



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

NOV 23 2005

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MR)  
DIRECTOR, JOINT STAFF  
DIRECTOR, DEFENSE FINANCE AND ACCOUNTING  
SERVICE

SUBJECT: Traumatic Injury Protection under the Servicemembers' Group Life  
Insurance (TSGLI) Program

This directive-type memorandum establishes procedures and responsibilities to implement the payment of Traumatic Injury protection as enacted by section 1032 of Public Law 109-13. Implementing guidance is at attachment 1. The Traumatic Injury Protection regulations provided by the Veterans Benefits Administration are at attachment 2. The claim certification form is at attachment 3.

The purpose of this program is to provide payments to severely injured Service members. The retroactive provision of PL 109-13 provides that Service members, to include members who do not have SGLI coverage, that suffer a qualifying loss on or after October 7, 2001, but before December 1, 2005 will receive a benefit under the TSGLI program if the loss was a direct result of injuries incurred in Operation ENDURING FREEDOM or Operation IRAQI FREEDOM. Effective December 1, 2005, all members who have SGLI at that time will become insured for Traumatic Injury Protection of up to \$100,000 unless they make a valid election to decline SGLI coverage.

All Service members entitled to Traumatic Injury coverage as authorized in attachment 1 shall receive the prescribed payments as quickly as possible. Responsible agencies must act immediately to determine injuries and process claims expeditiously and accurately.

Each Service will develop detailed procedures for handling claims including retroactive claims and establish a training program for individuals who will assist in processing claims. I am requesting that you provide a copy of your implementing guidance to my point of contact for this matter, Mr. Tim Fowlkes not later than November 28, 2005. He can be reached at [Tim.Fowlkes@osd.mil](mailto:Tim.Fowlkes@osd.mil) or (703) 697-3793.



Gail H. McGinn  
Performing the Duties  
of the Principal Deputy

**Attachments:**

As stated

**cc:**

Commandant (G-HR), U.S. Coast Guard

Director, Division of Commissioned Personnel, U.S. Public Health Service

Director, National Oceanic and Atmospheric Administration Corps

Under Secretary for Benefits, Veterans Benefits Administration

Policy Guidance for Implementing  
Traumatic Injury Protection under  
Servicemembers' Group Life Insurance (TSGLI)

1. AUTHORITY

Section 1032 of Public Law 109-13 “The Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005,” May 11, 2005.

2. POLICY

It is DoD policy to comply with the Traumatic Injury Protection under Service members' Group Life Insurance (TSGLI) statutes to the maximum extent; ensure that members are adequately informed of their rights, obligations, and benefits under TSGLI; and to cooperate with the Department of Veterans Affairs (VA) and the Office of Servicemembers' Group Life Insurance (OSGLI) in implementing and administering the program. It is DoD policy to expeditiously certify members for payment of benefits in compliance with TSGLI statutes.

3. BACKGROUND

3.1. Public Law 109-13 signed by the President on May 11, 2005, established a Traumatic Injury Protection Insurance program under the auspices of the Service members' Group Life Insurance (SGLI) program. The effective date for this program is December 1, 2005. All Service members covered by the SGLI program will automatically be covered by TSGLI.

3.2. TSGLI is designed to provide financial assistance to Service members during their recovery period from a serious traumatic injury. The retroactive provision is provided to any member who suffered a qualifying loss as a direct result of injuries incurred in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) on or after October 7, 2001, but before December 1, 2005. This applies to all members, regardless of enrollment in SGLI. For the purpose of this provision, retro active refers to those injuries that are:

3.2.1. Incurred in the theater of operations of OEF or OIF. For such purpose, a Service member must have been deployed outside of the United States on orders in support of OEF or OIF or serving in a geographic location that qualified the Service member for the Combat Zone Tax Exclusion (CZTE). (See PL 109-13).

