



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
TRAUMATIC SGLI (TSGLI)
200 STOVALL STREET
ALEXANDRIA, VIRGINIA 22332-0470

Traumatic Servicemembers'
Group Life Insurance

Dear Service Member:

Thank you for requesting an application for Traumatic Servicemembers' Group Life Insurance (TSGLI).

What is TSGLI?

TSGLI helps traumatically injured Soldiers and their families get through times of need with a one-time payment. It can make a big difference as you recover from your injury, or move forward with your life after recovery.

Who is eligible for TSGLI?

TSGLI is for Soldiers—Active, Reserve and Guard—who incur a traumatic injury while serving their country on or off the battlefield. The coverage began on 1 December 2005, and all Soldiers from that point forward who are covered by Servicemembers' Group Life Insurance (SGLI) receive TSGLI coverage for qualifying traumatic injuries incurred at any time during the course of their service commitment any where in the world.

In addition, Soldiers who incurred qualifying traumatic injuries from 7 October 2001 through 30 November 2005 in theater while supporting Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) or under orders in a Combat Zone Tax Exclusion (CZTE) area are covered retroactively by TSGLI, regardless of whether they were covered by SGLI at the time of their injury.

What type of information can I find in this packet?

We have enclosed several documents in this packet to assist you in the TSGLI application process, including:

- TSGLI application
- TSGLI information document
- TSGLI Frequently Asked Questions (FAQ's)
- Information on Financial Counseling Services offered through the VA

How do I file a TSGLI claim?

1. Complete Part A of the TSGLI Claim Form in its entirety. Sign and date **both pages** of Part A.
2. Have a healthcare provider complete part B of the TSGLI Claim Form. Part B **must** accompany the claim and **can only be completed by a healthcare provider**. This part should provide details of the injuries that may qualify the Soldier for the TSGLI benefit.
3. Be sure to be thorough and provide background documentation on your injuries including how you received them. Remember, the more documentation you provide

that qualifies your injury, the more likely your claim will be processed quickly and accurately. See below for a list of documents that may help you with your claim.

4. Review the frequently asked questions (FAQ's) to ensure that you've completed the form correctly and understand the claims process.
5. Submit the claim form one of three ways—**fax** 1-866-275-0684; **e-mail** TSGLI@conus.army.mil; or send via **Postal Delivery** to:

Department of the Army
Traumatic SGLI (TSGLI)
200 Stovall Street
Alexandria, VA 22332-0470.

Additional Documentation

Additional documentation can assist us and your provider in completing your claim. If you have the following documentation and it is relevant to your claim; please provide it with the claim submission.

- Occupational/Physical Therapy Report (ADL Documentation)
- Neurological Reports (TBI/ADL Documentation)
- OR Report (amputation)
- Hearing Test Results (for hearing loss)
- Eye Test Results (for sight loss)
- Speech Test Results (for speech loss)
- Patient Discharge Summaries
- Medical Summary and/or History
- Patient Movement Request
- Radiographic Reports (X-Ray, MRI, Ultrasound, etc.)
- Accident Report
- Line of Duty (LOD)
- Medical/Physical Evaluation Board (MEB/PEB)
- Other diagnostic test results (e.g., lab reports, etc.)
- Other pertinent documents demonstrating injury type and duration of ADL loss

If you have questions about this insurance benefit, please call the TSGLI Service Center at 1-800-237-1336, option "2", or email TSGLI@conus.army.mil, or visit www.tsqli.army.mil.

Thank you for your service to our country.

Very respectfully,



John F. Sackett
Colonel, U.S. Army
Chief, Traumatic Servicemembers'
Group Life Insurance Division

Enclosures

TSGLI Form 3
TSGLI Cover Letter
December 19, 2006



Army TSGLI—Helping Heroes in Times of Need

Soldiers serve the nation heroically during times of great need—but what happens when they have their own great needs because of a traumatic injury?

Army Traumatic Servicemembers' Group Life Insurance (TSGLI) helps traumatically injured Soldiers and their families get through times of need with a one-time payment. The payment amount varies based on the injury's severity, but it could be the difference that allows a Soldier's family to be with him or her during recovery; helps with unforeseen expenses; or provides a financial head start on life after recovery.

