



VETERANS' GROUP LIFE INSURANCE

Follow these easy steps!

To get VGLI, just complete the attached application and mail it with your first premium payment in the postage paid envelope. We'll send you a *Certificate of Coverage* as confirmation.

1. Complete Your Personal Information

Complete all personal information fields on the application form.

2. Choose Your Coverage Amount

You can elect VGLI coverage in \$10,000 increments—up to the amount of SGLI you had at separation. You'll find premium rates for the most frequently requested coverage amounts on the next page. Your premium is determined by your coverage amount and your age on the 121st day after your separation OR your age on the date coverage is approved, whichever is later. Premiums will change when you move into the next age bracket.

Please note—If you elect less coverage than your SGLI amount, you will only have one year and 120 days from your separation date to apply for a coverage increase up to your SGLI amount.

3. Choose When and How to Pay Premiums

With VGLI, you can choose the payment frequency that's best for you—monthly, quarterly, semi-annually, or annually. You can save by making payments less frequently—save 5% by paying premiums once a year! You can choose from the payment options in the chart below.

Payment Frequency	Your Savings	Payment Method
Monthly	Not applicable	<ul style="list-style-type: none"> • Deduction from military retirement pay • Deduction from VA compensation • Mail
Quarterly	2.5%	• Mail
Semi-Annually	3.75%	• Mail
Annually	5%	• Mail

If you choose payment by monthly deduction, you'll never have to worry about getting a statement or writing a check on time. Deductions should begin by your third month's premium.

After the initial premium is paid, notices will be sent until your monthly deduction begins or if you choose the "mail" payment method.

4. Complete Health Statement When Applying Late

Only complete this section if you are applying more than 120 days after you were discharged from the service.

5. Choose Your Beneficiary & Benefit Payment Option

You can choose any beneficiary you wish. If you need more room to designate beneficiaries, attach a separate sheet and include your name, Social Security Number, signature, and the date. To be valid, your beneficiary designation must be signed, dated, and received by the Office of Servicemembers' Group Life Insurance (OSGLI) prior to your death. If you do not name a beneficiary, your insurance benefits will be paid to your survivors under the provisions of Federal Law. See the VA Insurance Website for details.

6. Be Sure to Include

Proof of your SGLI coverage (e.g., Your DD214, or orders and most recent leave and earnings statement) AND first premium payment check or money order payable to "OSGLI." Include the last 4 digits of your Social Security Number on the front of your payment. We suggest you make a copy of your application for your records.

Questions? Visit the VA Insurance Website or call us.

Website address: www.insurance.va.gov

Toll-free phone: 1-800-419-1473 (Monday to Friday 8:00 a.m. to 5:00 p.m. Eastern time)

Premium Amounts

Here are the premium amounts for the most frequently requested coverage amounts. You can save up to 5% by paying premiums less frequently!

Contact us or visit our website if you're interested in premiums for other coverage amounts. Rates are subject to change. Amounts shown here include discounts.

Age 0-29

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 32.00	\$ 93.60	\$ 184.80	\$ 364.80
\$ 350,000	\$ 28.00	\$ 81.90	\$ 161.70	\$ 319.20
\$ 300,000	\$ 24.00	\$ 70.20	\$ 138.60	\$ 273.60
\$ 250,000	\$ 20.00	\$ 58.50	\$ 115.50	\$ 228.00
\$ 200,000	\$ 16.00	\$ 46.80	\$ 92.40	\$ 182.40
\$ 150,000	\$ 12.00	\$ 35.10	\$ 69.30	\$ 136.80
\$ 100,000	\$ 8.00	\$ 23.40	\$ 46.20	\$ 91.20
\$ 50,000	\$ 4.00	\$ 11.70	\$ 23.10	\$ 45.60

Age 30-34

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 40.00	\$ 117.00	\$ 231.00	\$ 456.00
\$ 350,000	\$ 35.00	\$ 102.38	\$ 202.13	\$ 399.00
\$ 300,000	\$ 30.00	\$ 87.75	\$ 173.25	\$ 342.00
\$ 250,000	\$ 25.00	\$ 73.13	\$ 144.38	\$ 285.00
\$ 200,000	\$ 20.00	\$ 58.50	\$ 115.50	\$ 228.00
\$ 150,000	\$ 15.00	\$ 43.88	\$ 86.63	\$ 171.00
\$ 100,000	\$ 10.00	\$ 29.25	\$ 57.75	\$ 114.00
\$ 50,000	\$ 5.00	\$ 14.63	\$ 28.88	\$ 57.00