3.3. Traumatic Injury coverage is not disability compensation and has no effect on entitlement for compensation and pension benefits as provided by VA or disability

benefits as provided by the Department of Defense. It is an insurance product similar to commercial dismemberment policies. Traumatic Injury coverage provides money for a loss due to a specific traumatic event while disability compensation is intended to provide ongoing financial support to make up for the loss in income-earning potential due to service-connected injuries. Traumatic Injury coverage is not designed to serve as an income replacement program but rather provides a payment to assist Service members and their families through a finite injury recovery period. To be eligible for TSGLI a Service member must be eligible and enrolled in SGLI.

3.4. TSGLI coverage will cease at midnight on the date of the member's separation from the uniform service. The law specifies that the Secretary of Defense will certify to OSGLI the names and addresses of those members that the Secretary determines to be eligible for such benefits.

3.5. Beneficiary Financial Counseling Service (BFCS): Under the above provisions, VA indicates it will extend the BFCS to any beneficiary receiving payments of \$25,000 or more.

3.6. Taxability: Section 5301 of title 38, United States Code, exempts all benefits paid under any law administered by VA from taxation. SGLI is a benefit administered by VA and therefore any and all benefits paid there under are not taxable.

#### 4. RESPONSIBILITIES

4.1. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) shall:

4.1.1. Identify policy and procedures for managing and administering the TSGLI program in the Department of Defense by coordinating with VA Under Secretary for Benefits and providing the military Services with instructions, requirements, reviews, and other guidance.

4.1.2. Coordinate with the Assistant Secretary of Defense (Public Affairs) to develop standard Public Affairs Guidance to assist the Services in publicizing TSGLI implementation.

4.2. The Assistant Secretary of Defense for Health Affairs shall:

4.2.1. Provide policy oversight to ensure completion of certification forms by a qualified physician and other designated personnel prior to submission to OSGLI.

4.2.2. Ensure standardization of, and compliance with, the implementing guidance.

4.3. The Secretaries of the Military Departments shall implement this guidance for their members and complete the following:

4.3.1. Provide policy oversight and implementation guidance for the appeals process and

4.3.2. Forward all completed certification forms to OSGLI.

4.3.3. Retroactive Claims:

4.3.3.1. Identify, locate, contact, and certify for payment all members who suffered a qualifying loss as a direct result of injuries incurred in OIF and OEF after October 6, 2001.

4.3.3.2. Establish procedures, consistent with guidance provided by the Office of the Under Secretary of Defense (Comptroller), to ensure newly enacted benefits are paid in a timely manner to Service members eligible to receive such benefits as described in Table 1 of the Benefits Schedule.

4.3.4. For Injuries incurred from December 1, 2005 forward:

4.3.4.1. Identify potential claimants and gather data regarding qualifying injuries for payment of claims beginning December 1, 2005.

4.3.4.2. Ensure initial certification forms and any subsequent forms are sent to OSGLI for members with injuries that require certification of member's status at various time periods before benefits can be paid.

4.3.4.3. Ensure that members have access to applicable certification forms.

4.3.4.4. Certify eligibility for TSGLI as prescribed by OSGLI.

4.3.4.5. Certify traumatic injury medical condition qualification in the format and manner prescribed by OSGLI.

4.3.4.6. In the case of a deceased TSGLI qualified Service member, provide OSGLI with a copy of SGLV-8286 in addition to the certification form.

4.3.4.7. Provide OSGLI with a list of contacts with email addresses and a web site for certification issues.

4.3.4.8. Develop procedures to provide periodic reports regarding the number of claim submissions, classified by type of injuries sustained, and dollar amounts indicated on an annual basis to USD(P&R). While the information will be maintained and provided by OSGLI, the uniformed Services are responsible for requesting supporting data from OSGLI.

4.3.4.9. Publicize information about the TSGLI program to include providing basic information and references for further information. Each Service must provide support to assist members in making election decisions. Information should be posted on existing internet sites if available.

4.3.4.10. Assist in the completion and submission of certification forms for members where conditions require their assistance.

4.3.4.11. Retain information on claims to include identifying information regarding the reasons for certification or denial of certification.

