

## Key Changes

**Changes  
 Included  
 in This  
 Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part III, Chapter 1 History and Jurisdiction.

*Notes:*

- [M29-1, Part III, Chapter 1 History and Jurisdiction] has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references and terminology
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
  - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content
  - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Updated guidance to state that Disability Insurance Benefits are not offered on VALife Insurance policies.	M29-1, Part III, Chapter 1, Subchapter 1.02

Reason(s) for Change	Citation

**Rescissions**

None

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Daniel J. Keenaghan, Executive Director  
 Insurance Service

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## Key Changes

**Changes Included in This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part III, Chapter 4 Original Decisions - NSLI

*Notes:*

- [M29-1, Part III, Chapter 4 Original Decisions - NSLI] has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
  - update obsolete terminology, where appropriate
  - reorganize/relocate content within [M29-1, Part III, Chapter 4 Original Decisions - NSLI] so that it flows more logically
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
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  - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Updated to provide additional supporting links to other sections in the manual.	M29-1, Part III, Chapter 4, Subchapter 4.02

Reason(s) for Change	Citation

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Insurance Service

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## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 7.

#### Notes:

- **M29-1, Part 3, Chapter 7** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
  - update obsolete terminology, where appropriate
  - reorganize/relocate content within **M29-1, Part 3, Chapter 7** so that it flows more logically
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
  - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
  - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains that all waiver diaries are non-freeze diaries; explains that a pending diary is inserted in the pending transaction field in the electronic master record; eliminates references to the USGLI program and off-tape diaries as obsolete and no longer applicable to the insurance programs	Subchapter 7.01
Explains that when a waiver request is received, staff will insert a pending diary transaction in the system; eliminates references to paper-based processes and TDIP as obsolete and no longer applicable to the insurance programs	Subchapter 7.02
Explains that the pending waiver diary entry will appear in the insurance electronic master record; explains that the three types of pending diaries are basic waiver, full waiver, and premature claim	Subchapter 7.03
Explains the procedure for how the staff should process a premature claim for waiver as a diary entry in the insurance electronic master record; eliminates information related to total and permanent disability benefit claims in the USGLI program as obsolete and no longer applicable to the insurance program.	Subchapter 7.04
Explains that when a claim for waiver is either approved or denied, the staff will process the decision via the electronic Form 1565 in the insurance systems; eliminates outdated paper-based process	Subchapter 7.05



## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 9.

#### Notes:

- **M29-1, Part 3, Chapter 9** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
  - update obsolete terminology, where appropriate
  - reorganize/relocate content within **M29-1, Part 3, Chapter 9** so that it flows more logically
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
  - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
  - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Clarifies that the Insurance Claims Division makes determinations as to fraud issues in cases of total disability; clarifies that the Insurance Deputy Director renders the final decision in complex cases of alleged fraud	Subchapter 9.01
Explains that in cases of potential fraud being identified, the insurance electronic record will be updated to reflect the status of the inquiry; explains when processing fraud cases that pertain to incompetent veterans, refer to M29-1, Part 1, Chapter 31, Paragraph 31.41; eliminates language no longer applicable to the insurance programs	Subchapter 9.02
Explains the procedures that should be followed by Insurance staff when evaluating medical evidence that may have been relevant to the issue of acceptance of the application but was withheld by the insured	Prior Subchapter 9.06/New Subchapter 9.03
Explains the procedures that should be followed by Insurance staff when a determination has been made that fraud was likely committed by a living insured in their application for disability insurance benefits from VA	Prior Subchapter 9.07/New Subchapter 9.04
Moved and combined with M29-1, Part 1, Chapter 31.	Prior Subchapters 9.04/9.05

Explains that evidence from VA systems and other medical records that an insured was being treated for a condition should be considered when evaluating potential intent to commit fraud	New Subchapter 9.05
Eliminated language pertaining to potential fraud on TDIP benefits committed by a deceased insured as no longer applicable to the insurance programs	Prior Subchapter 9.06
Clarifies how a fraud decision should be prepared in VA Insurance systems	Prior Subchapter 9.10/New Subchapter 9.07
Explains that in cases of fraud found in previous applications for disability insurance benefits, a reinstatement may be denied; however, in cases of an insured on extended insurance or with multiple policies, no additional action may be taken against such policies	Prior Subchapter 9.11/New Subchapter 9.08
Updates the procedures for referral of cases of potential fraud in applications not pertaining to disability benefits	Prior Subchapter 9.12/New Subchapter 9.09
Clarifies that all documents relevant to fraud determinations will be retained in the Insurance electronic systems record	Prior Subchapter 9.13/New Subchapter 9.10
Explains that when fraud has been found and the insurance cancelled, the case should then be handled under current Insurance internal procedures	Prior Subchapter 9.17/New Subchapter 9.14

