

**SERVICEMEMBERS'
GROUP LIFE INSURANCE
DISABILITY EXTENSION APPLICATION**



**Office of Servicemembers' Group Life Insurance
P.O. Box 41618
Philadelphia, PA 19176-9913
Toll-free Phone: 1-800-419-1473
Toll-free Fax: 1-800-236-6142**

Instructions for Applying for a Disability Extension

SERVICEMEMBERS' GROUP LIFE INSURANCE

How To Apply For This Benefit

To apply for an extension of SGLI due to disability, you should:

- 1) Complete the attached application. Remember to:
 - Complete the *Beneficiary Information* section.
 - Review and sign the completed application.
- 2) Enclose proof of your SGLI coverage (e.g., your DD214 or your most recent Leave and Earnings Statement).
- 3) Enclose a copy of the Medical Board Review findings of disability.
- 4) Mail the application to:

OSGLI
P.O. Box 41618
Philadelphia, PA 19176-9913

If Your Application Is Approved

If your application is approved, you will receive a letter from OSGLI informing you of this. Your SGLI coverage will be extended for a maximum of two years from your separation date or until you are able to work, whichever comes first. And to ensure that you are not left without coverage once your SGLI expires, you will be converted to Veterans' Group Life Insurance (VGLI) for the same level of coverage you have under SGLI, unless you choose a lesser amount. VGLI allows you to continue your SGLI coverage by converting it to an affordable term policy that is renewable for life. ***Your VGLI coverage will become effective upon the date your first VGLI premium is received. Once this premium is paid, you will receive a VGLI Certificate of Insurance.***

If Your Application Is Not Approved

If your application for a SGLI disability extension is not approved, you will automatically be considered for Veterans' Group Life Insurance. If you are approved for VGLI coverage, we will contact you immediately regarding your first premium. Following this, all you need to do is pay the premiums and you will be ***guaranteed lifetime renewable coverage without meeting any health standards.***

Remember: If you submit your application after 120 days from your date of discharge, you will need to provide proof of good health to obtain VGLI coverage. If you have a disability, we encourage you to apply within 120 days of your discharge.

Important Information about VGLI

Insurance Coverage

VGLI coverage is available in multiples of \$10,000 up to a maximum of \$400,000. However, you may not be covered for an amount greater than you had while in the service. VGLI is renewable term coverage. At any time, and as long as your premiums are paid up to date, you have the option to convert this coverage to an individual policy with one of the companies that participate in the program.

Premium Payments

You may pay your premiums monthly, quarterly, semi-annually, or annually. Each payment mode offers benefits. Quarterly, semi-annual, or annual modes offer a discounted premium amount. If you choose to pay monthly, you have the option of having your premiums deducted from your military retirement pay or disability compensation. Please contact OSGLI for more information on setting up this payment option and to learn more about premium discounts.

Naming Beneficiaries

It is important that you name the person or persons that you want to receive payment from this insurance in the event of your death. You may name anyone you want. You may change your beneficiary designation at any time without the beneficiaries' knowledge or consent, and this right cannot be waived or restricted.

There are two ways to specify beneficiaries: "by name" and "by law." Only one of these methods should be chosen. They are both explained below.

By Name

A named beneficiary is the person(s) whose name(s) you enter on your form. Named beneficiaries take precedence over beneficiaries designated by law.

By Law

Beneficiaries designated by law are persons you do not name, but who are legally entitled to benefits. They receive payment in the following order:

- spouse; if no spouse,
- children; if no children,
- parents; if no parents,
- estate of the insured or other next of kin.

If you have unusual family circumstances (e.g., divorce, illegitimate children) you should designate your beneficiaries by name.

*If you have any questions please call OSGLI toll free at 1-800-419-1473.
A Customer Service Representative will assist you.*

Application For SGLI Disability Extension

Return completed application to: OSGLI
P.O. 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 "Important information and Instructions" before completing this form.

FOR VA / OSGLI USE ONLY

LAST NAME—FIRST NAME—MIDDLE NAME (Please print or type)

TELEPHONE NUMBER
()

NUMBER AND STREET OR RURAL ROUTE

CITY, STATE, AND ZIP CODE

DATE OF SEPARATION
(Enter Month, day, year)

BRANCH OF SERVICE

GENDER
MALE
FEMALE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

IMPORTANT

To be eligible for this extension and for Veterans' Group Life Insurance, you must have had Servicemembers' Group Life Insurance. You may apply for any amount of insurance, in multiples of \$50,000, up to the amount of SGLI that you had at separation. You may **not** apply for more insurance than you had at separation. See attached instructions and complete all items below.

AMOUNT OF INSURANCE DESIRED:

You will automatically have the same level of coverage as your SGLI at discharge. If you desire less, please write the amount you would like, in multiples of \$50,000, in this space: \$ _____

Please answer the following questions:

YES

NO

- Have you been able to work since your separation from the military?
- Have you been rated disabled by your branch of Service?
(Army, Navy, Air Force, Coast Guard, etc.)

Beneficiaries and 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.

COMPLETE NAME (first, middle, last) and ADDRESS OF EACH BENEFICIARY	SOCIAL SECURITY NUMBER (If known)	RELATIONSHIP TO YOU	SHARE TO EACH BENEFICIARY (Use %, \$ amount, or fractions)	PAYMENT OPTION (Lump sum or 36 equal monthly installments)
PRINCIPAL				
1.				
2.				
CONTINGENT				
1.				
2.				

I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under the "Provisions of the Law" as explained in the instructions.

I understand that I cannot have combined SGLI and VGLI coverage at the same time for more than \$400,000.

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 or imprisonment or both