4.4. The Defense Finance and Accounting Service shall collect premium payments from members in accordance with implementing guidance.

## § 9.20 Traumatic Injury Protection

### (a) What is traumatic injury protection?

Traumatic injury protection provides for the payment of a scheduled benefit amount for scheduled losses to members insured by SGLI.

### (b) What is a traumatic injury?

A traumatic injury is any injury that results in a scheduled loss.

### (c) What is a traumatic event?

A traumatic event is an occurrence where the member suffers a traumatic injury.

### (d) What is a scheduled loss and what amount will be paid because of that loss?

The following is a listing of all scheduled losses and the amount that will be paid as a result of that scheduled loss.

<b>If the loss is...</b>	<b>Then the amount that will be paid is...</b>
1. Total and permanent loss of sight in both eyes	\$100,000
2. Total and permanent loss of hearing in both ears	\$100,000
3. Loss of both hands at or above wrist	\$100,000
4. Loss of both feet at or above ankle	\$100,000
5. Quadriplegia	\$100,000
6. Hemiplegia	\$100,000
7. Paraplegia	\$100,000
8. 3rd degree or worse burns, covering 30% of the body or 30% of the face	\$100,000
9. Loss of one hand at or above wrist and one foot at or above ankle	\$100,000
10. Loss of one hand at or above wrist and total and permanent loss of sight in one eye	\$100,000
11. Loss of one foot at or above ankle and total and permanent loss of sight in one eye	\$100,000
12. Total and permanent loss of speech and total and permanent loss of hearing in one ear	\$75,000

13. Loss of one hand at or above wrist and total and permanent loss of speech	\$100,000
14. Loss of one hand at or above wrist and total and permanent loss of hearing in one ear	\$75,000
15. Loss of one hand at or above wrist and loss of index finger and thumb of other hand	\$100,000
16. Loss of one foot at or above ankle and total and permanent loss of speech	\$100,000
17. Loss of one foot at or above ankle and total and permanent loss of hearing in one ear	\$75,000
18. Loss of one foot at or above ankle and thumb and index finger of same hand	\$100,000
19. Total and permanent loss of sight in one eye and total and permanent loss of speech	\$100,000
20. Total and permanent loss of sight in one eye and total and permanent loss of hearing in one ear	\$75,000
21. Total and permanent loss of sight in one eye and loss of thumb and index finger of same hand	\$100,000
22. Total and permanent loss of thurnb of both hands, regardless of the loss of any other digits	\$100,000
23. Total and permanent loss of speech and loss of thumb and index finger of same hand	\$100,000
24. Total and permanent loss of hearing in one ear and loss of thumb and index finger of same hand	\$75,000
25. Loss of one hand at or above wrist and coma	\$50,000 for loss of hand plus the amount paid for coma as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
26. Loss of one foot at or above ankle and coma	\$50,000 for loss of foot plus the amount paid for coma as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
27. Total and permanent loss of speech and coma	\$50,000 for total and permanent loss of speech plus the amount paid for coma as noted in Item 37 of this schedule up to a combined maximum of \$100,000.



28. Total and permanent loss of sight in one eye and coma	\$50,000 for total and permanent loss of sight in one eye plus the amount paid for coma as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
29. Total and permanent loss of hearing in one ear and coma	\$25,000 for total and permanent loss of hearing in one ear plus the amount paid for coma as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
30. Loss of thumb and index finger of same hand and coma	\$50,000 for loss of thumb and index finger of the same hand plus the amount paid for coma as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
31. Total and permanent loss of sight in one eye and inability to carry out at least two of the six activities of daily living due to traumatic brain injury.	\$50,000 for loss of sight in one eye plus the amount paid for traumatic brain injury as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
32. Loss of one hand at or above wrist and inability to carry out at least two of the six activities of daily living due to traumatic brain injury.	\$50,000 for loss of hand plus the amount paid for traumatic brain injury as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
33. Loss of one foot at or above ankle and inability to carry out at least two of the six activities of daily living due to traumatic brain injury.	\$50,000 for loss of foot plus the amount paid for traumatic brain injury as noted in Item 37 of this schedule up to a combined maximum of \$100,000.
34. Loss of thumb and index finger and inability to	\$50,000 for loss of thumb