Age 35-39

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 52.00	\$ 152.10	\$ 300.30	\$ 592.80
\$ 350,000	\$ 45.50	\$ 133.09	\$ 262.76	\$ 518.70
\$ 300,000	\$ 39.00	\$ 114.08	\$ 225.23	\$ 444.60
\$ 250,000	\$ 32.50	\$ 95.06	\$ 187.69	\$ 370.50
\$ 200,000	\$ 26.00	\$ 76.05	\$ 150.15	\$ 296.40
\$ 150,000	\$ 19.50	\$ 57.04	\$ 112.61	\$ 222.30
\$ 100,000	\$ 13.00	\$ 38.03	\$ 75.08	\$ 148.20
\$ 50,000	\$ 6.50	\$ 19.01	\$ 37.54	\$ 74.10

Age 40-44

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 68.00	\$ 198.90	\$ 392.70	\$ 775.20
\$ 350,000	\$ 59.50	\$ 174.04	\$ 343.61	\$ 678.30
\$ 300,000	\$ 51.00	\$ 149.18	\$ 294.53	\$ 581.40
\$ 250,000	\$ 42.50	\$ 124.31	\$ 245.44	\$ 484.50
\$ 200,000	\$ 34.00	\$ 99.45	\$ 196.35	\$ 387.60
\$ 150,000	\$ 25.50	\$ 74.59	\$ 147.26	\$ 290.70
\$ 100,000	\$ 17.00	\$ 49.73	\$ 98.18	\$ 193.80
\$ 50,000	\$ 8.50	\$ 24.86	\$ 49.09	\$ 96.90

Age 45-49

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 88.00	\$ 257.40	\$ 508.20	\$ 1,003.20
\$ 350,000	\$ 77.00	\$ 225.23	\$ 444.68	\$ 877.80
\$ 300,000	\$ 66.00	\$ 193.05	\$ 381.15	\$ 752.40
\$ 250,000	\$ 55.00	\$ 160.88	\$ 317.63	\$ 627.00
\$ 200,000	\$ 44.00	\$ 128.70	\$ 254.10	\$ 501.60
\$ 150,000	\$ 33.00	\$ 96.53	\$ 190.58	\$ 376.20
\$ 100,000	\$ 22.00	\$ 64.35	\$ 127.05	\$ 250.80
\$ 50,000	\$ 11.00	\$ 32.18	\$ 63.53	\$ 125.40

Age 50-54

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 144.00	\$ 421.20	\$ 831.60	\$ 1,641.60
\$ 350,000	\$ 126.00	\$ 368.55	\$ 727.65	\$ 1,436.40
\$ 300,000	\$ 108.00	\$ 315.90	\$ 623.70	\$ 1,231.20
\$ 250,000	\$ 90.00	\$ 263.25	\$ 519.75	\$ 1,026.00
\$ 200,000	\$ 72.00	\$ 210.60	\$ 415.80	\$ 820.80
\$ 150,000	\$ 54.00	\$ 157.95	\$ 311.85	\$ 615.60
\$ 100,000	\$ 36.00	\$ 105.30	\$ 207.90	\$ 410.40
\$ 50,000	\$ 18.00	\$ 52.65	\$ 103.95	\$ 205.20

Age 55-59

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 268.00	\$ 783.90	\$ 1,547.70	\$ 3,055.20
\$ 350,000	\$ 234.50	\$ 685.91	\$ 1,354.24	\$ 2,673.30
\$ 300,000	\$ 201.00	\$ 587.93	\$ 1,160.78	\$ 2,291.40
\$ 250,000	\$ 167.50	\$ 489.94	\$ 967.31	\$ 1,909.50
\$ 200,000	\$ 134.00	\$ 391.95	\$ 773.85	\$ 1,527.60
\$ 150,000	\$ 100.50	\$ 293.96	\$ 580.39	\$ 1,145.70
\$ 100,000	\$ 67.00	\$ 195.98	\$ 386.93	\$ 763.80
\$ 50,000	\$ 33.50	\$ 97.99	\$ 193.46	\$ 381.90