<b>Reason(s) for Change</b>	<b>Citation</b>
Updates personnel titles who handle fraud cases and have final or delegated authority on fraud decisions	Prior Subchapter 9.11/New Subchapter 9.08
Eliminates language regarding the routing of the insurance paper folder in cases in which no fraud was determined to have occurred as no longer applicable to the insurance programs	Prior Subchapter 9.14/New Subchapter 9.11
Explains which senior management staff is authorized to reverse a decision of fraud, and under what circumstances that reversal may be reconsidered	Prior Subchapter 9.15/New Subchapter 9.12

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Vincent E. Markey, Director  
Insurance Service

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## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 2.

#### Notes:

- **M29-1, Part 3, Chapter 2** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
  - update obsolete terminology, where appropriate
  - reorganize/relocate content within **M29-1, Part 3, Chapter 2** so that it flows more logically
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
  - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
  - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Clarifies who may file a claim, in what format it may be submitted, whether the intent to file the claim is express or implied; explains that an employee should refer to M-29-1, Part 3, Chapter 4 to determine if a claim should be recognized in ambiguous circumstances; eliminates language regarding the claim process that is no longer applicable to the insurance programs	Subchapter 2.01
Explains that the law requires the filing of a claim for Insurance to grant disability benefits; explains that a claim received by Insurance after the death of the insured is a claim for waiver of premiums	Subchapter 2.02
Explains that an unsigned claim may still be valid; explains that staff should develop an unsigned claim to determine if the insured prepared it; eliminates language regarding outdated forms, positions, and paper processes.	Subchapter 2.03
Explains that once a claim has been received by Insurance, it should not be closed, absent positive evidence that the applicant has requested the claim should be closed	Subchapter 2.04
Explains the initial steps that the Insurance staff should take to establish a pending claim when they have received evidence of potential total disability; explains that the staff may still request additional evidence of total disability either using VA Form 29-357 or other means; explains	Subchapter 2.05

how denials of total disability should be handled, if Insurance overlooks evidence of record; eliminates language regarding outdated positions and paper processes	
Explains the steps that should be taken on a claim where less than six months of alleged total disability has elapsed and there is insufficient medical evidence to develop a total disability start date	Subchapter 2.06
Entire subchapter removed as information on the beginning date of total disability for policies with the prefix letter “J” is no longer applicable to the Insurance programs	Subchapter 2.09
Entire subchapter is removed as reference to the St. Paul Regional Office and Insurance Center are no longer applicable to the insurance programs	Subchapter 2.18
Clarifies that an insured may be eligible for total disability benefits if they have a statutory condition; adds reference to another related chapter.	Prior Subchapter 2.19/ New Subchapter 2.16
Eliminates reference to military reports for obtaining medical evidence as military reports are now available in VA systems; clarifies that requests for evidence should be made in writing	Prior Subchapter 2.23/ New Subchapter 2.20
Explains that if medical evidence cannot be obtained from VA systems then it may be requested from private doctors or hospitals	Prior Subchapter 2.24/ New Subchapter 2.21
Eliminates language referencing outdated position of Medical Consultant and outdated forms for medical opinions	Prior Subchapter 2.25/ New Subchapter 2.22
Removes subchapters in their entirety as they reference outdated paper processes that are no longer applicable to the insurance programs	Subchapters 2.30 and 2.31
Clarifies that the electronic form 1565 will be used to set up, approve, or disapprove a premature claim for waiver of premiums; eliminates outdated language related to paper processing	Prior Subchapter 2.33 /New Subchapter 2.28

<b>Reason(s) for Change</b>	<b>Citation</b>
Eliminates and updates outdated references to M29-1, Part 1	Prior Subchapter 2.10/New Subchapter 2.09
Eliminates outdated language referencing paper folders and forms	Prior Subchapter 2.11/New Subchapter 2.10
Eliminates language referencing outdated position of Senior Authorizer	Prior Subchapter 2.14/New Subchapter 2.13

Updates language to current position titles	Prior Subchapter 2.17/New Subchapter 2.15
Clarifies that Insurance staff should use VA insurance systems and Reader-Focused Writing (RWF) format when sending written correspondence to insureds	Prior Subchapter 2.21/New Subchapter 2.18

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## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 3.