<p>carry out at least two of the six activities of daily living due to traumatic brain injury.</p>	<p>and index finger plus the amount paid for traumatic brain injury as noted in Item 37 of this schedule up to a combined maximum of \$100,000.</p>
<p>35. Total and permanent loss of hearing in one ear and inability to carry out at least two of the six activities of daily living due to traumatic brain injury.</p>	<p>\$25,000 for total and permanent loss of hearing in one ear plus the amount paid for traumatic brain injury as noted in Item 37 of this schedule up to a combined maximum of \$100,000.</p>
<p>36. Total and permanent loss of speech and inability to carry out at least two of the six activities of daily living due to traumatic brain injury.</p>	<p>\$50,000 for total and permanent loss of speech plus the amount paid for traumatic brain injury as noted in Item 37 of this schedule up to a combined maximum of \$100,000.</p>
<p>37. Traumatic brain injury resulting in the inability to carry out at least two of the six activities of daily living and/or coma.</p> <p>Note 1: Benefits will not be paid under this schedule for concurrent conditions of coma and traumatic brain injury.</p> <p>Note 2: Duration of coma includes the date of onset of the coma and the date when the member recovers from coma.</p> <p>Note 3: Duration of traumatic brain injury includes the date of the onset of the inability to carry out at least two of the six activities of daily living and the date the member once again can carry out the activities of daily living.</p>	<p>*At 15th consecutive day in a coma or the inability to carry out at least two of the six activities of daily living - \$25,000</p> <p>*At 30th consecutive day in a coma or the inability to carry out at least two of the six activities of daily living - Additional \$25,000</p> <p>*At 60th consecutive day in a coma or the inability to carry out at least two of the six activities of daily living - Additional \$25,000</p> <p>*At 90th consecutive day in a coma or the inability to carry out at least two of the six activities of daily living - Additional \$25,000</p>

	(Benefits can be paid for both conditions only if experienced consecutively, not concurrently.)
38. Total and permanent loss of speech	\$50,000
39. Loss of one hand at or above wrist	\$50,000
40. Loss of one foot at or above ankle	\$50,000
41. Total and permanent loss of sight in one eye	\$50,000
42. Loss of thumb and index finger of same hand	\$50,000
43. Total and permanent loss of hearing in one ear	\$25,000
44. Inability to carry out at least two of the six activities of daily living due to a traumatic injury not listed on this Schedule of Benefits.  Note: Duration of the traumatic injury includes the date of onset of the inability to carry out at least two of the activities of daily living and the date when the member can once again carry out the activities of daily living.	*At 30th consecutive day of the inability to carry out activities of daily living – \$25,000  *At 60th consecutive day of the inability to carry out of activities of daily living – Additional \$25,000  *At 90th consecutive day of the inability to carry out activities of daily living – Additional \$25,000  *At 120th consecutive day of the inability to carry out activities of daily living – Additional \$25,000

Note 1 to Paragraph (d): Mental illness, whether or not brought on by traumatic injury, is not a scheduled loss and the benefit is not payable.

Note 2 to Paragraph (d): If a member incurs more than one numbered loss listed on the schedule from the same traumatic event, payment will be made for the numbered loss with the higher benefit amount. Payment for multiple numbered losses listed on the schedule from a single event cannot exceed \$100,000. For example, if a member suffers the total and permanent loss of sight in both eyes and the loss of one foot on May 1, 2006, the member will be paid \$100,000.

Note 3 to Paragraph (d): If a series of traumatic events occurs within a seven day period, it shall be considered a single event for purposes of determining the benefit payable.

