DEPARTMENT OF VETERANS AFFAIRS
Regional Office and Insurance Center
P.O. Box 8079
Philadelphia, PA 19101

We are truly sorry for your loss. We know this is a most difficult time in your life, but we want to provide you with the options that are available for you to receive your life insurance payment. Unless the insured designated otherwise, you have four options:

Option A: Alliance Account
This is an account opened for you by the program's primary insurer, The Prudential Insurance Company of America. This account earns interest, and you would be sent a book of drafts (similar to a checkbook). You then have the choice of writing a draft for the entire balance in your account, or you could use drafts to pay any immediate bills and leave the balance in the Alliance Account until you have the opportunity to consider permanent alternatives.

The Alliance Account is not a bank account and is not insured by the FDIC. The Alliance Account is a contractual obligation of Prudential and backed by the financial strength of the company. While the account is not insured by the FDIC, every state has a state guaranty association that is legally obligated to guaranty payment of at least $250,000, with most states providing $300,000 in protection, and a few providing protection of up to $500,000. These associations have met all obligations since they were created 25 years ago.

If you do not decide on a way to receive your insurance payment, you will automatically receive the funds in an Alliance Account.

Option B: Check Mailed to You
A check for the full amount due will be mailed in your name to the address you enter on the Claim for Death Benefits.

Option C: Electronic Funds Transfer
The full amount due will be transferred to the bank account you provide on the Claim for Death Benefits.

Option D: 36 Equal Monthly Installments
You would receive a check each month for the insurance, plus interest, over a period of 36 months.

We strongly urge you to take advantage of the free, independent, third party financial counseling offered through **Beneficiary Financial Counseling Service**. For more information about the counseling service call FinancialPoint® at **1-888-243-7351**.

The Casualty Officer assisting you will be able to answer any questions you have, and will help you complete the claim form. If you have questions at a later date please call the Office of Servicemembers' Group Life Insurance at **1-800-419-1473** .

Again, please accept our condolences on your loss.

Sincerely,

Department of Veterans Affairs

Ed. 06/2014

Prudential

Office of Servicemembers'
Group Life Insurance

HOW TO COMPLETE A CLAIM FOR DEATH BENEFITS*

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI) OR VETERANS' GROUP LIFE INSURANCE (VGLI).

COMPLETION OF PARTS I THROUGH V

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the claim. All information should be typed or printed in ink, except the signature.

Item 1	Show full name of the deceased service member or Veteran.
Item 2	Show Social Security Number of deceased. If the deceased did not have a Social Security Number show service number.
Item 3	Show date of death of deceased.
Items 4, 5 and 6	Show branch of service, duty status on date of death (if known), and date of discharge or separation (if known) of deceased.
Items 7, 8, 9 and 10	Show your full name, relationship to deceased, your date of birth, and Social Security Number.

If you were married to the deceased when he/she died, but were not named as his/her insurance beneficiary, complete items 11A through 14C as applicable.

If you were not married to the deceased when he/she died and were not specifically named as his/her insurance beneficiary, complete Part II through 15D. Be sure to provide the required information as to the deceased's marital status and any children. In items 15A through 15D give the information about persons indicated in the answers to the preceding questions. Use a separate signed sheet if necessary.

Complete Part III if you were not named as the insurance beneficiary, were not married to the deceased at his/her death, and are not a parent of the deceased.

Parts IV and V must be completed by all claimants.

PAYMENT OF DEATH BENEFITS

SGLI and VGLI death benefit payments must be made in the following order:

- To the beneficiary named in writing by the insured; if none, the insurance is payable to
- the widow or widower of the insured; if none, it is payable to
- the child or children in equal shares with the share of any deceased child distributed among the descendants of that child; if none, it is payable to
- parent(s) in equal shares; if none, it is payable to
- a duly appointed executor or administrator of the insured's estate, and if none, to
- other next of kin.

EVIDENCE REQUIRED

If the deceased died while on active duty, or while a member of a Reserve or National Guard Unit, the Office of Servicemembers' Group Life Insurance will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

> Members performing duty on a full-time basis, usually over 30 days, and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to two years following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation, DD 214.

You will be informed if it becomes necessary to submit other evidence.

* Contact your nearest Department of Veterans Affairs Office if you need assistance with completing this claim form.

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Office of Servicemembers' Group Life Insurance

OSGLI USE ONLY	**CLAIM FOR DEATH BENEFITS** Servicemembers' Group Life Insurance Veterans' Group Life Insurance	**RETURN COMPLETED FORM TO:**	The Prudential Insurance Company of America Office of Servicemembers' Group Life Insurance 80 Livingston Avenue Roseland, NJ 07068-1733

Note: This form is not to be used for National Service Life Insurance (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR and JS or United States Government Life Insurance (USGLI) Policy Numbers Prefixed by K

PART I - Information of Deceased and Claimant

1. Name of deceased (first middle last)	**2.** Social Security Number	**3.** Date of death

4. Branch of service	**5.** Duty status on date of death (if known) ☐ Active Duty ☐ Discharged or Separated ☐ Drilling Reservist ☐ Individual Reservist Ready	**6.** If discharged or separated, give date (if known) (month day year)

