

**Claim for Accelerated Benefits**  
 Servicemembers' Group Life Insurance  
 Family Coverage (FSGLI)

The Accelerated Benefit Option allows the service member to receive up to 50% of his/her spouse's FSGLI benefit if the spouse has been diagnosed by a physician as being terminally ill with nine (9) months or less to live (See 38 U.S.C. 1980). The service member, their spouse, or an alternate applicant acting on each of their behalf can apply for this benefit. The alternate applicant can only apply on behalf of the service member and/or their spouse if all of the following criteria are met:

- service member's and/or service member's spouse's physician certifies they are medically incapacitated\*;
- the alternate applicant has power of attorney, guardianship, or conservatorship of the service member or their spouse, or is the Defense Finance Accounting Service-appointed military trustee (for service members only).

\*Medically incapacitated is defined as: an individual who has been determined by a medical professional to be physically or mentally impaired by physical disability, mental illness, mental deficiency, advanced age, chronic use of drugs or alcohol, or other causes that prevent sufficient understanding or capacity to manage his or her own affairs competently.

The amount of insurance proceeds payable to the service member at the time of his/her spouse's death will be reduced by the amount of accelerated benefit the service member chooses to receive now. The FSGLI premium will be lowered to reflect the reduced coverage amount.

**How to Submit a Claim for Accelerated Benefits**

The service member or alternate applicant, the service member's spouse or their alternate applicant, the service member's spouse's physician, and the service member's branch of service must complete the attached forms as indicated. Completed forms should be submitted as follows:

Active duty service members/Reservists	Army National Guard
<p>1. The service member should complete the top of page 3. If the service member is medically incapacitated, the alternate applicant should complete the top of page 3 on behalf of the service member and attach one of the following documents indicating their authority to act on the service member's behalf:</p> <ul style="list-style-type: none"> <li>• guardianship/conservatorship papers</li> <li>• power of attorney</li> <li>• Proof of military trusteeship appointment (DoD Form 2827 - "Application for Trusteeship")</li> </ul> <p>2. The service member's spouse should complete the authorization to release medical records on the bottom of page 3. If the service member's spouse is medically incapacitated, the alternate applicant for the spouse should complete the bottom of page 3 on behalf of the service member's spouse and attach one of the following documents indicating their authority to act on the service member's spouse's behalf:</p> <ul style="list-style-type: none"> <li>• guardianship/conservatorship papers</li> <li>• power of attorney</li> </ul> <p>3. The service member's spouse's physician should complete page 4.</p> <p>4. Submit the entire form to the service member's personnel office to complete the top of page 5.</p> <p>5. After completing the top of page 5, the personnel office should submit the entire form to the service member's casualty office to complete the bottom portion of page 5.</p>	<p>1. The service member should complete the top of page 3. If the service member is medically incapacitated, the alternate applicant should complete the top of page 2 on behalf of the service member and attach one of the following documents indicating their authority to act on the service member's behalf:</p> <ul style="list-style-type: none"> <li>• guardianship/conservatorship papers</li> <li>• power of attorney</li> <li>• Proof of military trusteeship appointment (DoD Form 2827 - "Application for Trusteeship")</li> </ul> <p>2. The service member's spouse should complete the authorization to release medical records on the bottom of page 3. If the service member's spouse is medically incapacitated, the alternate applicant for the spouse should complete the bottom of page 3 on behalf of the service member's spouse and attach one of the following documents indicating their authority to act on the service member's spouse's behalf:</p> <ul style="list-style-type: none"> <li>• guardianship/conservatorship papers</li> <li>• power of attorney</li> </ul> <p>3. The service member's spouse's physician should complete page 4.</p> <p>4. Submit the entire form to the service member's state National Guard headquarters to complete page 5.</p>

**Important Information**

- If the claim for accelerated benefits is approved, the service member will receive a payment for the amount requested.
- Once the payment is cashed or deposited, the accelerated benefit cannot be revoked.
- The service member can receive this benefit only once during the spouse's lifetime.
- The service member may use this benefit for any purpose.
- If the spouse is covered under SGLI Family Coverage, the Office of Servicemembers' Group Life Insurance (OSGLI) will notify the service member's branch of service to reduce the face amount of the spouse's coverage and premium rate.
- If the claim is not approved, the service member has the option of submitting additional medical information or reapplying at a later date.



**TO BE COMPLETED BY SERVICE MEMBER OR ALTERNATE APPLICANT.**

<b>CLAIM FOR ACCELERATED BENEFITS</b>	
<b>Service member's name</b> (first middle last)	
<b>Service member's Social Security Number</b>	
<b>Service member's mailing address</b>	<b>Service member's Branch of Service</b>
<b>Service member's telephone number</b>	<b>Service member's duty status</b> <input type="checkbox"/> <b>Active Duty</b> <input type="checkbox"/> <b>Ready Reserves</b> <input type="checkbox"/> <b>Army/Air National Guard</b> <input type="checkbox"/> <b>Separated/Discharged</b> (120-day free coverage period) (provide separation/discharge date)
<b>Spouse's name</b> (first middle last)	<b>Spouse's Social Security Number</b>
<b>Amount of spouse's coverage</b> \$	<b>Amount of Claim</b> (Cannot exceed 50% of spouse's total coverage) \$
I acknowledge that I (or the alternate applicant) have read all of the attached information about the accelerated benefit. I understand that I can get this benefit only once during my spouse's lifetime and that I can use it for any purpose I choose. I further understand that the face amount of my spouse's coverage will be reduced by the amount of accelerated benefit I choose to receive now.	
<b>Signature</b> (service member or alternate applicant) _____ <b>Date</b> _____	

**TO BE COMPLETED BY SERVICE MEMBER'S SPOUSE OR ALTERNATE APPLICANT**

<b>AUTHORIZATION TO RELEASE MEDICAL RECORDS</b>
To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:  You are authorized to release a copy of all my medical records, including examinations, treatments, history, and prescriptions, to the Office of Servicemembers' Group Life Insurance (OSGLI) or its representatives.
Spouse's printed name _____
Spouse's signature (Spouse or spouse's alternate applicant signature) _____ Date _____
<i>A photocopy of this authorization will be considered as effective and valid as the original. Valid for one year from date signed.</i>

**TO BE COMPLETED BY SERVICE MEMBER'S SPOUSE'S PHYSICIAN**

<b>ATTENDING PHYSICIAN'S CERTIFICATION</b>		
<b>Patient's name</b>		<b>Patient's Social Security Number</b>
<b>Diagnosis</b>	<b>ICD-9-CM/ICD-10-CM Disease Code*</b>	
<b>Description of Present Medical Condition</b> (Please attach results of x-rays, E.K.G. or other tests)		
<p><b>Is the patient medically incapacitated?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>**Medically incapacitated is defined as: an individual who has been determined by a medical professional to be physically or mentally impaired by physical disability, mental illness, mental deficiency, advanced age, chronic use of drugs or alcohol, or other causes that prevent sufficient understanding or capacity to manage his or her own affairs competently.</i></p>		
<p>The patient applied for an accelerated benefit under his/her government life insurance coverage. To qualify, the patient must have a life expectancy of nine (9) months or less. Does your patient meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<b>Attending physician's name</b> (please print)	<b>State in which you are licensed to practice</b>	<b>Specialty</b>
<b>Mailing address</b>	<b>Telephone number</b>	<b>Fax number</b>
<b>Signature</b> _____		<b>Date</b> _____

*\*International Classification of Diseases, 9th revision, Clinical Modification/International Classification of Diseases, 10th revision, Clinical Modification*

