



Prudential

**Office of Servicemembers'
Group Life Insurance**

Claim for Accelerated Benefits

Servicemembers' Group Life Insurance
Family Coverage (FSGLI)

The Accelerated Benefit Option allows the service member to receive up to 50% of his/her spouse's FSGLI benefit if the spouse has been diagnosed by a physician as being terminally ill with nine (9) months or less to live. Only the service member can apply for this benefit.

The amount of insurance proceeds payable to the service member at the time of his/her spouse's death will be reduced by the amount of accelerated benefit the service member chooses to receive now. The FSGLI premium will be lowered to reflect the reduced coverage amount.

How to Submit a Claim for Accelerated Benefits

The service member's spouse, his/her physician, and the service member's branch of service, must complete the attached forms as indicated. Completed forms should be submitted as follows:

Active duty service members/Reservists	Army National Guard
Submit completed forms to your branch of service personnel office.	Contact your state headquarters for submission instructions.

Important Information

- If the claim for accelerated benefits is approved, the service member will receive a payment for the amount requested.
- Once the payment is cashed, the accelerated benefit cannot be revoked.
- The service member can receive this benefit only once during the spouse's lifetime.
- The service member may use this benefit for any purpose.
- If the spouse is covered under SGLI Family Coverage, the Office of Servicemembers' Group Life Insurance (OSGLI) will notify the service member's branch of service to reduce the face amount of the spouse's coverage and premium rate.
- If the claim is not approved, the service member has the option of submitting additional medical information or reapplying at a later date.



Prudential

Office of Servicemembers'
Group Life Insurance

TO BE COMPLETED BY SERVICE MEMBER

CLAIM FOR ACCELERATED BENEFITS			
Service member's name (first middle last)		Service n Social Security Number	
Service member's mailing address	Service member's Branch of Service	Service member's duty status <input type="checkbox"/> Active Duty <input type="checkbox"/> Ready Reserves <input type="checkbox"/> Army/Air National Guard <input type="checkbox"/> Separated/Discharged (provide separation/discharge date)	
Service member's telephone number			
Spouse's name (first middle last)	Spouse's Social Security Number		
Amount of spouse's coverage \$	Amount of Claim (Cannot exceed 50% of spouse's total coverage) \$		
<p>I acknowledge that I have read all of the attached information about the accelerated benefit. I understand that I can get this benefit only once during my spouse's lifetime and that I can use it for any purpose I choose. I further understand that the face amount of my spouse's coverage will be reduced by the amount of accelerated benefit I choose to receive now.</p>			
Signature _____		Date _____	

TO BE COMPLETED BY SERVICE MEMBER'S SPOUSE

AUTHORIZATION TO RELEASE MEDICAL RECORDS
<p>To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:</p> <p>You are authorized to release a copy of all my medical records, including examinations, treatments, history, and prescriptions, to the Office of Servicemembers' Group Life Insurance (OSGLI) or its representatives.</p> <p>Spouse's printed Name _____</p> <p>Spouse's signature _____ Date _____</p> <p><i>A photocopy of this authorization will be considered as effective and valid as the original. Valid for one year from date signed.</i></p>



Prudential

Office of Servicemembers'
Group Life Insurance

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. My preferred method of payment is:

- Lump Sum – Check
- Lump Sum – Electronic Funds Transfer (EFT) – Please provide you banking information below.

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

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

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

If I have selected payment by Electronic Funds Transfer, I authorize The Prudential Insurance Company of America (Prudential) to make electronic deposits on my Death Claim proceeds into the above account. I understand that I must be the named account holder on this account and that any deposit made to an inactive account agreement will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such Death Claim proceeds is credited to this account in error, I authorize Prudential to withdraw the difference between the benefit amount paid and the recalculated amount of the benefit actually due under the terms of the insurance coverage.