#### Department of Veterans Affairs M29-1, Part 1, Chapter 25

**Veterans Benefits Administration August 15, 2019**

**Washington, DC 20420**

#### Key Changes

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| Changes Included in This Revision | The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 1, Chapter 25.***Notes***: * **M29-1, Part 1, Chapter 25** 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 1, Chapter 25** 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.
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| Reason(s) for Notable Change | Citation |
| Eliminates language referring to policies with the prefix “H” as no longer applicable to the insurance programs | Subchapter 25.01 |
| Eliminates language referring to in-service waiver contracts under 38 USC 724 as no longer applicable to the insurance programs  | Subchapter 25.02 |
| Clarifies that a consolidation request must be signed by either the insured or his guardian/fiduciary | Subchapter 25.02 |
| Eliminates prior subchapters 25.06, 25.07 and 25.08 as no longer applicable to the insurance programs | Prior Subchapters 25.06-25.08 |
| Eliminates language referring to the Total Disability Income Provision (TDIP) rider as no longer applicable to the insurance programs | New Subchapter 25.06 |
| Eliminates language regarding the lucidity of an incompetent insured to change his beneficiary designation as no longer applicable to the insurance programs | New Subchapter 25.08 |
| Eliminates references to policies with the prefix “N” or “H” as no longer applicable to the insurance programs | New Subchapter 25.10 |
| Eliminates prior subchapters 25.14—25.17 as no longer applicable to the insurance programs  | Prior Subchapters 25.14- 25.17 |

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| **Reason(s) for Change** | **Citation** |
| Clarifies how the policy and file numbers for consolidated contracts will be numerically organized  | Subchapter 25.04 |
| Clarifies when the Policyholder Services Division will process restoration of an insurance policy and the VA Form that is used in the restoration | New Subchapter 25.06 |
| Clarifies the circumstances under which a policy restoration will be processed, including when a policy is within 61 days of the due date of an unpaid premium, and has been in force for at least 5 years prior to lapse | New Subchapter 25.06 |
| Clarifies that a lapsed or discontinued term policy must be restored before any conversion action on the policy can be processed  | New Subchapter 25.06 |
| Explains that before any action is processed on the policy, the beneficiary and option designation will be checked and the insured will be notified if any clarification is needed; also includes which VA form will be used  | New Subchapter 25.08 |
| Clarifies that an insured may be granted a previously requested effective date for a restored or revived policy, provided that the originally requested effective date is acceptable and all other requirements are met | New Subchapter 25.09 |
| Explains the order of precedence for insurance records when the policies are combined; also explains that an adjustment will only be made on a policy whose face amount is greater than $10,000 during the lifetime of the insured | New Subchapter 25.10 |

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| Rescissions | None |

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| Authority | By Direction of the Under Secretary for Benefits |

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| Signature | Vincent E. Markey, DirectorInsurance Service |

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