Note 4 to Paragraph (d): If a member incurs losses from separate traumatic events more than seven days apart, they will be considered separately and a benefit can be paid on each up to the maximum amount according to the schedule of benefits. For example, if a member suffers the loss of one foot at or above the ankle on May 1, 2006 from one event, the member will be paid \$50,000. If the member suffers loss of sight in both eyes from an event that occurred on November 1, 2006, the member will be paid an additional \$100,000.

**(e) When is a scheduled loss not covered?**

A scheduled loss is not covered when it results from one of the following:

1. illness or disease (except as provided for in subsection (f) of this section), whether the loss results directly or indirectly;
2. attempted suicide, while sane or insane;
3. an intentionally self-inflicted injury or any attempt to inflict such injury;
4. medical or surgical treatment of illness whether the loss results directly or indirectly;
5. when the traumatic event is directly attributable to being under the influence of an illegal or controlled substance unless administered or consumed on the advice of a doctor;
6. when sustained while committing or attempting to commit a felony.

**(f) When is a scheduled loss due to illness or disease covered?**

A scheduled loss arising from one of the following illnesses or diseases is covered:

1. a pyogenic infection resulting from a traumatic injury;
2. an illness or disease resulting from the accidental ingestion of a deliberately contaminated substance;
3. an illness or disease arising from a chemical, biological, or radiological weapon.

**(g) What are the eligibility requirements for payment of traumatic injury protection benefits?**

You must meet all of the following eligibility requirements.

1. You must be a member who is insured by Servicemembers' Group Life Insurance under section 1967(a)(1)(A)(i), (B) or(C)(i) of this title on the date the traumatic event occurs.
2. You must be a member of the uniformed services on the date the traumatic event occurs (in other words, you cannot have been separated from the uniformed services prior to the traumatic event).
3. You must incur a scheduled loss and that loss must be a direct result of a traumatic event.

4. You must suffer a scheduled loss that is a direct result of a traumatic event.
5. You must survive for a period not less than seven full days from the date of the traumatic event. (The seven day period begins on the date and time of the traumatic event, as measured by Zulu (Greenwich) time and ends 168 full hours later.)
6. You must suffer a scheduled loss within 365 days of the traumatic event.

(h) **Who will determine eligibility for traumatic injury protection benefits?**

Each uniformed service will determine eligibility for traumatic injury protection benefits.

(i) **How does a member obtain payment under traumatic injury protection?**

A member obtains payment under traumatic injury protection through certification by his or her uniformed service. A member who believes he or she qualifies for traumatic injury protection should contact his or her uniformed service to begin the certification process.

(j) **Who will receive the traumatic injury protection benefit?**

The member will receive the traumatic injury protection benefit. The following instances are exceptions to this rule:

1. If the member is incompetent, the member's guardian or attorney-in-fact will receive the benefit.
2. If the member dies before receiving payment, the beneficiary or beneficiaries to receive the payment will be determined under 38 USC 1970(a).

## §9.1 Definitions

\* \* \* \* \*

- (k) The term trauma means an injury or wound to a living body caused by application of external force or violence.
- (l) The term pyogenic infection means an infection resulting from pus forming organisms.
- (m) The term contaminated substance means food and/or water made unfit for consumption by humans because of the presence of chemicals, radioactive elements, bacteria or organisms.
- (n) The term chemical weapon means chemical substances intended to kill, seriously injure, or incapacitate humans through their physiological effects.
- (o) The term biological weapon means biological agents or microorganisms intended to kill, seriously injure, or incapacitate humans through their physiological effects.
- (p) The term radiological weapon means the employment of radioactive materials or radiation producing devices to kill, seriously injure, or incapacitate humans through their physiological effects.

