DEPARTMENT OF VETERANS AFFAIRS
Insurance Center
P.O. Box 42954
Philadelphia, PA 19101

We are truly sorry for your loss. We know this is a most difficult time in your life, but we want to provide you with the options that are available for you to receive your life insurance payment. Unless the insured designated otherwise, you have four options:

Option A: Alliance Account
This is an account opened for you by the program's primary insurer, The Prudential Insurance Company of America. This account earns interest, and you would be sent a book of drafts (similar to a checkbook). You then have the choice of writing a draft for the entire balance in your account, or you could use drafts to pay any immediate bills and leave the balance in the Alliance Account until you have the opportunity to consider permanent alternatives.

The Alliance Account is not a bank account and is not insured by the FDIC. The Alliance Account is a contractual obligation of Prudential and backed by the financial strength of the company. While the account is not insured by the FDIC, every state has a state guaranty association that is legally obligated to guaranty payment of at least $250,000, with most states providing $300,000 in protection, and a few providing protection of up to $500,000. These associations have met all obligations since they were created 25 years ago.

Option B: Check Mailed to You
A check for the full amount due will be mailed in your name to the address you enter on the Claim for Death Benefits.

Option C: Electronic Funds Transfer
The full amount due will be transferred to the bank account you provide on the Claim for Death Benefits. The account **MUST** be in your name as the designated beneficiary.

Option D: 36 Equal Monthly Installments
You would receive a check or Electronic Funds Transfer each month for the insurance, plus interest, over a period of 36 months.

We strongly urge you to take advantage of the free, independent, third party financial counseling offered through **Beneficiary Financial Counseling Service.** For more information about the counseling service call FinancialPoint® at **1-888-243-7351.**

If you have questions about this letter please call the Office of Servicemembers' Group Life Insurance at **1-800-419-1473.**

Again, please accept our condolences on your loss.

Sincerely,

Department of Veterans Affairs

Prudential

Office of Servicemembers'
Group Life Insurance

HOW TO COMPLETE A CLAIM FOR DEATH BENEFITS

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI) OR VETERANS' GROUP LIFE INSURANCE (VGLI).

GENERAL INSTRUCTIONS FOR BOTH SGLI & VGLI CLAIMS, UNLESS OTHERWISE SPECIFIED.

Item 1	Provide full name of the deceased Service Member or Veteran.
Item 2	Provide Social Security Number of deceased.
Item 3	Provide date of death of deceased.
Item 4,5,6 **(SGLI ONLY)**	Provide branch of service, duty status on date of death (if known), and date of discharge or separation (if known) of deceased.
Item 7,8,9,10	Provide your full name, relationship to deceased, your date of birth, and Social Security Number.
If you were married to the deceased when he/she died, but were NOT named as his/her insurance beneficiary, complete items 11A through 14C as applicable.	
If you were NOT married to the deceased when he/she died and were not specifically named as his/her insurance beneficiary, complete Part II through 15D. Be sure to provide the required information as to the deceased's marital status and any children. In items 15A through 15D, provide the information about persons indicated in the answers to the preceding questions. Use a separate signed sheet if necessary.	
Complete Part III if you were not named as the insurance beneficiary, were NOT married to the deceased at his/her death, and are not a parent of the deceased.	
Parts IV and V must be completed by all claimants.	

PAYMENT OF DEATH BENEFITS

SGLI and VGLI death benefits will be paid to the beneficiary designated by the insured. If no beneficiary has been named, the proceeds are payable to:

- The widow or widower of the insured; if none, it is payable to
- The child or children in equal shares with the share of any deceased child distributed among the descendants of the child; if none, it is payable to
- Parent(s) in equal shares; if none, it is payable to
- A duly appointed executor or administrator of the insured's estate, and if none, to
- Other next of kin.

