

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

Administered by the Office of Servicemembers' Group Life Insurance

### TSGLI Appeal Request Form

Please submit your completed claim to your branch of service below.

<b>TSGLI Branch of Service Contacts</b>				
<b>Branch</b>	<b>Contact Information</b>	<b>Submit Claim by Fax</b>	<b>Submit Claim by Email</b>	<b>Submit Claim by Postal Mail</b>
<b>Army</b> All Components	Phone: 888-276-9472, Option 1 Website: <a href="http://www.hrc.army.mil/content/Traumatic%20Servicemembers%27%20Group%20Life%20Insurance">www.hrc.army.mil/content/Traumatic Servicemembers' Group Life Insurance</a>	502-613-4513	usarmy.knox.hrc.mbx.tagd-tsgli-claims @army.mil	US Army Human Resources Command 1600 Spearhead Division Avenue, Dept 420 PDR-C (TSGLI) Fort Knox, KY 40122-5402
<b>Marine Corps</b> All Components	Phone: 877-216-0825 or 703-975-4069 Website: <a href="http://www.woundedwarrior.marines.mil">www.woundedwarrior.marines.mil</a>	800-770-9968	t-sgli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 1998 Hill Avenue Quantico, VA 22134
<b>Navy</b> All Components	Phone: 1-877-270-2162 Website: <a href="http://www.mynavyhr.navy.mil/Support-Services/Casualty/TSGLI/">www.mynavyhr.navy.mil/Support-Services/Casualty/TSGLI/</a>	901-874-2265	MILL_TSGLI.FCT@navy.mil	Commander, Navy Personnel Command Attn: PERS-00C 5720 Integrity Drive Millington, TN 38055-1300
<b>Air Force and Space Force Active Duty</b>	Phone: 800-525-0102, Option 2, Option 1		AFPC.DPFCS.Po_Trng_CaseMgt@us.af.mil	AFPC/DPFCS 550 C Street West Joint Base San Antonio - Randolph, TX 78150-4716
<b>Air Force Reserves and Air National Guard</b>	Phone: 800-525-0102, Option 3, Option 1		arpc.dpt.casualty@us.af.mil	HQ, ARPC/DPTTB 18420 E. Silver Creek Ave. Building 390 MS 68 Buckley AFB, CO 80011
<b>Coast Guard</b>	Phone: 202-795-6638 Website: <a href="http://www.dcms.uscg.mil/PSD/fs/TSGLI">www.dcms.uscg.mil/PSD/fs/TSGLI</a>		ARL-PF-CGPSC-PSDFS-COMPENSATION@uscg.mil	Commander (CG) Personnel Service Center (PSC) Attn: TSGLI Case Manager, PSC-PSD-FS-Casualty U.S. Coast Guard STOP 7200 2700 Martin Luther King Jr Ave SE Washington, DC 20593-7200
<b>Public Health Service</b>	Phone: 240-276-8799	240-276-8817 or 240-453-6030	compensationbranch@psc.hhs.gov	PHS Compensation Branch 1101 Wootton Parkway Suite: 100 Rockville, MD 20852
<b>NOAA Corps</b>	Phone: 301-713-3444	301-713-4140	Director.cpc@noaa.gov	U.S. Dept. of Commerce NOAA/OMAO/CPC 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910





**7. Reason for appeal:** Please check the box(es) that explain the reason(s) for your appeal. After each selected reason please provide a brief description of any new supporting evidence (Example: specific page number(s) in medical records, date(s) of medical records, police report, supporting statements etc.).

**NOTE:** To avoid delays in the review process, please highlight any new and material evidence within medical records and submit only the new evidence/documentation that supports the appeal. There is no need to resubmit all previously submitted documents as they will be considered when your appeal is reviewed.