#### Notes:

- **M29-1, Part 3, Chapter 3** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
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  - reorganize/relocate content within **M29-1, Part 3, Chapter 3** so that it flows more logically
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Reason(s) for Notable Change	Citation
Explains that the evidence received on an original claim, as well as any correspondence related to the claim, is electronically imaged and routed for processing;	Subchapter 3.01 and New Subchapter 3.14
Explains that an improved decision notice is released to an applicant who is disapproved for benefits	Subchapter 3.01
Eliminates entire Subchapter 3.02, which contains information on the routing of the paper insurance folder, as no longer applicable to the insurance programs	Prior Subchapter 3.02
Defines a VA Narrative Rating Decision and explains how the Rating Decision and any other medical information available in VA systems should be used in a determination for disability benefits	New Subchapter 3.03
Explains that if the medical information obtained by Insurance staff, from both VA systems and the insured, is not sufficient to render a decision on a claim for disability benefits, the application will be denied	New Subchapter 3.05
Eliminates entire Subchapter 3.09, which contained language regarding the need for VA medical examinations to support a claim for disability benefits, as no longer applicable to the insurance	Prior Subchapter 3.09

programs	
Eliminates entire Subchapter 3.10, which contained language on an Insurance Medical Consultant requesting information about the	Prior Subchapter 3.10
hospitalization of an insured for purposes of observation, as no longer applicable to the insurance programs	
Eliminates entire Subchapter 3.11, which contains language about requests for opinions from the Insurance Medical Consultant on how the insured's disability affects his ability to perform gainful employment, how a specific disease impacts the body, or on interpretation of medical tests, as no longer applicable to the insurance programs	Prior Subchapter 3.11
Eliminates entire Subchapter 3.12, which contains language on how to obtain the "best" medical evidence directly from hospitals, private medical doctors, or lay affidavits, as no longer applicable to the insurance programs	Prior Subchapter 3.12
Eliminates entire Subchapter 3.13, which contains language on obtaining civil service retirement records from insureds who retired from federal employment with a disability, as no longer applicable to the insurance programs	Prior Subchapter 3.13
Clarifies that Insurance staff should utilize VA systems to determine if an insured is receiving Social Security Disability benefits and if so, for what condition and from what date	New Subchapter 3.08
Explains that the staff may also request an insured's service medical records if existing medical evidence is insufficient to render a decision on a claim	New Subchapter 3.09
Clarifies that Insurance staff will request employment information from the insured, not the employer	New Subchapter 3.11
Eliminates language about requesting a social service report with detailed daily activities of the insured and replaces it with language stating that information from VA systems and the insured should be the primary sources used in determining employment history and only if that information is insufficient will the insured be contacted for additional information	New Subchapter 3.12
Eliminates entire Subchapter 3.16, which contains language on requesting a field investigation to full develop medical evidence on a disability claim, as no longer applicable to the insurance programs	Prior Subchapter 3.16
Eliminates entire Subchapter 3.17, which contains language on requesting medical evidence from the Manila Regional Office for Philippine insureds filing disability claims, as no longer applicable to the insurance programs	Prior Subchapter 3.17
Eliminates entire Subchapter 3.18, which contains language on using the Retail Credit Corporation to obtain Social Security Administration information, as no longer applicable to the insurance programs	Prior Subchapter 3.18

Eliminates entire Subchapter 3.21, which contains language on determinations of total disability before formal termination of employment, as no longer applicable to the insurance programs	Prior Subchapter 3.21
Eliminates entire Subchapter 3.22, which contains language on requesting a Social Security Report of Earnings, as this information is now able to be obtained electronically within VA systems	Prior Subchapter 3.22
Eliminates entire Subchapter 3.24, which contains language on requesting copies of insured's premium record card as the cards are no longer used	Prior Subchapter 3.24
Eliminates entire Subchapter 3.25, which contains references to regulations that are no longer in effect. These regulations related to disability claims where total disability was alleged after date of lapse.	Prior Subchapter 3.25
Eliminates entire Subchapter 3.26, which relates to disability claims where total disability was alleged prior to date of lapse. The process described in the removed language is already explained in prior subchapters in Chapter 3.	Prior Subchapter 3.26
Eliminates entire Subchapter 3.27, which contains information on obtaining the insured's VA claim folder. The process described in the removed language is no longer required as information is available electronically.	Prior Subchapter 3.27
Eliminates entire Subchapter 3.29, which contains reference information on corresponding with insured's who live outside the continental United States. There is no longer a special process required for such correspondence.	Prior Subchapter 3.29