For SGLI Claims Only (Active Duty, Active Duty for Training, Inactive duty training, Reserves, Guard)	▪ If the deceased died while on active duty, or while a member of a Reserve or National Guard Unit, the Office of Servicemembers' Group Life Insurance will be furnished with proof of death by the Uniformed Service. ▪ If you require assistance regarding a member's SGLI coverage, contact the branch Casualty Office. ▪ The completed claim form must be returned to: **Branch Casualty Office (DO NOT SUBMIT TO OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE, OSGLI)**
For VGLI Claims Only (Veterans who applied for VGLI coverage and had it in effect at the time of death.)	▪ The claimant must submit certified copy of the death certificate. ▪ The completed form must be returned to: The Prudential Insurance Company of America Office of Servicemembers' Group Life Insurance PO Box 70173 Philadelphia, PA 19176-0173

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CLAIM FOR DEATH BENEFITS Servicemembers' Group Life Insurance Veterans' Group Life Insurance	**SGLI Claims**	Return completed form to the Branch of Service Casualty Office. **DO NOT** send directly to Office of Servicemembers' Group Life Insurance.
Note: This form is not to be used for National Service Life Insurance (NSLI) or United States Government Life Insurance	**VGLI Claims**	Return completed form to: The Prudential Insurance Company of America Office of Servicemembers' Group Life Insurance P.O. Box 70173 Philadelphia, PA 19176-0173

PART I – Information of Deceased and Claimant

1. Name of deceased (first middle last)		**2.** Social Security Number	**3.** Date of death
4. Branch of service	**5.** Duty status on date of death (if known) ☐ Active Duty ☐ Discharged or Separated ☐ Drilling Reservist ☐ Individual Reservist Ready	**6.** If discharged or separated, give date (if known) (month day year)	
7. Your name (first middle last)	**8.** Your relationship to the deceased	**9.** Your date of birth (month day year)	**10.** Your Social Security Number

If you are the widow or widower of deceased complete Items 11A through 14C

11A. Date of marriage (month day year)	**11B.** Place of marriage (City & State)	**12.** Did the marriage continue until date of death? ☐ Yes ☐ No
13A. Did deceased have any previous marriages? (If yes, complete 13B & 13C) ☐ Yes ☐ No	**13B.** Previous marriage terminated by: ☐ Death ☐ Divorce	**13C.** Date previous marriage terminated (if divorced within last 5 years, attach copy of the divorce decree).
14A. Did you have any previous marriages? (If yes, complete 14B & 14C) ☐ Yes ☐ No	**14B.** Previous marriage terminated by: ☐ Death ☐ Divorce	**14C.** Date previous marriage terminated (if divorced within last 5 years, attach copy of the divorce decree).

PART II – Information concerning the next of kin of the deceased

If you are not the named beneficiary, widow, or widower of the deceased, complete Parts II and III

In the table below, list the name, age, relationship, and address of:

(a) Widow or widower ☐ None If none, was insured ever married? ☐ Yes ☐ No
If Yes, did marriage terminate by: Divorce (mm dd yyyy) _____ Death (mm dd yyyy) _____

(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child and indicate each child's status. List the descendants of any deceased child or children. If no children, check box: ☐

(c) If there are no children or descendants of children, list the surviving parent or parents.
Is the father deceased? ☐ Yes ☐ No Is the mother deceased? ☐ Yes ☐ No

(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers or sisters, etc.).

15A. Name	15B. Age	15C. Relationship to deceased	15D. Address

Complete items 16 and 17 ONLY if any of the persons listed above are under the age of 21.

16. Name and address of guardian for any minor children listed above if one has been appointed by the court. (Attach copy of appointment paper issued by court.)	**17.** If a guardian has not been appointed, will one be appointed? ☐ Yes ☐ No

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Name of Deceased: _____ SSN of Deceased: ☐☐☐ ☐☐ ☐☐☐☐

PART III – Information concerning the estate of the deceased

18. Name and address of the executor or administrator, if any, appointed by the court to settle the estate of the deceased.

