**Table of Contents**

**Chapter 5. Review Decisions – NSLI**

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| **Subsection** | **Name** |
| 5.01 | Review – Purpose and Procedure |
| 5.02 | Severe and Chronic Conditions |
| 5.03 | Anniversary of the 20th Year of Total Disability |
| 5.04 | End of Premium-Paying Period |
| 5.05 | Current Process for Terminating Waiver of Premiums |

**5.01  REVIEW-PURPOSE AND PROCEDURE**

1. The primary purpose of the review is to check the employment status of the insured, to set a future date of review or to terminate benefits in the event it is found that an insured is no longer totally disabled.  All review letters received will be referred directly to the Insurance Claims Section. Electronic Call-up Waiver Diary Action will be prepared to change the diary date. The diary will trigger the release of a review letter at a future date.

1.  If the response to the review letter states substantial employment, the examiner will take the required actions to remove waiver and establish the requested alternate payment method.

2.  If the response to the review letter states still unable to perform substantially gainful employment, the examiner will establish the next review date in the VA Insurance System.

3.  If no reply is received within 45 days, a Second Request will be initiated. The Second Request will inform the insured that they have 60 days to respond with information regarding their employment status or waiver of premium will be terminated.

4.  If the insured responds but additional information is required to determine if able to perform substantially gainful employment the VCE will contact the insured for additional information.

b.    The Claims Examiner upon termination of waiver or premiums will prepare a letter to inform the Veteran and the Veteran’s VSO if applicable that waiver of premiums is being terminated.   The reason for the termination will also be stated in the letter. The Veteran will need to pay the policy premiums due by method of their choice.  A copy of the letter will be sent to the VSO.

**5.02 SEVERE AND CHRONIC CONDITIONS**

a.    When the insured suffers from impairments which are so severe in degree and so chronic or progressively deteriorating in nature that there is reasonable certainty that he or she will remain totally disabled, the Claims Examiner will establish system inputs so that no future callups are required to verify employment status. Age and length of the period of total disability are factors to be considered in determining whether to set future callups.  A decision on whether future call ups are required can be made at point of application or at a later date.

1. The following are guidelines to be used in determining if no future call ups should be established on the case.  The guidelines are not to be applied automatically. The types of cases which may be eligible for such a determination are:

1.   The insured has been totally disabled for 10 or more years.

2.   The insured has been totally disabled for 5 or more years and is over age 65.

3.   The insured suffers from severe impairments of such chronic or progressively deteriorating nature that there is reasonable certainty that the insured will not improve and must be considered totally disabled if the insured is not, in fact, continuously following a substantially gainful occupation.

**5.03 ANNIVERSARY OF THE 20TH YEAR OF TOTAL DISABILITY**

On the anniversary of the 20th year of total disability, upon the regular review the electronic 1565 will be amended to not generate future review callups.  (See M29-1, pt. I, ch. 31, par. 31.32.)

**5.04 END OF PREMIUM-PAYING PERIOD**

a.    Continuing awards of waiver of premiums on 20-payment life, 30-payment life and endowment policies will be terminated as the premium-paying period ends.

b.    No review of the insured's continued entitlement to waiver of premiums will be established for a date within 6 months of the date a policy reaches the end of the premium-paying period or matures.

c.    When it is determined that no further review is required because the policy becomes paid up or matures, the waiver diary callup date and review date will be changed to the due date l month after the premium-paying period ends.

**5.05 CURRENT PROCESS FOR TERMINATING WAIVER OF PREMIUMS**

The Claims Examiner,  Senior Authorizer, or Supervisor when appropriate, will complete a letter and inform the Veteran and the Veteran’s VSO, if applicable, that waiver of premiums is being terminated and the reason for the termination.  The letter will also request how the Veteran would like to pay for the policy if premiums will be due, and provide an area for the Veteran to sign and confirm that the Veteran is aware of the changes. A duplicate copy of the letter will be sent for the Veteran’s records.