



In Reply Refer to: _____

File Number: _____

Dear Policyholder:

We have suspended payment of your monthly insurance checks. The Department of the Treasury has informed us that your check was not cashed within one year from the issue date. They have cancelled the check and forwarded the funds to us. If you still have that check, please destroy it. You must complete and return this letter before we can take further action.

The check was returned because _____.

If the payee is deceased, please provide the date of death in Item 8 below.

OMB Approved No.: 2900-0635
 Respondent Burden: 10 minutes
 Expiration Date: XX/XX/20XX

SUSPENSION OF MONTHLY INSURANCE CHECK		
<p>The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below in Items 2A, 2B and 2C. If you <i>do not</i> have a bank account, please visit https://www.benefits.va.gov/benefits/banking.asp. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.</p>		
1. HOME ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, and ZIP Code)</i>	2. U.S. BANK ACCOUNT	
	A. BANK NAME	
	B. TRANSIT/ROUTING NUMBER	
3. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	4. SOCIAL SECURITY NO.	C. CHECKING OR SAVINGS ACCOUNT NUMBER
5. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>		D. TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
6. SIGNATURE <i>(DO NOT PRINT)</i>	7. DATE SIGNED <i>(MM/DD/YYYY)</i>	8. DATE OF DEATH <i>(MM/DD/YYYY)</i> <i>(If Payee is deceased)</i>
<p>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. 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.</p> <p>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 2900-0635, 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. 2900-0635 in any correspondence. Do not send your completed VA Form 29-0759 to this email address.</p>		
The fastest and most secure way for insureds and beneficiaries to send the application to VA Insurance is to use the document upload service at: https://insurance.va.gov/home/IDU		Or mail to: VA Insurance Center P.O. Box 7208 Philadelphia, PA 19101
If you have any questions or if the payee is incapable of conducting his/his own affairs, please call the toll-free number below. Questions about your insurance? Call us toll-free at 1-800-699-8477 . The best days to call are Wednesday and Thursday. Operators are on duty Monday through Friday 8:30 AM to 6:00 PM Eastern Time.		