Benefits

TSGLI is an insurance benefit for traumatically injured Soldiers and their families:

- Provides one-time, tax free payment of up to \$100,000 per traumatic event
- Benefit paid directly to the Soldier or his/her beneficiaries
- Serves as short-term relief to meet immediate needs, not as an income replacement
- Has minimal affect on Army or VA benefit determinations

TSGLI is not meant to serve as an ongoing income replacement—it's there to help Soldiers and their families through the tough times that occur as the result of a traumatic injury. It's bundled with Servicemembers Group Life Insurance (SGLI) coverage and paid for through SGLI premiums.

Eligibility Requirements

TSGLI is for Soldiers—Active, Guard or Reserve—who incur a qualifying traumatic injury at any time during their service commitment. The program began on 1 December 2005 and all Soldiers covered by SGLI are covered by TSGLI going forward from that date. In addition, there is retroactive coverage going back to 7 October 2001, with slightly different eligibility requirements (see table below).

Before 1 December 2005 (Retroactive Eligibility) ¹	After 1 December 2005 (Current Eligibility)
Traumatic injury must have been incurred while serving in theater supporting Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) OR while on orders in a Combat Zone Tax Exclusion (CZTE) area	Traumatic injury can be incurred under nearly any circumstance during a Soldier's service commitment and in any location ²
Soldier is eligible for coverage regardless of whether he or she elected Servicemembers' Group Life Insurance (SGLI) coverage	Soldier MUST be making monthly payments on SGLI to be eligible for TSGLI
Loss must have occurred within 365 days of traumatic event ³	Loss must have occurred within 365 days of traumatic event ³

¹ Injury must have occurred during the time period 7 October 2001–30 November 2005

² There are exceptions—please go to www.tsgli.army.mil to see what injury circumstances are not eligible for TSGLI coverage

³ There is a policy change pending that will increase the time period between event and loss from 365 days to 730 days.

Traumatic Injury

- Injury or loss caused by application of external force or violence (a traumatic event) OR a condition whose cause can be directly linked to a traumatic event
- Includes injuries such as loss of sight, hearing, speech, limb(s), traumatic brain injury, paralysis, or severe burns, etc.
- For more specific information on qualifying traumatic injuries go to www.tsgli.army.mil

Application Process

Step 1: Obtain a TSGLI Claim Form by going to www.tsgli.army.mil, e-mailing tsgli@conus.army.mil, or by calling 1-800-237-1336

Step 2: Complete Part A of the TSGLI Claim Form in its entirety

Step 3: Have a healthcare provider complete part B of the TSGLI Claim Form, which provides details of the injury(ies)

Step 4: Provide complete medical documentation on the type of traumatic injury received and the time duration during which the Soldier was completely dependent upon someone else to perform Activities of Daily Living (ADL).

Step 5: Submit the Claim Form one of three ways—fax 1-866-275-0684; e-mail tsgli@conus.army.mil; or send via Postal Delivery to:
 Department of the Army
 Attention: Traumatic SGLI (TSGLI)
 200 Stovall Street
 Alexandria, VA 22332-0470

For more information
 visit www.tsgli.army.mil



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

Administered by the Office of Servicemembers' Group Life Insurance



Claim for Traumatic Injury Protection (TSGLI) Payment

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 E-mail	Submit Claim by Postal Mail
Army All Components	Phone: (800) 237-1336 Website: www.tsqli.army.mil	(866) 275-0684	tsgli@hoffman.army.mil	Department of the Army Traumatic SGLI (TSGLI) 200 Stovall Street Alexandra, VA 22332-0470
Marine Corps All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: www.manpower.usmc.mil/ TSGLI	(888) 858-2315	t-sgli@usmc.mil	HQ, Marine Corps Attn: MI-TSGLI 3280 Russell Road Quantico, VA 22134
Navy All Components	Phone: (800) 368-3202 Website: www.npc.navy.mil/CommandSupport/ CasualtyAssistance/FSGLI/TSGLI	(901) 874-2265	MILL_TSGLI@navy.mil	Navy Personnel Command Attn: PERS-62 5720 Integrity Drive Millington, TN 38055-6200
Air Force Active Duty	Phone: (800) 433-0048 Website: ask.afpc.randolph.af.mil	(210) 565-2348	afpc.casualty@randolph.af.mil	AFPC/DPFCS 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716
Air Force Reserves	Phone: (800) 525-0102	(303) 676-6255	ramon.rolدان@arpc.denver.af.mil	HQ, ARPC/DPPE 6760 E Irvington Place, #4000 Denver, CO 80280-4000
Air National Guard	Phone: (703) 607-0901	(703) 607-0033	tsgliclaims@ngb.ang.af.mil	NCOIC, Customer Operations Air National Guard Bureau 1411 Jefferson Davis Hwy Suite 10718 Arlington, VA 22202
Coast Guard	Phone: (202) 267-1648	(202) 267-4823	twalsh@comdt.uscg.mil	Commandant, US Coast Guard Attn: CG-12222 100 2ND St, NW Washington, DC 20593-0001
Public Health Services	Phone: (301) 594-2963	(301) 594-2973 or (800) 733-1303	compensationbranch@psc.hhs.gov	PHS Compensation Branch Parklawn Building 5600 Fishers Lane, Rm 4-50 Rockville, MD 20857
NOAA Corps	Phone: (301) 713-3444	(301) 713-4140	Director.cpc@noaa.gov	U.S. Dept. of Commerce, NOAA 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT



GENERAL INFORMATION

WHO IS ELIGIBLE

Effective December 1, 2005, service members who are insured under SGLI and suffer a qualifying loss as a result of a traumatic event are eligible to receive payment for a total amount not less than \$25,000 and not greater than \$100,000. Service members who were injured between October 7, 2001 and November 30, 2005 in the theaters of operation for Operation Enduring Freedom or Operation Iraqi Freedom also be eligible for TSGLI payment. Members should contact their branch of service for more information.

HOW TO FILE A TSGLI CLAIM

Filing a TSGLI claim is a three step process in which the service member [or guardian or attorney-in-fact], the attending medical professional and the member's branch of service must complete the appropriate parts of the form as follows:

Step 1	Step 2	Step 3
The service member [or guardian or attorney-in-fact]...	The attending medical professional...	The member's branch of service...
must complete Part A of the form and give it to a medical professional to complete Part B.	must complete Part B and return Part A & B to the branch of service.	must certify the claim and forward it to the Office of Servicemembers' Group Life Insurance.

If you have questions about completing the form or if the member is deceased, please contact your branch of service listed on the front cover of this form.

HOW THE TSGLI PAYMENT WILL BE MADE

There are three methods of payment for TSGLI benefits:

1. Electronic Funds Transfer (EFT)
2. Prudential's Alliance Account®*
3. Check

1. Electronic Funds Transfer (EFT)

The TSGLI benefit will be electronically credited to the bank account specified. Depending on the member's bank, payments will be credited three to five days from the date the payment is authorized.

Note: If the member does not choose EFT and there is no guardian or attorney-in-fact, the payment will be made through Prudential's Alliance Account.

2. Prudential's Alliance Account®*

The benefit will be deposited into Prudential's Alliance Account in the member's name and the member will receive a checkbook. The Alliance Account is a personal interest-bearing account that gives the member ready access to the money, whenever it is needed. To use the account, the member can simply write a check. The member may write checks as the money is needed or write out one check for the entire amount and close the account. The account will continue to earn interest as long as any balance is maintained in the account.

3. Check

Payment will be made by check only to a guardian or attorney-in-fact. This option is not available to the member.

WHO WILL RECEIVE THE TSGLI PAYMENT

The TSGLI payment will be made directly to the member. If the member is incompetent, payment will be made to the guardian or attorney-in-fact under the appropriate letters of guardianship, conservatorship, or a power of attorney.

If the member dies after qualifying for payment, the payment will be made to the member's current listed SGLI beneficiary(ies). The member must survive for seven days (168 hours) from the date of the traumatic event to be eligible for TSGLI.

* Open Solutions BIS, Inc. is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions BIS, Inc., JPMorgan Chase Bank, N.A., and Integrated Payment Systems, Inc. are not Prudential Financial companies.



INSTRUCTIONS FOR COMPLETING THE FORM

Social Security Number (pages 4 through 13) – The service member, guardian, or attorney-in-fact must complete the service member’s Social Security Number in the upper right corner on each of these pages.

PART A (pages 4 through 6) – **Member’s Identifying Information and Authorization** - to be completed by the member, guardian or attorney-in-fact.

Section 1 – Service Member Information-Complete the identifying information for the member who is requesting TSGLI benefits.