Age 60-64

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 432.00	\$ 1,263.60	\$ 2,494.80	\$ 4,924.80
\$ 350,000	\$ 378.00	\$ 1,105.65	\$ 2,182.95	\$ 4,309.20
\$ 300,000	\$ 324.00	\$ 947.70	\$ 1,871.10	\$ 3,693.60
\$ 250,000	\$ 270.00	\$ 789.75	\$ 1,559.25	\$ 3,078.00
\$ 200,000	\$ 216.00	\$ 631.80	\$ 1,247.40	\$ 2,462.40
\$ 150,000	\$ 162.00	\$ 473.85	\$ 935.55	\$ 1,846.80
\$ 100,000	\$ 108.00	\$ 315.90	\$ 623.70	\$ 1,231.20
\$ 50,000	\$ 54.00	\$ 157.95	\$ 311.85	\$ 615.60

Age 65-69

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 600.00	\$ 1,755.00	\$ 3,465.00	\$ 6,840.00
\$ 350,000	\$ 525.00	\$ 1,535.63	\$ 3,031.88	\$ 5,985.00
\$ 300,000	\$ 450.00	\$ 1,316.25	\$ 2,598.75	\$ 5,130.00
\$ 250,000	\$ 375.00	\$ 1,096.88	\$ 2,165.63	\$ 4,275.00
\$ 200,000	\$ 300.00	\$ 877.50	\$ 1,732.50	\$ 3,420.00
\$ 150,000	\$ 225.00	\$ 658.13	\$ 1,299.38	\$ 2,565.00
\$ 100,000	\$ 150.00	\$ 438.75	\$ 866.25	\$ 1,710.00
\$ 50,000	\$ 75.00	\$ 219.38	\$ 433.13	\$ 855.00

Age 70-74

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 900.00	\$ 2,632.50	\$ 5,197.50	\$ 10,260.00
\$ 350,000	\$ 787.50	\$ 2,303.44	\$ 4,547.81	\$ 8,977.50
\$ 300,000	\$ 675.00	\$ 1,974.38	\$ 3,898.13	\$ 7,695.00
\$ 250,000	\$ 562.50	\$ 1,645.31	\$ 3,248.44	\$ 6,412.50
\$ 200,000	\$ 450.00	\$ 1,316.25	\$ 2,598.75	\$ 5,130.00
\$ 150,000	\$ 337.50	\$ 987.19	\$ 1,949.06	\$ 3,847.50
\$ 100,000	\$ 225.00	\$ 658.13	\$ 1,299.38	\$ 2,565.00
\$ 50,000	\$ 112.50	\$ 329.06	\$ 649.69	\$ 1,282.50

Age 75 and over

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 1,800.00	\$ 5,265.00	\$ 10,395.00	\$ 20,520.00
\$ 350,000	\$ 1,575.00	\$ 4,606.88	\$ 9,095.63	\$ 17,955.00
\$ 300,000	\$ 1,350.00	\$ 3,948.75	\$ 7,796.25	\$ 15,390.00
\$ 250,000	\$ 1,125.00	\$ 3,290.63	\$ 6,496.88	\$ 12,825.00
\$ 200,000	\$ 900.00	\$ 2,632.50	\$ 5,197.50	\$ 10,260.00
\$ 150,000	\$ 675.00	\$ 1,974.38	\$ 3,898.13	\$ 7,695.00
\$ 100,000	\$ 450.00	\$ 1,316.25	\$ 2,598.75	\$ 5,130.00
\$ 50,000	\$ 225.00	\$ 658.13	\$ 1,299.38	\$ 2,565.00

APPLICATION FOR Veterans' Group Life Insurance

Return completed application to:
OSGLI
PO Box 41618, Philadelphia, PA 19176-9913

IMPORTANT: No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Follow these easy steps!" before completing this application. Please complete all fields.

