



APPLICATION FOR SUPPLEMENTAL SERVICE DISABLED VETERANS (RH) LIFE INSURANCE

1. FIRST NAME, MIDDLE NAME, LAST NAME OF INSURED	3. INSURANCE FILE NO.
2. MAILING ADDRESS FOR INSURANCE PURPOSES	4. SOCIAL SECURITY NO.
	5. DATE OF BIRTH
	6. DAYTIME TELEPHONE NO. (Include Area Code)
	7. FILE NO.
8. ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. ARE YOU TOTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. DATE DISABILITY PREVENTED EMPLOYMENT	

11. ENTER THE AMOUNT, PLAN AND PREMIUM OF THE INSURANCE FOR WHICH YOU ARE APPLYING (See VA Pamphlet 29-9)

A. AMOUNT OF INSURANCE \$	B. PLAN OF INSURANCE	C. MONTHLY PREMIUM \$
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12. HOW DO YOU WISH TO PAY THE PREMIUMS FOR THIS INSURANCE? (Check one)

A. BY A MONTHLY ALLOTMENT FROM MY MILITARY SERVICE/RETIREMENT PAY
(We will start the allotment for you if the insurance is approved)

B. BY A MONTHLY DEDUCTION FROM MY VA COMPENSATION OR PENSION
(We will start the allotment for you if the insurance is approved) (SEND YOUR FIRST PAYMENT WITH THIS APPLICATION)

C. BY AUTOMATIC MONTHLY WITHDRAWALS FROM MY BANK ACCOUNT (VA MATIC)
(SEND YOUR FIRST PAYMENT WITH THIS APPLICATION - we will contact you for the additional information needed to start the withdrawal)

D. I WILL SEND PREMIUMS DIRECTLY TO VA AS FOLLOWS:
 MONTHLY SEMI-ANNUALLY QUARTERLY ANNUALLY

13. BENEFICIARY DESIGNATION AND SELECTION OF OPTIONAL SETTLEMENT

COMPLETE NAME AND ADDRESS OF EACH PRINCIPAL AND CONTINGENT BENEFICIARY <i>(If a married woman, enter her own first and middle names. For example: Mary Rose Smith, not Mrs. John Smith)</i>	BENEFICIARY'S SOCIAL SECURITY NO. <i>(If known, see Instruction No.3 on reverse)</i>	RELATIONSHIP OF EACH TO THE INSURED	AMOUNT TO EACH <i>(Fractions such as 1/2, 2/3 or 3/4)</i>	OPTION FOR EACH <i>(1,2,3 or 4)</i>
PRINCIPAL				1
				1
				1
OR TO SURVIVORS				
CONTINGENT <i>(Person(s) who get the proceeds if the principal beneficiary(ies) die before the insured. If none, write "NONE")</i>				
				1
				1
				1
OR TO SURVIVORS				

14. SIGNATURE OF APPLICANT (Do NOT print. Sign in Ink)	15. DATE
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DO NOT WRITE IN THE SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA	SIGNATURE OF VA INSURANCE OFFICIAL	POLICY NUMBER ASSIGNED	DATE RECORDED
		RH-	

PRIVACY ACT INFORMATION: No insurance may be granted unless a completed application has been received (38 U.S.C. 1922). The information, provided on a voluntary basis, 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, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, published in the Federal Register.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 20 minutes per response, 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington DC 20420; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2900-0539), Washington, DC 20503. **PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.**

IMPORTANT INFORMATION

Congress has approved new legislation which allows the Department of Veterans Affairs (VA) to offer an additional \$20,000 of Supplemental Service Disabled (RH) insurance to eligible policyholders. This new insurance is similar to the RH insurance you have today and may be added to your existing coverage. This Supplemental insurance, does not provide for waiver of premiums due to total disability.

To be eligible for this insurance you must be under 65 years of age, have an existing RH policy and meet the requirements for total disability.

You may select from any of the nine plans of RH insurance. The premiums for the Supplemental RH insurance are determined by your age and plan of insurance you select. Rates are based on the standard RH premium rate schedules. VA Pamphlet (29-9) contains a description of the available plans and premium rates. You may choose any amount of additional insurance from \$1,000 to \$20,000 in increments of \$500.

If you feel you are eligible and wish to apply, please complete this application and return it to:

*Department of Veterans Affairs
Regional Office and Insurance Center
P.O. Box 7208
Philadelphia, PA 19101*

This application must be submitted before November 1, 1993, or within one year from the date you are notified of eligibility of waiver of premiums, whichever is later.

BENEFICIARY DESIGNATION INSTRUCTIONS

1. You have the right to change the beneficiary(ies) at any time without the knowledge or consent of the prior beneficiary(ies). A state court order or divorce decree cannot restrict this right and is not binding on you.
2. You may name as beneficiary(ies) any person, firm, corporation or other legal entity including your estate.
3. **DO NOT DELAY SENDING THIS DESIGNATION** if you do not have a beneficiary's Social Security Number handy. Your designation is still valid even if you do not know the Social Security Number, so send this designation right away. Having the beneficiary's Social Security Number will help us locate the beneficiary.
4. If you name more than one principal or contingent beneficiary, please show the share, in fractions such as 1/2 or 1/3, etc., which each is to receive and make certain that the shares total "1." Equal shares will be paid unless you designate otherwise.

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