Section 2– Guardian or Attorney-in-fact Information

The guardian or attorney-in-fact should complete this section if he or she is going to receive payment on behalf of the member or if the member is incapable of signing the form. If this section is completed, the guardian or attorney-in-fact must attach one of the following three items: 1. letters of guardianship, 2. letters of conservatorship, or 3. power of attorney.

Section 3– Payment Information

Check the box next to one of the three payment methods and follow the instructions below (see page 2 for payment option information).

Electronic Funds Transfer (EFT)	Prudential’s Alliance Account® (not available to guardian or attorney-in-fact).	Check (not available to member).
Fill in all banking information as indicated on the diagram.	Complete the street address to which the check-book should be sent. The checkbook will be sent via overnight delivery and cannot be sent to a PO Box.	The check will be mailed to the guardian or attorney-in-fact.

Note: If a member does not indicate a payment method the TSGLI benefit will be paid through Prudential’s Alliance Account®. If a guardian or attorney-in-fact does not select a payment method, the TSGLI benefit will be paid by check.

Section 4 – Signature

The member, guardian, or attorney-in-fact must sign section 4. If the guardian or attorney-in-fact completes this section, they must also indicate their authority to act on behalf of the member (e.g. guardian, conservator, etc.).

Section 5 – Authorization to Speak With Third Party

The member, guardian, or attorney-in-fact must complete and sign section 5 if someone other than the member, guardian or attorney-in-fact will speak with OSGLI and/or the branch of service about the TSGLI claim.

Section 6 – Authorization to Release Information-The member, guardian, or attorney-in-fact must complete and sign section 6.

PART B (pages 7 through 9) – **Medical Professional’s Statement** – to be completed by the Attending Medical Professional **ONLY**

Section 1 – Patient and Injury Information

Complete the patient’s name and the date and diagnosis of the patient’s injuries. If the patient is deceased, insert the date, time and cause of death.

Sections 2 through 10 – Losses Suffered by the Patient

Complete the information about each loss being claimed by the patient. Check yes or no in each section to indicate if that particular loss is being claimed. If the member is claiming inability to perform activities of daily living, complete the ADL Questionnaire on pages 10 and 11.

Section 11 – Medical Professional’s Comments

Complete any additional information about the patient’s injuries. When a narrative description is required, please be complete and concise.

Section 12 – Medical Professional’s Information-Fill in identifying information.

Section 13 – Medical Professional’s Signature

Indicate whether the medical statement was completed based on observation of the patient’s loss or review of the patient’s medical records. Sign and date the medical statement.

ADL Questionnaire – Complete the questionnaire as instructed, if applicable.

PART C (pages 12 through 13)– **Certification by Branch of Service** – to be completed by the branch of service TSGLI certifying official **ONLY**

Section 1 – Traumatic Event Information

Complete the information about the traumatic event that caused the member’s injury and loss. If the service member is deceased, please submit a copy of the Report of Casualty (DD-1300) or death certificate and Form SGLV-8286, indicating the SGLI beneficiaries.

Section 2 – Certification by Branch of Service

Check yes or no to certify that the member’s injuries and resulting loss as well as the event that caused the member’s loss qualifies under 38 CFR 9.20. If the member does not qualify for payment, indicate the reason by checking the appropriate box and provide any explanation necessary in the comments box.

Note: If the member does not qualify because the member had declined SGLI coverage, please submit a copy of the Form SGLV-8286 indicating the declination.

Sections 3 and 4 – Certifying Signature/Additional Comments

Complete the identifying information, sign and date the certification, and provide any additional comments as necessary.

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT



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PART A - Member's Identifying Information and Authorization - to be completed by the member, guardian or attorney-in-fact.

1 Service member Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (MM DD YYYY)	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Branch of Service	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard	Marital Status
<input type="text"/>	<input type="checkbox"/> Reserves	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Address of Record (number and street)	Telephone	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address		
<input type="text"/>		

2 Guardian or Attorney-in-fact Information

Important Note:
Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay payment of the claim.

If a guardian or an Attorney-in-fact will receive payment, please complete the following:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (number and street)	Apartment (if any)	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	

3 Payment Information

(Please select only **one** of the three methods)

Payment Option 1 - Electronic Funds Transfer (EFT) To have the payment deposited directly into your bank account, provide the banking information below. A sample check is provided to help you locate the bank routing and bank account numbers.