TRAUMATIC INJURY PROTECTION (TSGLI)  
UNDER THE  
SERVICE MEMBERS' GROUP LIFE INSURANCE PROGRAM  
CERTIFICATION FORM AND INSTRUCTIONS



Administered by the  
Office of Servicemembers' Group Life Insurance  
290 West Mount Pleasant Avenue  
Livingston, NJ 07039-2747  
Toll Free Telephone: 1-800-419-1473  
Toll Free FAX: (877) 832-4943

TSGLI Certification Package, Edition September, 2005



# HOW TO CERTIFY PAYMENT OF TRAUMATIC INJURY PROTECTION (TSGLI)

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## TSGLI

Effective December 1, 2005, service members who are insured under SGLI and suffer a loss from a traumatic injury are eligible to receive monetary compensation for a total amount not less than \$25,000 and not greater than \$100,000.

## Form GL.2005.261

To submit a certification, the service member, the attending physician, and the branch of service must each complete this form in accordance with the instructions on the next page.

## Method of Payment

### Electronic Funds Transfer (EFT)

The benefit will be electronically credited to the bank account specified. This account should be the account of record for payroll purposes. If EFT is not chosen, and there is no guardian or Attorney in Fact, the payment will be made through Prudential's Alliance Account.

### Prudential's Alliance Account®\*

The benefit will be deposited into Prudential's Alliance Account in the service member's name. The Alliance Account offers the following features:

A personal interest bearing account, which gives the service member ready access to the money, whenever it is needed. To use the account, the service member can simply write a check for the withdrawal amount. The minimum withdrawal is \$250. The service member may write out one check for the entire amount and close the account, or write checks as the money is needed. Interest will continue to be earned on any balance maintained in the account.

## What Else You Should Know

TSGLI will be paid directly to the member, **EXCEPT when:**

### The member is incompetent –

- In such event, payment will be made by check or EFT to the member's Guardian or Attorney in Fact under a Durable Power of Attorney. Please include copies of letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. In this case, Alliance Account payment is not an option.

### The member dies after qualifying for payment but before payment can be made –

- In such event, payment will be made to the member's listed SGLI Beneficiary(ies).

## What should be done with the completed certification form?

Once the form is completed, please send it to OSGLI, by toll free fax to 1-877-832-4943, or by mail to:

**OSGLI-TSGLI Claim Processing**, 290 West Mt. Pleasant Avenue, Livingston, NJ 07039-2747

**Any questions regarding the completion of this form, please call OSGLI toll free at 1-800-419-1473 Or e-mail us at [osgli.claims@prudential.com](mailto:osgli.claims@prudential.com).**

\* Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America. BISYS Information Solutions, L.P. 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 Bank One and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). BISYS Information Solutions, L.P., Bank One, and Integrated Payment Systems, Inc. are not Prudential Financial companies.





# INSTRUCTIONS

## **PART A – To be completed by Service Member**

### **Section 1 – Service Member Information**

Section 1 of the form requests identifying information for the service member on whose behalf the benefit will be paid.

### **Section 2 – Guardian or Attorney in Fact Information**

If anyone other than the service member will receive payment, 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 benefit. If there is a Guardian or Attorney in Fact, Alliance Account payment is not an option.

### **Section 3 – Payment Information**

Section 3 requests selection of a payment method for the TSGLI benefit. Only one method of payment should be selected. If payment is being made to the service member, only EFT or Alliance Account may be selected. If payment is being made to a guardian or Attorney in Fact, only EFT or check may be selected.

If the payment is to be deposited electronically into the service member's account, please check the Electronic Funds Transfer (EFT) box and complete the banking information. All information is required.

If the payment is to be deposited into an Alliance Account and a checkbook mailed to the service member, please check the Prudential's Alliance Account® box and complete the address to which the checkbook should be sent. Alliance Account checkbooks are sent by overnight delivery and, therefore require a street address. They cannot be delivered to Post Office boxes.

If neither method is indicated on the form, and there is no guardian or Attorney in Fact, the benefit will be paid through the Alliance Account. The checkbook will be mailed to the address of record listed in Section 1.

### **Section 4 – Signature**

The service member, guardian, or Attorney in Fact must sign this section.

### **Section 5 – Authorization to Release Information**

The Authorization to Release Information must be completed and signed by the service member, guardian, or Attorney in Fact.

