Department of	Veterans Affairs	VA MA		OLLMENT/C	HANGE
	this form to enroll in VA	MATIC or to make a change i	0		
	SEC	TION I - TO BE COMPLET	ED BY INSURE	ED	
1. NAME AND ADDRESS OF INSURED				2. INSURANCE FILE NUMBER	
				3. SOCIAL SECURITY	NUMBER
				4. DAYTIME TELEPHO	DNE NUMBER
purpose of paying Governme deduction if my premiums in	ent Life Insurance premi nerease or decrease. I und the premium due date. U	fairs to start/change a deductio ums. I further authorize the De derstand that each deduction w nless otherwise specified by m nown in Item 2.	partment of Veto ill be in the amo	erans Affairs to adjust unt of my monthly pro	t the amount of this emium payment and the
5. SIGNATURE OF INSURED (Sign in ink)				6. DATE SIGNED	
	SECT	ON II - PREMIUM PAYMEN	T INFORMAT	ION	
7. NAME OF BANK/FINANCIAL INSTITUTION 8. PHONE NUMBER OF BANK/FINANCIAL INSTITUTION					
9. BANK ROUTING NUMBER (9	DIGITS)	10. CHECKING ACCOUNT NUMB	ER		
The bank routing number is always 9 digits and appears between the ! symbols.	Customer Name Street Address City, State, ZIP PAY TO THE ORDER OF 	SAMPLE CHECK SAMPLE CHECK 1617284958569678 Bank Account Number	s 1234 Check Numbe (Not Needed)		The bank account number varies in length and may contain dashes or spaces. The ^{II} symbol indicates the end of the account number.
11. DO YOU PARTICIPATE IN D		WILL THIS NEW INFORMATION A	()		
NOTE : PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY, IF YOU HAVE NOT ALREADY DONE SO. WHEN A POWER OF ATTORNEY IS APPLYING FOR VA MATIC, A COPY OF A CHECK MUST BE SUBMITTED SHOWING THE INSURED'S NAME ON THE ACCOUNT.					
MAIL THE COMPLETED FORM TO:					
		VAROIC			
		P.O. BOX 4295 PHILADELPHIA, PA			
1974 or Title 5, Code of Federal Programs of U.S. Government L (SSN) to identify your insurance account information is voluntary	l Regulations 1.526 for rout Life Insurance - VA, publish e file. Providing your SSN v y. Refusal to provide your S	mation collected on this form to a ine uses identified in the VA system red in the Federal Register. Your o vill help insure that your records a SN by itself will not result in the d s required by Federal Statute of lar	n of records, 36V bligation to respon re properly associa enial of benefits.	A29, Veterans and Unifo ad is voluntary. VA uses ted with your insurance The VA will not deny an	ormed Services Personnel your Social Security Number file. Giving us your SSN individual benefits for refusing
average of 15 minutes to review OMB control number is displayed located on the OMB Internet page suggestions about this form.	the instructions, find the in ed. You are not required to ge at <u>www.reginfo.gov/put</u>	be made unless a completed author formation, and complete this form respond to a collection of informat olic/do/PRAMain. If desired, you	. VA cannot condu ion if this number can call 1-800-827	act or sponsor a collectio is not displayed. Valid C -1000 to get information	n of information unless a valid DMB control numbers can be n on where to send comments or
IF YOU HAVE ANY	Y QUESTIONS ABOUT	YOUR INSURANCE, PLEAS	SE CALL OUR	TOLL-FREE NUMB	SER 1-800-669-8477.