications will not change any previous calculations for either form. Therefore, this is a non-substantial change on both forms.

Thank you