## **PART B – Physician's Statement**

The Physician's Statement asks the attending physician (military or civilian) to give details of the injuries that qualify the service member for the TSGLI benefit. The service member should complete Item 1, Service Member's Name and fill in the his or her Social Security Number at the top of both pages.

The attending physician must complete all sections that are applicable to the service member's injuries. Where a narrative description is required, please be complete and concise. For all sections, except the signature, please type or print legibly.

## **PART C – To be completed by the Branch of Service** (after receipt of completed parts A and B by the Branch of Service)

### **Section 6 – Traumatic Event Information**

Section 6 of the form requests information about the traumatic event that caused the service member's injuries.

If the service member is deceased, please submit a copy of the Report of Casualty (DD-1300) and Form SGLV-8286, indicating the SGLI beneficiaries.

### **Section 7 – Certification by Branch of Service**

Section 7 of the form requests the Branch of Service to certify the service member's SGLI coverage and to verify that the event that caused the service member's injuries qualifies under the regulations that govern this coverage. If the service member had declined SGLI coverage, please submit a copy of the Form SGLV-8286 indicating the declination.



# Certification of Traumatic Injury Protection (TSGLI)

## Part A—To Be Completed by Service Member

**1 Service member Information**

First Name  MI  Last Name

Social Security Number  Date of Birth (MM DD YYYY)  Gender  Male  Female

Branch of Service   Active Duty  Reserves  National Guard Telephone

Address of Record (number and street)  Apartment (if any)

City  State  ZIP Code

E-mail Address

**2 Guardian or Attorney in Fact Information**

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

First Name  MI  Last Name

Mailing Address (number and street)  Apartment (if any)

City  State  ZIP Code

Telephone Number  Fax Number

**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.

**3 Payment Information**  
(Please select only one method of payment)

**Electronic Funds Transfer (EFT)** (Available to service member, guardian, or Attorney in Fact)

Bank Name  Bank Phone Number

Bank Routing Number  Bank Account Number   Savings  Checking

Account Owner's Name

First Name  MI  Last Name

**Prudential's Alliance Account®\*** (Available to service member only)

Mailing Address for Payment  Apartment, Ward or Room (if any)

City  State  ZIP Code

**Payment by Check** (Available to guardian, or Attorney in Fact)

**4 Signature**

X

Signature of service member, guardian, or Attorney in Fact Date (MM DD YYYY) Description of Authority



# Certification of Traumatic Injury Protection (TSGLI)

Service member's Social Security Number

Grid for Social Security Number:

## 5 Authorization for Release of Information to Branch of Service and Office of Servicemembers' Group Life Insurance

Name of Insured:

First Name

Grid for First Name:

MI

MI:

Last Name

Grid for Last Name:

Date of Birth (MM DD YYYY)

Grid for Date of Birth:

Social Security Number

Grid for Social Security Number:

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, medical examiner or other health care provider that has provided treatment, payment or services pertaining to:

First Name

Grid for First Name:

MI

MI:

Last Name

Grid for Last Name:

This authorization is intended to comply with the HIPAA Privacy Rule

Print Name of Service member

or on my (his/her) behalf ("My Providers") to disclose my (his/her) entire medical record for me or my dependents and any other health information concerning me (him/her) to the Branch of Service and Office of Service members' Group Life Insurance (OSGLI) and its agents, employees, and representatives. Office of Servicemembers' Group Life Insurance (OSGLI) is a division of The Prudential Insurance Company of America, headquartered in Newark, New Jersey. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data or records relating to credit, financial, earnings, travel, activities or employment history to OSGLI.

Unless limits\* are shown below, this form pertains to all of the records listed above.

By my signature below, I acknowledge that any agreements I (he/she) have made to restrict my (his/her) protected health information do not apply to this authorization and I instruct My Providers to release and disclose my (his/her) entire medical record without restriction.

