



Prudential

Office of Servicemembers'
Group Life Insurance

SERVICEMEMBERS' GROUP LIFE INSURANCE TRAUMATIC INJURY PROTECTION PROGRAM (TSGLI)

Administered by the Office of Servicemembers' Group Life Insurance

TSGLI Appeal Request Form

Please submit your completed claim to your branch of service below.

TSGLI Branch of Service Contacts				
Branch	Contact Information	Submit Claim by Fax	Submit Claim by Email	Submit Claim by Postal Mail
Army All Components	Phone: 888-276-9472 Website: www.hrc.army.mil/content/Traumatic Servicemembers' Group Life Insurance	502-613-4513	usarmy.knox.hrc.mbx.tagd-tsgli-claims@mail.mil	US Army Human Resources Command 1600 Spearhead Division Avenue, Dept 420 PDR-C (TSGLI) Fort Knox, KY 40122-5402
Marine Corps All Components	Phone: 877-216-0825 or 703-975-4069 Website: www.woundedwarrior.marines.mil	800-770-9968	t-sgli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 1998 Hill Avenue Quantico, VA 22134
Navy All Components	Phone: 1-877-270-2162 Website: www.mynavyhr.navy.mil/Support-Services/Casualty/TSGLI/	901-874-2265	MILL_TSGLI.FCT@navy.mil	Commander, Navy Personnel Command Attn: PERS-00C 5720 Integrity Drive Millington, TN 38055-1300
Air Force and Space Force Active Duty	Phone: 800-525-0102, Option 1, Option 1		AFPC.DPFCS.Po_Trng_CaseMgt@us.af.mil	AFPC/DPFCS 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716
Air Force Reserves and Air National Guard	Phone: 800-525-0102, Option 3, Option 1	720-847-3887	casualty.arp1@us.af.mil	HQ, ARPC/DPTTB 18420 E. Silver Creek Ave. Building 390 MS 68 Buckley AFB, CO 80011
Coast Guard	Phone: 202-795-6638 Website: www.dcms.uscg.mil/PSD/fs/TSGLI		ARL-PF-CGPSC-PSDFS-COMPENSATION@uscg.mil	Commander (CG) Personnel Service Center (PSC) Attn: TSGLI Case Manager, PSC-PSD-FS-Casualty U.S. Coast Guard STOP 7200 2700 Martin Luther King Jr Ave SE Washington, DC 20593-7200
Public Health Service	Phone: 240-276-8799	240-276-8817 or 240-453-6030	compensationbranch@psc.hhs.gov	PHS Compensation Branch 1101 Wootton Parkway Suite: 100 Rockville, MD 20852
NOAA Corps	Phone: 301-713-3444	301-713-4140	Director.cpc@noaa.gov	U.S. Dept. of Commerce NOAA/OMAO/CPC 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910



7. Reason for appeal: Please check the box(es) that explain the reason(s) for your appeal. After each selected reason please provide a brief description of any new supporting evidence (Example: specific page number(s) in medical records, date(s) of medical records, police report, supporting statements etc.).

NOTE: To avoid delays in the review process, please highlight any new and material evidence within medical records and submit only the new evidence/documentation that supports the appeal. There is no need to resubmit all previously submitted documents as they will be considered when your appeal is reviewed.

To support my appeal, I am providing new evidence or documentation to support: (check all that apply):

SGLI coverage was in effect at the time of the traumatic event.

Description of new evidence: _____

New medical evidence to support my loss.

Description of new evidence: _____

My loss occurred within 730 days of the traumatic event.

Description of new evidence: _____

My loss was not due to a physical or mental illness.

Description of new evidence: _____

My loss was the direct result of a traumatic event.

Description of new evidence: _____

My traumatic injury was not willfully caused by my own actions.

Description of new evidence: _____

I was not committing or attempting to commit a felony when my traumatic injury occurred.

Description of new evidence: _____

I did not willfully use an illegal or controlled substance leading up to my traumatic injury.

Description of new evidence: _____

My loss was not the result of a medical or surgical procedure.

Description of new evidence: _____

My loss was not the result of an attempted suicide.

Description of new evidence: _____

Other (reason is not listed above).

Description of new evidence: _____



8. Please provide any additional supporting details to be considered when your appeal is reviewed.

X _____
Signature

Date Signed (MM DD YYYY)

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Authority to act on behalf of the
Servicemember (Guardian, POA, etc.)



