

## **INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY (INSURANCE)**

### **GENERAL INFORMATION**

At the VA Insurance Center, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with the Privacy Act and applicable confidentiality statutes, the VA Insurance Center will only disclose the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected.

By law, the VA Insurance Center must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time, except if the VA Insurance Center has already acted based on your permission.

### **SPECIFIC INSTRUCTIONS**

#### **Questions 1 - 6**

In this section, give us your pertinent contact information to include name, address, contact numbers, and e-mail address.

#### **Question 7**

Tell us the type of information you would like the VA Insurance Center to release to your authorized third party.

#### **Question 8**

This section tells the VA Insurance Center the duration of your consent. If you do not want your authorization to be effective indefinitely, tell us when to stop releasing your personal policy information to your authorized third party. Check the box that applies and fill in dates, if applicable.

#### **Question 9**

The VA Insurance Center will give your personal policy information to the person(s) or organization you fill in here. You may only select up to two people or organization. If you designate an organization, you must also identify one or more individuals in that organization to whom the VA Insurance Center may disclose your policy information. This form cannot be used to disclose federal tax information to third parties.

#### **Question 10**

Select the security question you would like us to ask your designated third party and provide the answer. You, the veteran or annuitant, should answer this question. **This question will be asked each time your designated third party contacts our office, so make sure you let them know what the answer is.**

#### **Where Do I Send My Completed Form?**

You can mail or fax your completed form to:

Department of Veterans Affairs  
Insurance Center  
P. O. Box 42954  
Philadelphia, PA 19101  
FAX: 1-888-748-5828

You should make a copy of your signed authorization for your records before mailing it to the VA Insurance Center. You can only have one VA Form 29-0975, Authorization to Disclose Personal Information to a Third Party, on file with the VA Insurance Center at a time.

#### **WHAT IF I CHANGE MY MIND?**

If you change your mind and do not want VA to give out your personal policy information, you may notify us in writing. Upon notification from you the VA Insurance Center will no longer give out policy information. (Please note that we are not responsible for information released prior to termination of the third party authorization.)



Department of Veterans Affairs

**(DO NOT WRITE IN THIS SPACE)**  
 (VA DATE STAMP)

**AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION  
 TO A THIRD PARTY (INSURANCE)**

**INSTRUCTIONS:** Use this form if you want to give the Department of Veterans Affairs Insurance Center permission to release your personal policy or annuity information to a third party. This form may not be executed by a Power of Attorney.

1. FIRST, MIDDLE, LAST NAME OF VETERAN <i>(Print clearly)</i>	2. FIRST, MIDDLE, LAST NAME OF ANNUITANT WHO IS NOT THE VETERAN <i>(Print clearly)</i>
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3. ADDRESS OF VETERAN/ANNUITANT *(Number and Street or rural route, P.O. Box, City, State and ZIP Code)*

4. INSURANCE FILE NUMBER	5. SOCIAL SECURITY NUMBER
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6. CONTACT INFORMATION

A. DAYTIME PHONE NUMBER	B. CELL PHONE NUMBER	C. E-MAIL ADDRESS <i>(If applicable)</i>
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7. I (veteran/annuitant) AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS (VA) INSURANCE CENTER TO CONTACT THE PERSON OR ORGANIZATION LISTED BELOW FOR THE PURPOSES OF PROVIDING THE FOLLOWING INFORMATION PERTAINING TO MY VA RECORD.  
*(Check one or more boxes below to tell VA the specific policy information you want disclosed or action taken)*

<input type="checkbox"/> Premium Information	<input type="checkbox"/> Payment History	<input type="checkbox"/> All
<input type="checkbox"/> Loan/Lien Information	<input type="checkbox"/> Annuity Information	
<input type="checkbox"/> Policy/Award Information	<input type="checkbox"/> Change of Address	

8. THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE:

One time only

Ongoing until written notice is given to VA Insurance Center to terminate or a new form is filed

From the date of signing below until \_\_\_\_\_  
*(Specify date - month, day, year)*

9. VA INSURANCE CENTER IS AUTHORIZED TO DISCLOSE THE INFORMATION AS SPECIFIED ABOVE TO THE PERSON(S) OR ORGANIZATION LISTED BELOW.  
 NOTE: IF AUTHORIZATION IS FOR AN ORGANIZATION, PLEASE PROVIDE THE FULL NAME AND THE TITLE OF THE ORGANIZATION'S REPRESENTATIVE(S).

A. NAME OF PERSON(S) OR ORGANIZATION	B. ADDRESS OF PERSON(S) OR ORGANIZATION

10. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY ONE SECURITY QUESTION BOX IN 10A AND PROVIDE THE ANSWER IN 10B. *(Veteran/annuitant should answer the question and inform third-party of the answer.)*

A. SECURITY QUESTION	B. ANSWER
<input type="checkbox"/> The city and state your mother was born in	
<input type="checkbox"/> The name of the high school you attended	
<input type="checkbox"/> Your first pet's name	
<input type="checkbox"/> Your favorite teacher's name	
<input type="checkbox"/> Your father's middle name	

11A. SIGNATURE <i>(Sign in ink)</i>	11B. DATE SIGNED
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**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. The information you submit is considered confidential (38 U.S.C. 5701). 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.

**RESPONDENT BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0856, and it expires XX/XX/XXXX. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at [VACOPaperworkReduAct@VA.gov](mailto:VACOPaperworkReduAct@VA.gov). Please refer to OMB Control No. 2900-0856 in any correspondence. Do not send your completed VA Form 29-0975 to this email address.