For VA Use Only				
1. Service Member Information			VGLI Approval	
Last _____ First _____ MI _____				
No. _____ Street _____				
City _____ State _____ ZIP _____				
E-mail Address _____				
Telephone Number _____ Social Security Number _____				
Date of Birth _____ / ____ / ____ Gender _____ Age _____			Date of Separation ____ / ____ / ____	
2. Coverage Amount				
I elect the following VGLI coverage amount:				
<input type="checkbox"/> \$400,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____				
3. Coverage Election and Payment Method				
I agree to make future payments by:				
<input type="checkbox"/> Mail Please select frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Please submit the payment for the frequency selected.				
I am enclosing my first premium payment of: \$ _____			<input type="checkbox"/> Automatic Monthly Deductions from military retirement pay (or from VA compensation if switched from military retired pay to VA compensation) <input type="checkbox"/> Automatic Monthly Deductions from VA compensation. My VA claim file number is _____ Have you been able to work since leaving the service? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is this due to a disability incurred while in the service? <input type="checkbox"/> Yes <input type="checkbox"/> No Military Disability Rating _____% (NOT your VA compensation rating)	
4. Health Statement				
(Only complete this section if you are applying more than 120 days after you were discharged from the service. Attach separate sheet with complete details for any question answered "Yes.")				
Height _____ Weight _____				
Have you had or been treated for or had known indications of:		Y N	Have you within the past five years:	
		Y N		
A. Heart trouble or abnormal pulse?	<input type="checkbox"/>	<input type="checkbox"/>	M. Been advised to have a surgical procedure?	<input type="checkbox"/>
B. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	N. Been a patient or been advised to enter a hospital or health care facility?	<input type="checkbox"/>
C. Mental health conditions?	<input type="checkbox"/>	<input type="checkbox"/>	O. Consulted, been attended, or examined by a doctor or other practitioner exclusive of annual or periodic physicals?	<input type="checkbox"/>
D. Diabetes or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	P. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism?	<input type="checkbox"/>
E. Cancer or tumors?	<input type="checkbox"/>	<input type="checkbox"/>	Q. Have you ever been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related complex (ARC)?	<input type="checkbox"/>
F. Lung or respiratory disorders?	<input type="checkbox"/>	<input type="checkbox"/>	R. Do you have any known physical impairments, deformities, or ill health not covered above?	<input type="checkbox"/>
G. Disorder of kidney, bladder, or urinary system?	<input type="checkbox"/>	<input type="checkbox"/>	S. Do you have a service-connected disability?	<input type="checkbox"/>
H. Liver or gallbladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is the VA claim file number? _____	
I. Stomach or intestinal disorders?	<input type="checkbox"/>	<input type="checkbox"/>		
J. Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>		
K. Have you ever been declined or postponed for any form of life or health insurance or offered a policy with a higher premium because of health reasons only?	<input type="checkbox"/>	<input type="checkbox"/>		
L. Have you been absent from work because of sickness or injury during the last six months?	<input type="checkbox"/>	<input type="checkbox"/>		

(Continued on reverse side)

Detach and Return

5. Beneficiary(ies) and Benefit Payment Options

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. The share of any principal beneficiary who dies before me will be distributed equally among the remaining principal beneficiaries. If all principal beneficiaries die before me, the insurance will be paid to the contingent beneficiaries. I understand that unless I have named a beneficiary(ies) below, my insurance will be paid under the provisions of the law (38 U.S.C. 1970). The designation below cancels any prior SGLI or VGLI beneficiary designation or payment instruction.

Principal Beneficiary Last Name _____ First Name _____ MI _____ Social Security Number (if known) _____ No. _____ Street _____ City _____ State _____ ZIP _____				Relationship To You	Share to Beneficiary* (Use %, \$ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)
Principal Beneficiary Last Name _____ First Name _____ MI _____ Social Security Number (if known) _____ No. _____ Street _____ City _____ State _____ ZIP _____				Relationship To You	Share to Beneficiary* (Use %, \$ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)
Contingent Beneficiary Last Name _____ First Name _____ MI _____ Social Security Number (if known) _____ No. _____ Street _____ City _____ State _____ ZIP _____				Relationship To You	Share to Beneficiary* (Use %, \$ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)
Contingent Beneficiary Last Name _____ First Name _____ MI _____ Social Security Number (if known) _____ No. _____ Street _____ City _____ State _____ ZIP _____				Relationship To You	Share to Beneficiary* (Use %, \$ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)
Contingent Beneficiary Last Name _____ First Name _____ MI _____ Social Security Number (if known) _____ No. _____ Street _____ City _____ State _____ ZIP _____				Relationship To You	Share to Beneficiary* (Use %, \$ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)
Contingent Beneficiary Last Name _____ First Name _____ MI _____ Social Security Number (if known) _____ No. _____ Street _____ City _____ State _____ ZIP _____				Relationship To You	Share to Beneficiary* (Use %, \$ amount, or fractions)	Payment Option (Lump sum or 36 equal monthly installments)

*If more than one principal or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

Applicant Signature

I understand that I cannot have combined SGLI and VGLI coverage for more than \$400,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

Print Name of Applicant _____

Social Security Number of Applicant _____

Signature of Applicant (Do not print. Sign in ink.) _____

Date _____

PENALTY: The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine, imprisonment, or both.