Bank Routing Number	Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="text"/>	<input type="text"/>	
Bank Name	Bank Phone Number	
<input type="text"/>	<input type="text"/>	
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT



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PART A - Member's Identifying Information and Authorization (cont'd) - to be completed by the member, guardian or attorney-in-fact

3 Payment Information
(cont'd)

Payment Option 2 - Prudential's Alliance Account®* (not available to guardian or attorney-in-fact) To have the payment deposited into an interest-bearing account and receive a checkbook, fill in the mailing address below (street address only, no PO Boxes).

Mailing Address for Payment - No P.O. Boxes										Apartment, Ward or Room (if any)																								
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Payment Option 3 - Check (not available to member) – select this option to have a check mailed to the guardian or attorney-in-fact.

4 Signature

<u>X</u> _____	_____	_____
Signature of service member, guardian, or Attorney-in-fact	Date (MM DD YYYY)	Description of Authority

I certify that the loss I am claiming is not a result of any of the following: an attempted suicide; an intentionally self-inflicted injury or any attempt to inflict such injury; medical or surgical treatment of illness whether the loss results directly or indirectly; a traumatic event directly attributable to being under the influence of an illegal or controlled substance(s) unless administered or consumed on the advice of a doctor; sustained while committing or attempting to commit a felony; or an illness or disease (except for pyogenic infection resulting from a traumatic injury or an illness or disease resulting from the accidental ingestion of a deliberately contaminated substance or an illness or disease arising from a chemical, biological, or radiological weapon). A pyogenic infection is a pus producing infection.

WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

5 Authorization to Speak With Third Party

First Name	MI	Last Name																					
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I hereby authorize my branch of service and/or OSGLI to discuss the details of my TSGLI claim and/or coverage, including personal financial and medical or other health information about me with the above named person and to provide such person with any medical record information in connection with my TSGLI claim and/or coverage.

<u>X</u> _____	_____
Signature of service member	Date (MM DD YYYY)



Service member's Last Name

Grid for Service member's Last Name

Service member's Social Security Number

Grid for Service member's Social Security Number

PART B - Medical Professional's Statement - to be completed by the attending medical professional, which includes: a licensed physician, optometrist, nurse practitioner, registered nurse or physician assistant acting within the scope of his/her practice. Fill in information about each loss being claimed by the patient. Check yes or no in each section to indicate if that particular loss is being claimed. If the member is claiming inability to perform activities of daily living, complete the ADL Questionnaire on pages 10 and 11.

1 Patient and Injury Information

First Name, MI, Last Name fields

Date of Injury (MM DD YYYY) and What loss listed below is the patient claiming?

If patient is deceased, please provide:

Date of Death (MM DD YYYY), Time of Death (A.M./P.M.), Cause of Death

2 Loss of Limbs or Digits

Is this claim for loss of limbs or digits? Yes No

If yes, please indicate the following:

Right hand at or above wrist, Right foot at or above ankle, Right thumb at or above the metacarpophalangeal joint, Index finger of right hand at or above the metacarpophalangeal joint, Left hand at or above wrist, Left foot at or above ankle, Left thumb at or above the metacarpophalangeal joint, Index finger of left hand at or above the metacarpophalangeal joint

3 Loss of Vision

Is this claim for loss of vision? Yes No

If yes, please indicate the following:

Best corrected visual acuity, Date of Observation (MM DD YYYY), Right Eye, Left Eye, Visual Field for right eye (degrees), Visual Field for left eye (degrees)

From what date has the visual acuity recorded above existed?

Right Eye (MM DD YYYY), Left Eye (MM DD YYYY)

If patient has suffered the anatomical loss of one or both eyes, give the date this occurred:

Right Eye (MM DD YYYY), Left Eye (MM DD YYYY)

In your medical opinion is the patient's loss of vision clinically stable and unlikely to improve? Yes No

4 Loss of Speech

Is this claim for loss of speech? Yes No

If yes, please indicate the following:

Date of onset (MM DD YYYY)

Can the patient speak by voice or by whisper through normal organs of speech, (esophageal speech and/or artificial appliances are not considered normal organs of speech)?

Yes No

In your medical opinion is the patient's loss of speech clinically stable and unlikely to improve?