7. Your name (first middle last)	**8.** Your relationship to the deceased	**9.** Your date of birth (month day year)	**10.** Your Social Security Number

If you are the widow or widower of deceased complete Items 11A through 14C

11A. Date of marriage (month day year)	**11B.** Place of marriage (City & State)	**12.** Did the marriage continue until date of death? ☐ Yes ☐ No
13A. Did deceased have any previous marriages? (If yes, complete 13B & 13C) ☐ Yes ☐ No	**13B.** Previous marriage terminated by: ☐ Death ☐ Divorce	**13C.** Date previous marriage terminated (if divorced within last 5 years, attach copy of the divorce decree).
14A. Did you have any previous marriages? (If yes, complete 14B & 14C) ☐ Yes ☐ No	**14B.** Previous marriage terminated by: ☐ Death ☐ Divorce	**14C.** Date previous marriage terminated (if divorced within last 5 years, attach copy of the divorce decree).

PART II - Information concerning the next of kin of the deceased

If you are not the named beneficiary, widow, or widower of the deceased, complete Parts II and III

In the table below, list the name, age, relationship, and address of:

(a) Widow or widower ☐ None If none, was insured ever married? ☐ Yes ☐ No
If Yes, did marriage terminate by: Divorce (mm dd yyyy) _____ Death (mm dd yyyy) _____

(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child and indicate each child's status. List the descendants of any deceased child or children. If no children, check box: ☐

(c) If there are no children or descendants of children, list the surviving parent or parents.
Is the father deceased? ☐ Yes ☐ No Is the mother deceased? ☐ Yes ☐ No

(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers or sisters, etc.).

15A. Name	15B. Age	15C. Relationship to deceased	15D. Address

Complete items 16 and 17 ONLY if any of the persons listed above are under the age of 21.

16. Name and address of guardian for any minor children listed above if one has been appointed by the court. (Attach copy of appointment paper issued by court.)	**17.** If a guardian has not been appointed, will one be appointed? ☐ Yes ☐ No

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Name of Deceased: _____ SSN of Deceased: ☐☐☐ ☐☐ ☐☐☐☐

PART III - Information concerning the estate of the deceased

18. Name and address of the executor or administrator, if any, appointed by the court to settle the estate of the deceased.

19. If an executor has not been appointed, will one be appointed?
☐ Yes ☐ No

PART IV - Method of Payment

I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected 36 monthly installments, my preferred method of payment is:

- ☐ Lump Sum – Alliance Account®
- ☐ Lump Sum – Check
- ☐ Lump Sum – Electronic Funds Transfer (EFT) – Please complete your banking information below.
- ☐ 36 equal monthly payments

Payment will be made by the Alliance Account® if no option is selected.

For EFT only – Please provide your banking information below to have the benefit paid by Electronic Funds Transfer.

Bank Routing Number ☐☐☐☐☐☐☐☐☐

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Checking
☐ Savings

Bank Name _____

Bank Phone Number ☐☐☐ ☐☐☐ ☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The **bank routing number** is always 9 digits and appears between the ⑆ symbols

Customer's Name Street Address City, State, Zip

Check No. 1234

Sample Check

PAY TO THE ORDER OF _____ $ _____ Dollars

Bank Name
Street Address
City, State, Zip

⑆ 223207349 ⑆ 00123012201234⑈ 1234

Bank Routing Number **Bank Account Number** **Check Number (not needed)**

The **bank account number** varies in length and may contain dashes or spaces. The ⑈ symbol indicates the end of the account number.

If I have selected payment by Electronic Funds Transfer, I authorize The Prudential Insurance Company of America to make an electronic fund deposit to my account. I understand that any deposit made to an inactive account will be returned to Prudential and issued as a manual check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

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Group Life Insurance

Name of Deceased: _____ SSN of Deceased: ___ __ ____

PART V - Certification by claimant		
I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld.		
20. Signature of claimant (Do not print)	**21.** Address (Number and Street, Apt. No., City, State, ZIP Code)	**22.** Date **23.** Phone
WARNING — Any intentionally false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001)		

ABOUT THE ALLIANCE ACCOUNT

1. The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at (877) 255-4262.
2. The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.
3. An Alliance Account is an interest bearing draft account established in the beneficiary's name with a draft book. The beneficiary can write drafts for any amount up to the full amount of the proceeds. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.
4. **The funds in your Alliance Account are available immediately.** Simply use the enclosed drafts to access the account anytime you wish. You can write a draft to yourself (which you can cash or deposit at your own bank) or write a draft to another person or to any business as you need your funds.
5. Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America which has been in business and serving its customers for over 130 years. **The Alliance Account is not a bank account or a bank product, and therefore, is not FDIC insured.**
6. Accountholders cannot make deposits into an Alliance Account. Only eligible payments from other Prudential insurance policies or contracts may be added to the Alliance Account.
7. You can access the money immediately by using the draft book you will receive. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.

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