



## CLAIM FOR ONE SUM PAYMENT GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER	2. INSURANCE POLICY NUMBER
3. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN	4. DATE OF DEATH

### INSTRUCTIONS

WE NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE OR A STATEMENT FROM THE ATTENDING PHYSICIAN SHOWING DATE AND CAUSE OF DEATH. ONLY ONE CERTIFICATE OR STATEMENT IS REQUIRED FOR OUR RECORDS.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 8A. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

<b>This completed form may be submitted by:</b>	<b>UPLOAD:</b> Upload the form using our secure website at <a href="http://www.insurance.va.gov">www.insurance.va.gov</a>	<b>MAIL:</b> VA Insurance Center P.O. Box 7208 Philadelphia, PA 19101
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5. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY <i>(Please print)</i>	6. RELATIONSHIP TO INSURED	7. DATE OF BIRTH OF BENEFICIARY
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8A. MAILING ADDRESS *(MUST BE COMPLETED)*

8B. BENEFICIARY'S SOCIAL SECURITY NUMBER	8C. EMAIL ADDRESS	8D. DAYTIME TELEPHONE NUMBER
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**CERTIFICATION:** I certify that the above entries are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN <i>(Sign in ink)</i>	10. DATE
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THE DEPARTMENT OF TREASURY HAS MANDATED THAT FEDERAL PAYMENTS BE ISSUED VIA ELECTRONIC FUNDS TRANSFER (EFT). COMPLETE THE BANK ACCOUNT INFORMATION BELOW IN BLOCKS A THROUGH E TO RECEIVE THIS PAYMENT ELECTRONICALLY. THE ACCOUNT MUST BE IN THE NAME OF THE PERSON, ESTATE, OR TRUST DESIGNATED AS BENEFICIARY OR FIDUCIARY. IF THE BENEFICIARY IS A TRUST OR ESTATE, YOU MUST COMPLETE BOX G.

A. NAME OF FINANCIAL INSTITUTION	B. ROUTING TRANSIT NUMBER <i>(NINE DIGIT FIELD)</i>	
C. TELEPHONE NUMBER OF FINANCIAL INSTITUTION	D. TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	E. DEPOSITOR ACCOUNT NUMBER
F. BENEFICIARY'S SOCIAL SECURITY NUMBER <i>(Required for Direct Deposit)</i>	G. EIN OR TIN NUMBER <i>(FOR TRUST OR ESTATE ONLY)</i>	

**PRIVACY ACT NOTICE:** 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 Records-VA, and published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. 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:** We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 6 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Comments on the accuracy of this burden or suggestions to decrease the burden may be included with the submission of this form or sent separately to VA Insurance Center, P.O. Box 7208, Philadelphia, PA 19101 or faxed to 1-888-748-5822.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR GOVERNMENT LIFE INSURANCE, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477.