Yes No

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT



Service member's Last Name

Grid for last name

Service member's Social Security Number

Grid for social security number

PART B - Medical Professional's Statement (cont) to be completed by the attending medical professional, which includes: a licensed physician, optometrist, nurse practitioner, registered nurse or physician assistant acting within the scope of his/her practice.

5 Loss of Hearing

Is this claim for loss of hearing? Yes No If yes, comments required in Block 11.

If yes, please indicate the following:

Hearing acuity - measured via pure tone audiometry by air conduction (without amplification device)

Date of observation (MM DD YYYY)

Grid for date of observation

Hearing acuity table for 500 Hz, 1000 Hz, 2000 Hz, and Average across Right and Left ears in db.

From what date has the hearing acuity recorded above existed?

Right Ear (MM DD YYYY)

Left Ear (MM DD YYYY)

Grids for right and left ear dates

In your medical opinion is the patient's loss of hearing clinically stable and unlikely to improve? Yes No

6 Paralysis

Is this claim for paralysis? Yes No If yes, comments required in Block 11.

If yes, please indicate the following:

Type of Paralysis:

Hemiplegia Quadriplegia Paraplegia

Date of onset of paralysis (MM DD YYYY)

Grid for date of onset of paralysis

In your medical opinion is the patient's paralysis clinically stable and irreversible? Yes No

7 Burns

Is this claim for burns? Yes No

If yes, please indicate the following:

Does the patient have third degree or worse burns to the:

Face? No Yes - Please indicate percentage of face affected

Grid for face percentage

Body? No Yes - Please indicate percentage of body affected

Grid for body percentage

8 Coma

Is this claim for coma? Yes No

If yes, please indicate the following:

Date of onset of coma (MM DD YYYY)

Grid for date of onset of coma

Duration of coma Less than 15 Days 15-29 Days 30-59 Days 60-89 Days 90 Days or more

Please classify severity of brain injury using Glasgow Coma Score at 15 Days 30 Days 60 Days 90 Days

9 Traumatic Brain Injuries

Is this claim for traumatic brain injury? Yes No

If yes, please indicate the following:

Did the traumatic brain injury render the patient completely dependent upon another person to perform at least two activities of daily living (bathing, maintaining continence, dressing, eating, toileting, and transferring)?

Yes No

If yes, please complete the ADL questionnaire at the end of Part B on pages 10 and 11 to document the inability to perform activities of daily living as a result of traumatic brain injuries.

10 Other Traumatic Injuries

Is this claim for traumatic injuries other than those listed above in items 1 through 9?

Yes No

If yes, please indicate the following:

Did the patient's injuries render the patient completely dependent upon another person to perform at least two activities of daily living (bathing, maintaining continence, dressing, eating, toileting, and transferring)?

Yes No

If yes, please complete the ADL questionnaire at the end of Part B on pages 10 and 11 to document the inability to perform activities of daily living as a result of traumatic brain injuries.



Service member's Last Name

Grid for Service member's Last Name

Service member's Social Security Number

Grid for Service member's Social Security Number

PART B - Medical Professional's Statement (con't) to be completed by the attending medical professional, which includes: a licensed physician, optometrist, nurse practitioner, registered nurse or physician assistant acting within the scope of his/her practice. For all sections except the signature block, please type or print legibly.

11 Medical Professional's Comments

Use this block to provide any additional information about the patient's injuries.

Large empty box for Medical Professional's Comments

12 Medical Professional's Information

Name of Attending Medical Professional (Please Print)

First Name

Grid for First Name

MI

Grid for MI

Last Name

Grid for Last Name

Medical Professional's Address (number and street)

Grid for Medical Professional's Address (number and street)

Suite

Grid for Suite

City

Grid for City

State

Grid for State

ZIP Code

Grid for ZIP Code

Telephone Number

Grid for Telephone Number

Fax Number

Grid for Fax Number

E-mail Address

Grid for E-mail Address

If civilian medical professional, please complete:

Specialty

Grid for Specialty

License Number

Grid for License Number

State of License

Grid for State of License

If military medical professional, please complete:

Rank

Grid for Rank

Branch of Service

Grid for Branch of Service

13 Medical Professional's Signature

I have observed the patient's loss. I have not observed the patient's loss, but I have reviewed the patient's medical records.