<b>Reason(s) for Change</b>	<b>Citation</b>
Clarifies that in cases of alleged fraud, the insurance account will be red-flagged and jurisdiction over the case will be set by Insurance senior staff	New Subchapter 3.02
Describes how Insurance staff should process disability benefit claims when insufficient information is available from VA systems; eliminates language pertaining to the insurance folder as no longer applicable to the insurance programs	New Subchapter 3.03
Describes how Insurance staff should obtain medical evidence when it is incomplete or not available from VA systems—first contacting the applicant via the phone, then by letter, if necessary	New Subchapter 3.04
Clarifies that it is the insured's responsibility to provide medical evidence to support a claim for total disability benefits	New Subchapter 3.07
Updates industrial information to employment information and clarifies that there needs to be medical evidence of insured's employment status within 90 days of making a determination of total disability.	New Subchapter 3.10
Updates language on handling correspondence from the insured while a disability determination is pending to eliminate outdated paper-based processes	New Subchapter 3.13

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Vincent E. Markey, Director  
Insurance Service

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## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 5.

#### Notes:

- **M29-1, Part 3, Chapter 5** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
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  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
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Reason(s) for Notable Change	Citation
Explains that a premium waiver decision is reviewed to determine if an insured is still totally disabled; explains the process by which an electronic call-up diary date is established; explains the procedures which should be followed when a review letter is returned or not returned from the insured; explains the procedures for terminating premium waiver	Subchapter 5.01
Removes Subchapters 5.02—5.05 as language is either no longer applicable to the insurance programs or is in a level of detail more appropriate for a training manual	Prior Subchapters 5.02—5.05
Explains the procedure for how to discontinue future call-up dates for the review of an insured’s employment status when it is reasonably clear that the insured’s condition is so severe and/or chronic it will not change	Prior Subchapter 5.06/New Subchapter 5.02
Eliminates Subchapter 5.07 as it is no longer applicable to the insurance programs	Prior Subchapter 5.07
Updates the procedure for ending future electronic call-up reviews of an insured’s employment status upon the 20 <sup>th</sup> anniversary date of an insured being totally disabled	Prior Subchapter 5.08/New Subchapter 5.03

Eliminates Subchapter 5.09 as language relating to termination of total disability benefits is already in M29-1, Part 3, Subchapter 5.01	Prior Subchapter 5.09
Eliminates Subchapter 5.10 as language relating to termination of total disability benefits is already in M29-1, Part 3, Subchapter 5.01 or is no longer applicable to the insurance programs	Prior Subchapter 5.10
Eliminates Subchapter 5.11 as language relating to failure to cooperate is already in M29-1, Part 3, Subchapter 5.01	Prior Subchapter 5.11
Eliminates language regarding the Total Disability Income Provision (TDIP) as no longer applicable to the insurance programs	Prior Subchapter 5.12/New Subchapter 5.04
Removes language on completing an outdated form to terminate waiver of premiums; explains the current process by which an insured will be notified of the termination of the waiver of premiums provision on his policy; correspondence will be generated and forwarded to both the insured and his Veterans Service Organization (VSO) representative.	Prior Subchapter 5.13/New Subchapter 5.05

<b>Reason(s) for Change</b>	<b>Citation</b>

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## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 1.

#### Notes:

- **M29-1, Part 3, Chapter 1** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
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Reason(s) for Notable Change	Citation
Removes Subchapters 1.01 and 1.05 as no longer applicable to the insurance programs	Prior Subchapters 1.01 and 1.05
Removes Subchapter 1.02 as content is already in M29-1, Part 1, Chapters 1 and 16	Prior Subchapter 1.02
Removes Subchapter 1.03 as content is already in M29-1, Part 1, Chapter 1	Prior Subchapter 1.03
Removes Subchapter 1.04 as content is already in M29-1, Part 1, Chapter 1 or is no longer applicable to the insurance programs	Prior Subchapter 1.04
Provides an updated reference to M-29-1, Part 8 for information on how to request the retired paper insurance folders	Prior Subchapter 1.06/New Subchapter 1.01
Removes language relating to outdated total disability determination procedures; explains which staff members process a claim for waiver of premiums with a new S-DVI application and on an already existing S-DVI policy	Prior Subchapter 1.07/New Subchapter 1.02

Removes Subchapters 1.08 and 1.09 regarding extra hazards decisions and criteria as already in M29-1, Part 1, Chapter 31	Prior Subchapters 1.08 and 1.09
Removes language relating to outdated procedures for pending total disability claims; explains the current procedure for handling of pending S-DVI total disability (waiver) claims	Prior Subchapter 1.10/New Subchapter 1.03
Clarifies the type of cases over which the Insurance Program Management Division exercises jurisdiction, such as cases involving fugitive felons or those being investigated by the VA Office of Inspector General (OIG)	Prior Subchapter 1.12/New Subchapter 1.05
Clarifies the type of cases over which the Insurance Claims Section exercises jurisdiction	Prior Subchapter 1.13/New Subchapter 1.06
Removes Subchapter 1.14 as no longer applicable as there is now only one Insurance Center	Prior Subchapter 1.14

<b>Reason(s) for Change</b>	<b>Citation</b>
Removes language referring to the St. Paul Regional Office as no longer applicable to the insurance programs and updates personnel titles	Prior Subchapter 1.11/New Subchapter 1.04

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## Key Changes

### Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 4.

