



Department of Veterans Affairs

**INSURANCE DEDUCTION AUTHORIZATION
(FOR DEDUCTION FROM BENEFIT PAYMENTS)**

PRIVACY ACT INFORMATION: No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information requested is required to obtain or retain benefits and will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the 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.

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 2900-0024, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 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. Please refer to OMB Control No. 2900-0024 in any correspondence. Do not send your completed VA Form 29-888 to this email address.

1. FIRST, MIDDLE, LAST NAME OF INSURED <i>(Type or print)</i>		2. INSURANCE POLICY NO.	
3. NUMBER AND STREET OR RURAL ROUTE <i>(Type or print)</i>		4. VA CLAIM FILE NUMBER	
5. CITY OR P.O., STATE AND ZIP CODE <i>(Type or print)</i>		6. TOTAL MONTHLY BENEFITS AWARDED <i>(Before deductions)</i> <i>Value cannot exceed 99,999,999.99.</i>	
7. ACTION REQUESTED <input type="checkbox"/> START <input type="checkbox"/> DECREASE <input type="checkbox"/> INCREASE <input type="checkbox"/> DISCONTINUE		(✓) 8. PURPOSE AND AMOUNT OF DEDUCTIONS TO BE MADE	
		<input type="checkbox"/> PREMIUM	\$
		<input type="checkbox"/> LOAN	\$
		<input type="checkbox"/> LIEN	\$
AUTHORIZATION: The Department of Veterans Affairs is authorized: (1) to deduct each month from benefits payable to me the sum indicated in Item 6 to be used in payment of premiums, repayment of Loans and/or Liens as shown above, and (2) TO ADJUST THE AMOUNT REQUIRED within the limits of benefits payable, to pay premiums on my Government Life Insurance. Unless otherwise specified by me, this authorization will cover all of the Government Life Insurance policies under my ownership			
9. SIGNATURE OF INSURED		10. DATE	

IMPORTANT INFORMATION AND INSTRUCTIONS

Deductions from benefit payments are established to pay premiums on a one month in advance basis; i.e., a premium deduction made from a January benefit payment will pay a premium due in February, a February deduction will pay a March premium, and so forth. **THEREFORE:**

TO PREVENT LAPSE OF YOUR INSURANCE, CONTINUE TO PAY PREMIUMS UNTIL, YOU HAVE BEEN NOTIFIED THAT THE AUTHORIZATION HAS BEEN ACCEPTED AND THAT THE DEDUCTIONS FROM BENEFIT PAYMENTS ARE BEING MADE. ANY OVERPAYMENT OF PREMIUMS WILL BE REFUNDED TO YOU.

Your authorization will remain in effect as long as your monthly benefit payment is enough to pay the monthly premium, and/or loan, and/or lien payment. If you become entitled to a waiver of premiums under the disability provisions of your policy, VA will stop the deductions for premium payments. They will be resumed after the waiver ends unless you have canceled the authorization.

Monthly loan and/or lien payments should be authorized for \$5.00 or more. Such payments will continue to be deducted until your loan and/or lien is paid in full or you ask us to stop the deduction.

When completed and signed by you, submit this authorization to the office where your insurance records are maintained. The fastest and most secure way to send your application to VA Insurance is to use the document upload service at <https://insurance.va.gov/home/IDU>. To submit by mail, the address of the Department of Veterans Affairs office that maintain these records is:

**Department of Veterans Affairs
Regional Office and Insurance Center
P. O. Box 42954
Philadelphia, PA 19101**