This Medical Professional's Statement is based upon my examination of the patient and/or a review of pertinent medical evidence. I understand the patient and/or I may be asked to provide supporting documentation to validate eligibility under the law.

Date (MM DD YYYY)

Grid for Date

X

Signature

WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT



Service member's Last Name

Grid for last name

Service member's Social Security Number

Grid for social security number

Is this claim for inability to Eat?

Yes No If yes, please indicate the following

Form for inability to eat with 5 questions and date fields.

Is this claim for inability to Toilet?

Yes No If yes, please indicate the following

Form for inability to toilet with 5 questions and date fields.

Is this claim for inability to Transfer?

Yes No If yes, please indicate the following

Form for inability to transfer with 4 questions and date fields.

I have examined the patient and/or reviewed pertinent medical evidence. Based on this examination/review, I certify that this patient was unable to perform the activity(ies) of daily living indicated above.

Name of Attending Medical Professional (please print)

Medical Professional's Signature

Date Signed

WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

REMINDER: Attach copies of any medical records that support this claim.



Service member's Social Security Number

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PART C - Certification by Branch of Service - to be completed by the branch of service TSGLI certifying official

4 Additional Comments
(if any)

CLAIM FOR TRAUMATIC INJURY PROTECTION (TSGLI) PAYMENT



FinancialPoint®

For many families, planning their financial future is challenging...even under the best of circumstances. After a loved one dies, making important financial decisions on your own can seem even more daunting.

At this difficult time, Financial Counseling Services can help you understand your choices, develop a personal plan, make smart decisions, and give you peace of mind.

Financial Counseling Services is a free benefit offered by the Department of Veterans Affairs to beneficiaries of Servicemembers' Group Life Insurance and Veterans' Group Life Insurance plans.

Financial Counseling Services

A free service for
beneficiaries of
Servicemembers'
and Veterans' Group
Life Insurance



For information on other VA benefits call
1-800-827-1000

Financial Counseling Services... when you need it most.



Get Free, Objective Counseling

With this benefit, you get free financial counseling tailored to your needs from the national team at FinancialPoint®. Their Certified Financial Planners and other financial professionals are experts in handling a wide range of financial situations and offering customized assistance to individuals like you.

You can be assured the guidance you'll receive is objective and impartial. FinancialPoint counselors have no products to sell. They do not receive a commission for their services and they are not affiliated with any banks or investment firms.

Select the Plan You Need

Contact FinancialPoint by phone or email to request a Welcome Kit. You will find it contains valuable, easy-to-understand personal finance information. But most importantly, it has financial planning related questionnaires. The information you provide in these questionnaires is used to create your personalized financial plan.

You can choose to receive one or more Specialized Financial Plans or a Comprehensive Plan.

Specialized Financial Plans

A specialized plan can help you handle specific situations:

If you are under 45 and/or have children:

- College Planning • Wealth Building • Estate Planning

If you are 45 – 65:

- College Planning • Pre-Retirement • Wealth Building

If you are over 65:

- Post-Retirement • Estate Planning

Comprehensive Financial Plan

A comprehensive plan may include information on:

- Estate Planning
- College Planning & Tuition
- Retirement Planning
- Medicaid & Long Term Care Planning
- Debt Reduction
- Social Security Projections
- Trust Planning

Return Your Completed Questionnaire

Choose the most convenient way to return your questionnaires to FinancialPoint – by email or U.S. mail.

Review Your Financial Plan

You'll receive a customized financial plan from FinancialPoint — generally five business days following receipt of your completed questionnaires. Your plan will have specific suggestions, information, and resources for meeting short- and long-term financial goals.

Talk to a Financial Counselor... Whenever You Want

Call FinancialPoint to get answers to any questions you may have about your customized financial plan or to arrange a face-to-face meeting with a counselor. Then, call as often as you want over the next 12 months to speak with a financial counselor.

Knowing and understanding your financial choices will help you make the right decisions and give you peace of mind.

Before You Call...

Please gather the following information: insured's name, date of loss, date of birth, and claim number. However, do not delay contacting FinancialPoint if this information is not available.

CONTACT
FinancialPoint®
TODAY!

Call toll free:

SGLI, FSGLI or VGLI Beneficiary: 1-888-243-7351

TSGLI Beneficiary: 1-800-428-3416

Email: fcs@financialpoint.com