#### Notes:

- **M29-1, Part 3, Chapter 4** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
  - update obsolete terminology, where appropriate
  - reorganize/relocate content within **M29-1, Part 3, Chapter 4** so that it flows more logically
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
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  - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Removes this subchapter in its entirety as it is no longer applicable to the insurance programs	Prior Subchapter 4.01
Removes outdated requirements for the format of waiver decisions; explains the procedural steps by which the staff processes a waiver of premiums application; explains how correspondence is generated to the insured via use of the 1565 screen in the Insurance system; explains that in the case of a denial of waiver, the insured must be granted appeal rights;	New Subchapter 4.01/Prior Subchapter 4.02
Explains the role of the veteran claims examiner in evaluating medical and employment evidence regarding a waiver of premium claim; explains when a claim will be classified as untimely, and what circumstances will enable the clam to still be evaluated: explains that the appointment of a guardian will not impact the timeliness standard for filing a claim	New Subchapter 4.02/Prior Subchapter 4.03
Explains how to complete the Waiver Decision 1565 screen in VA Insurance systems	New Subchapter 4.03/Prior Subchapter 4.04

Explains the circumstances under which the Insurance staff will issue a partial denial of waiver of premium benefits; clarifies that a partial denial is subject to appellate review	New Subchapter 4.04/Prior Subchapter 4.05
Explains the circumstances that require an award to be amended; explains the use of Waiver Decision 1565 screen to complete an amended award	New Subchapter 4.05/Prior Subchapter 4.06
Explains that resumption of a Temporary Disability Insurance Payment (TDIP) award will require the use of the VA Insurance systems and the authorization of the Internal Controls staff;	New Subchapter 4.06
Removed entire subchapter on paper process control of waiver of premiums awards as now covered under electronic process in 4.03	Prior Subchapter 4.07

<b>Reason(s) for Change</b>	<b>Citation</b>

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## Key Changes

**Changes  
 Included in  
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3 Chapter 8.

*Notes:*

- **M29-1, Part 3, Chapter 8** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
  - improve clarity and readability
  - add references
  - update incorrect or obsolete references
  - update obsolete terminology, where appropriate
  - reorganize/relocate content within **M29-1, Part 3, Chapter 8** so that it flows more logically
  - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
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Reason(s) for Notable Change	Citation
Updates processing for waiver claim from paper-based process to an electronic process	Subchapters 8.02, 8.05, & 8.06
Clarifies that if a waiver claim filed at point of claim on an active insured’s policy is approved, refund of premiums will be issued to the insured’s estate based on total disability date.	Subchapter 8.02
Clarifies that if a waiver claim is filed at point of claim on a lapsed insured’s policy, the policy will be reviewed to determine if it can be placed back in force prior to death based on total disability	Subchapter 8.02
Clarifies that total disability of six months must occur prior to age 65; also explains the procedures for evaluating the claim and that a claim will be decided in the insured’s favor if the evidence is in equipoise	Subchapter 8.04
Explains that if an insured should die prior to the completion of his claim, notification will be released to the beneficiary or his fiduciary if the beneficiary is a minor or incompetent; also explains that a timely claim must still be filed with the Insurance Center even if entitlement to waiver is determined to exist under 38 USC 1912 or 1913	Subchapter 8.07
Removed Subchapters related to waiver for United States Government Life Insurance as this program is now closed	Subchapters 8.08 through 8.10

<b>Reason(s) for Change</b>	<b>Citation</b>
Clarifies that in cases of an insured's death before a determination of his eligibility for a premium waiver on the policy is made, that the Insurance Death Claims staff will refer the case to the Insurance Live Claims Section for processing of the waiver claim	Subchapter 8.01
Updates waiver claim at death process to reflect that the VA Insurance system will control the diary of a pending claim, and that the notation of "XC" will be added to the notes section of the system and the account will be red-flagged; removes language restating the rules for establishing total disability on a death claim	Subchapter 8.03
Explains when exceptions to the instructions should be followed when using the computer-based 1565 form in a waiver determination case	Subchapter 8.06

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Insurance Service

**Distribution**

LOCAL REPRODUCTION AUTHORIZED