This information is to be disclosed under this Authorization so that my Branch of Service and OSGLI may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits, 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I (he/she) have (has) or have (has) applied for with OSGLI.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to OSGLI at: 290 West Mount Pleasant Avenue, Livingston, NJ 07039. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that OSGLI has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release my complete medical record, OSGLI may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to request and receive a copy of this authorization.

\*Limits, if any:

Grid for Limits, if any:

X

Signature of service member, guardian or Attorney in Fact

Date (MM DD YYYY)

Grid for Date:

Description of Authority

Grid for Description of Authority:



# Certification of Traumatic Injury Protection (TSGLI) Part B—To Be Completed by Attending Physician

Service member's Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

**1. Patient's Name**

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

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Last Name

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**2. Date of Injury (MM DD YYYY)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--

**3. What was the injury/diagnosis resulting in this claim? (Please print or type)**

--

**If patient is deceased, please provide:**

**1. Date of Death (MM DD YYYY)**

--	--	--	--	--	--	--	--	--	--	--	--

**2. Time of Death**

--	--	--	--	--	--	--	--	--

A.M.

P. M.

**3. Cause of Death**

--

**Amputation**

**If claim is for loss of limbs or digits, please indicate:**

Right hand at or above wrist

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Left hand at or above wrist

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Right foot at or above ankle

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Left foot at or above ankle

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Right Thumb

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Left Thumb

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Thumb and index finger  
of the right hand

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Thumb and index finger  
of the left hand

Date of Amputation (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

**Loss of Sight, Speech, or Hearing**

**If claim is for total permanent loss of sight, please give date when this occurred:**

Right Eye (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Left Eye (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

**If claim is for total permanent loss of speech, please give date when this occurred:**

Date of onset (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

**If claim is for total permanent loss of hearing, please give date when this occurred:**

Right Ear (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Left Ear (MM DD YYYY)

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**Paralysis**

**If claim is for paralysis please complete the following:**

Type of Paralysis:

Hemiplegia  
  Quadriplegia  
  Paraplegia

Date of Onset of Paralysis (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

**Brain Injury or Coma**

**If claim is for coma please complete the following:**

Date of Onset of Coma (MM DD YYYY)

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Duration of Coma:

15 Days  
  30 Days  
  60 Days  
  90 Days

**If claim is for the inability to carry out activities of daily living as a result of traumatic brain injury, please complete the following:**

Date of Onset (MM DD YYYY)

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Which of the following functions cannot be independently performed?

Dressing  
  Bathing  
  Toileting  
  Eating  
  Continenace  
  Transferring

Duration

15 Days  
  30 Days  
  60 Days  
  90 Days





# Certification of Traumatic Injury Protection (TSGLI)

## Part C—To Be Completed by Branch of Service

Service member's Social Security Number

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### 6 Traumatic Event Information

Date of Traumatic Event (MM DD YYYY)

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Was the service member on duty when the event occurred?

Yes  No

Time of Event-Please use Zulu time (HH MM)

		:		
--	--	---	--	--

Hostile Action?

Yes  No

Geographic location where injury occurred

--	--	--	--	--	--

Description of Traumatic Event

--	--	--	--	--	--

**If service member is deceased, please attach Report of Casualty (DD 1300) and Form SGLV – 8286, indicating SGLI beneficiaries.**

Date of Death (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

Cause of Death

--	--	--	--	--	--

### 7 Certification by Branch of Service

Was service member covered under SGLI at the time of the traumatic event?

Yes  No-Please attach a copy of the form 8286 declining coverage

Does the traumatic injury event qualify for Traumatic Injury Protection (TSGLI) under 38CFR9.20?  Yes  No

If No, please explain

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Are you aware of a guardian or Attorney in Fact being appointed for the service member?  Yes  No

### 8 Signature

Name and rank of person certifying sections 6 and 7 above. (Please Print)

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Certifying/Contact Office Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Use reverse side of this form for additional comments. Please print or type clearly.

Date (MM DD YYYY)

--	--	--	--	--	--	--	--	--	--

  X    
Signature of person certifying sections 6 and 7 above

**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)