19. If an executor has not been appointed, will one be appointed?
☐ Yes ☐ No

PART IV – Method of Payment

I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected 36 monthly installments, my preferred method of payment is:

- ☐ Lump Sum – Alliance Account®
- ☐ Lump Sum – Check
- ☐ Lump Sum – Electronic Funds Transfer (EFT) – Please provide your banking information below.
- ☐ 36 equal monthly payments – Check
- ☐ 36 equal monthly payments – Electronic Funds Transfer (EFT) – Please provide your banking information below.

Failure to designate a Method of Payment will delay the claim payment.

For EFT only – Please provide your banking information below to have the benefit paid by Electronic Funds Transfer.

Bank Routing Number ☐☐☐☐☐☐☐☐☐

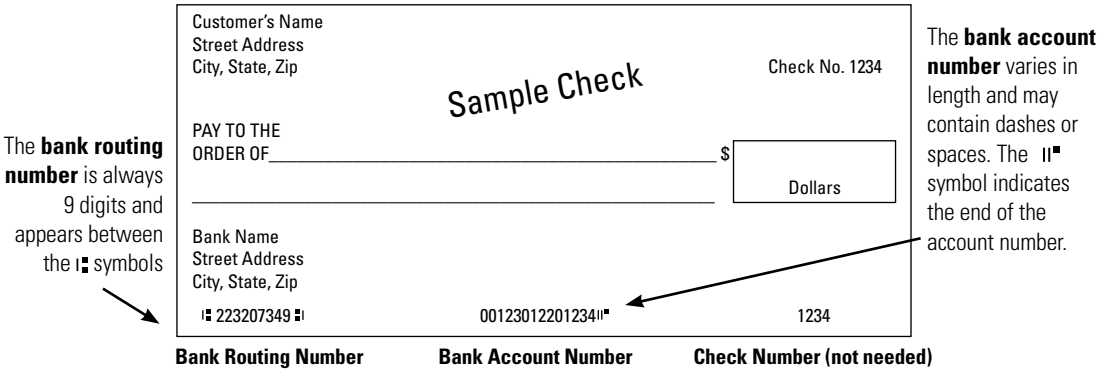
Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ 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 ⑈ symbol indicates the end of the account number.

Bank Routing Number **Bank Account Number** **Check Number (not needed)**

If I have selected payment by Electronic Funds Transfer, I authorize The Prudential Insurance Company of America (Prudential) to make electronic deposits of my Death Claim proceeds into the above account. I understand that I must be the named account holder on this account and that any deposit made to an inactive account agreement will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such Death Claim proceeds is credited to this account in error, I authorize Prudential to withdraw the difference between the benefit amount paid and the recalculated amount of the benefit actually due under the terms of the insurance coverage.

The Bank of New York Mellon 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. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

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Name of Deceased: _____ SSN of Deceased: ☐☐☐ ☐☐ ☐☐☐☐

PART V – Certification by claimant		
I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld.		
20. Signature of claimant	**21.** Address (Number and Street, Apt. No., City, State, ZIP Code)	**22.** Date **23.** Phone
24. Claimant Email Address		
WARNING — Any intentionally 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)		

ABOUT THE ALLIANCE ACCOUNT

1. The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at (877) 255-4262.
2. The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.
3. An Alliance Account is an interest bearing draft account established in the beneficiary's name with a draft book. The beneficiary can write drafts for any amount up to the full amount of the proceeds. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.
4. **The funds in your Alliance Account are available immediately.** Simply use the drafts to access the account anytime you wish. You can write a draft to yourself (which you can cash or deposit at your own bank) or write a draft to another person or to any business as you need your funds.
5. Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America which has been in business and serving its customers for over 140 years. **The Alliance Account is not a bank account or a bank product, and therefore, is not FDIC insured.**
6. Accountholders cannot make deposits into an Alliance Account. Only eligible payments from other Prudential insurance policies or contracts may be added to the Alliance Account.
7. You can access the money immediately by using the draft book you will receive. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.

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The Office of Servicemembers' Group Life Insurance (OSGLI) administers Servicemembers' Group Life Insurance and Veterans' Group Life Insurance under the supervision of the Department of Veterans Affairs. OSGLI is a division of the Prudential Insurance Company of America.