To support my appeal, I am providing new evidence or documentation to support: (check all that apply):

SGLI coverage was in effect at the time of the traumatic event.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

New medical evidence to support my loss.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

My loss occurred within 730 days of the traumatic event.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

My loss was not due to a physical or mental illness.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

My loss was the direct result of a traumatic event.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

My traumatic injury was not willfully caused by my own actions.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

I was not committing or attempting to commit a felony when my traumatic injury occurred.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

I did not willfully use an illegal or controlled substance leading up to my traumatic injury.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

My loss was not the result of a medical or surgical procedure.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

My loss was not the result of an attempted suicide.

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_

Other (reason is not listed above).

Description of new evidence: \_\_\_\_\_  
\_\_\_\_\_



8. Please provide any additional supporting details to be considered when your appeal is reviewed.

**X** \_\_\_\_\_  
Signature

Date Signed (MM DD YYYY)

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Authority to act on behalf of the  
Servicemember (Guardian, POA, etc.)



**Payment Options**

Please choose one of the three payment options by checking the appropriate box and filling in the requested information.

**Payment Option 1 – Prudential's Alliance Account**

An interest-bearing account will be established in the name of the Servicemember, who can access the money using the draft book. A guardian or power of attorney may sign Alliance Account® drafts on behalf of the Servicemember, if proof of appointment is submitted with the claim.

**Payment Option 2 – Electronic Funds Transfer**

This option can be selected by the Servicemember or, if applicable, the guardian, power of attorney, or military trustee. Payment will be made to the Servicemember's bank account, or in the case of a military trustee, the trusteeship account.

**Payment Option 3 – Check**

A check will be issued to the Servicemember, guardian, power of attorney, or military trustee on behalf of the Servicemember.

Please choose one of the three payment options below:

**Payment Option 1—Prudential's Alliance Account®**  
Complete the mailing address below (street address only, no PO boxes).

Servicemember's Mailing Address for Payment—No PO Boxes Apartment, Ward or Room (if any)

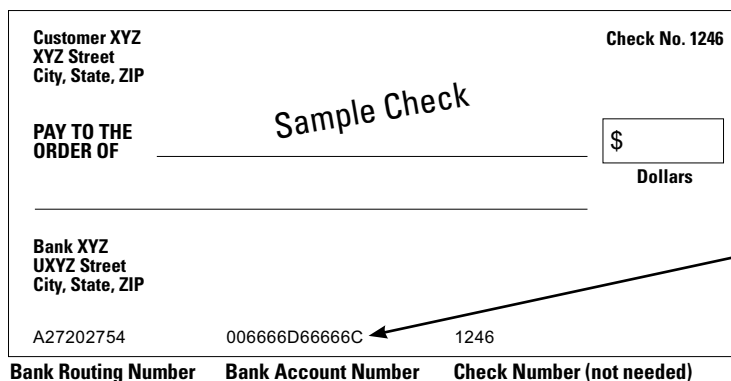
City State ZIP Code

**Payment Option 2—Electronic Funds Transfer (EFT)**  
To have the payment made by EFT, fill in your banking information below.

Bank Routing Number Bank Account Number  Checking  
 Savings

Bank Name Bank Phone Number

First Name MI Last Name



The **bank routing number** is always 9 digits and appears between the : symbols

The **bank account number** varies in length and may contain dashes or spaces. The 11 symbol indicates the end of the account number.

**Payment Option 3—Check**  
Important: If you are a guardian, power of attorney, or military trustee you must complete the information below when requesting a check.

Mailing Address for Payment—No PO Boxes Apartment (if any)

City State ZIP Code

**Financial Counseling**

VA sponsors financial counseling for TSGLI recipients.

To receive this counseling, check the box below.

**I would like to receive financial counseling with my TSGLI benefit. This counseling is offered at no cost to you.**

You should get financial counseling as soon as possible after receiving your insurance money and before making any major financial decisions. For more information on this benefit, visit <http://www.benefits.va.gov/insurance/bfcs.asp>.

**Signature**

The Servicemember, guardian, power of attorney, or military trustee must sign here.

\_\_\_\_\_  
Signature of servicemember guardian, power of attorney, or military trustee

Date Signed (MM DD YYYY)  
\_\_\_\_\_

\_\_\_\_\_  
Description of Authority to act on behalf of the member (Guardian, POA, etc.)



