

Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 1.

Notes:

- **M29-1, Part 6, Chapter 1** has been rewritten in its entirety for improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 1** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Eliminates duplicative historical information regarding the insurance programs that is already in Part 1 of the insurance manual; moves additional historical information to Part 1 of the insurance manual	Prior Subchapter 1.01
Eliminates outdated references to the St. Paul Regional Office and the USGLI program as no longer applicable to the insurance programs	New Subchapter 1.01
Eliminates reference to line of duty as being a factor in determining an award of insurance benefits as no longer applicable to the insurance programs	New Subchapter 1.03
Revises the definitions of supplemental, amended, and adjustment awards	New Subchapter 1.05
Eliminates definition of a total and permanent disability installment continued award on USGLI as no longer applicable to insurance programs	New Subchapter 1.05
Revises the definition of a contingent award for gratuitous insurance to explain that a remarried spouse is no longer eligible for the award payment	New Subchapter 1.05
Eliminates references to how to process returned original paper records as no longer applicable to the insurance programs	Old Subchapter 1.08

Reason(s) for Change	Citation
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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 2.

Notes:

- **M29-1, Part 6, Chapter 2** has been rewritten in its entirety for improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 2** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Eliminates references to Section 724 waiver and two VA forms as obsolete and no longer applicable to the insurance programs	Subchapter 2.02
Clarifies how deductions made after the insured's death are processed for deductions from benefits (DFB), allotments, VAMATIC, and accounts in force due to Section 1912 or 1948 waiver	Subchapter 2.03
Eliminates reference to Section 724 waiver as no longer applicable to the insurance programs	Subchapter 2.03
Eliminates explanation of how to process USGLI (total and permanent disability) death claims using Form 29-368d Form as no longer applicable to the insurance programs	Prior Subchapter 2.06
Eliminates references to Section 713 and 724 waivers as well as outdated VA forms and input cards in the preparation of death aware input documents as no longer applicable to the insurance programs	New Subchapter 2.06

Reason(s) for Change	Citation
Eliminates reference to notification to St. Paul Insurance Office as no longer applicable to the insurance programs	Subchapter 2.01
Clarifies that automated system processing of a death claim will not occur if the insured's date of death occurred more than two years ago and there	Subchapter 2.02

is a dividend credit segment on the record, except for RH or H policies.	
Clarifies the process for handling a premium overpayment postmarked after the insured's date of death	Subchapter 2.03
Clarifies the processing of Form 29-368d, removing outdated paper-based processes.	Subchapter 2.04
Clarifies the definition and content of key fields that must be completed Form 29-368d, if manual processing is required, including what type of information should be included in the Notes section of the form.	Subchapter 2.05
Removes fields which are no longer part of Form 29-368d and references to off-tape liens and Section 713 waiver which are no longer applicable to the insurance program.	Subchapter 2.05
Updates the steps that should be taken on a death award after completion of the Form 29-368d, eliminating paper-based process references	New Subchapter 2.07
Updates the process for handling supplemental and amended Forms 29-368d, eliminating paper-based process references.	New Subchapter 2.08

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 3.

Notes:

- **M29-1, Part 6, Chapter 3** has been rewritten in its entirety for improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 3** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Clarifies that Insurance staff will send correspondence to a beneficiary if the Insurance Center does not receive a claim form after receipt of notification of an insured's death	Subchapter 3.01
Clarifies how Insurance will process an award in which the insured did not clearly designate the percentage of the policy proceeds for multiple beneficiaries	Subchapter 3.01
Explains that the payment will be made in one lump sum if the insured did not indicate another mode of settlement	Subchapter 3.01
Explains the process by which Insurance staff processes a claim, including the steps outlined for follow-up action if no response is received from the beneficiary within 45 days of release of initial correspondence	Subchapter 3.02
Explains the steps that should be taken by staff when a claim is received on an ad hoc basis or is greater than ten months old	Subchapter 3.02
Explains how staff should process a claim that is payable to a trust, including the additional documentation that is required in such cases	Subchapter 3.02
Explains how to process cases with designations made more than 50 years ago	Subchapter 3.02
Explains how to process cases with a reported first notice of death and an uncashed dividend check	Subchapter 3.02
Explains how to process cases where the date of death is unclear	Subchapter 3.02

Explains that for pending cases over 45 days old, claims examiners should follow the Standard Operating Procedures 29-18-008	Subchapter 3.02
Explains the steps that staff should follow when processing a death claim for a case in which the beneficiary requests payment be made in monthly installments	Subchapter 3.03

Reason(s) for Change	Citation
Eliminates language stating the claims examiner will send a form letter when a beneficiary designation is not clear as the topic is covered under the routine processing of awards	Subchapter 3.01
Eliminates language stating that there will be special processing of an award involving two or more beneficiaries without qualification as covered under the routine processing of awards	Subchapter 3.01

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 4.

Notes:

- **M29-1, Part 6, Chapter 4** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 4** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains the process by which insureds should notify the Insurance Center of erroneous death notices; also explains the process on how such notices should be internally processed to ensure accuracy.	Subchapter 4.01
Clarifies the type of policies that will not be restored when an erroneous death notice is received by the Insurance Center.	Subchapter 4.01
Explains the internal procedures that should be followed when a policy that has been previously cancelled due to an erroneous death notice is being restored; removes paper-based processes for handling erroneous notices that are no longer applicable to the insurance programs	Subchapter 4.01
Explains that a record marked with an insured’s presumptive date of death is held in pending status until the actual date of death is received; removes paper-based processes for handling presumptive deaths that are no longer applicable to the insurance programs	Subchapter 4.02
Explains that additional information regarding how to process presumptive death cases has been moved to M29-1, Part 6, Chapter 15 of the Insurance Manual	Subchapter 4.02
Removes Subchapter regarding unconfirmed notices of death as no longer applicable to the insurance programs	Subchapter 4.03

Reason(s) for Change	Citation

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Key Changes

**Changes
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The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 7.

Notes:

- **M29-1, Part 6, Chapter 7** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 7** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains the requirements for insurance to process a federal tax levy requested by the IRS	Subchapter 7.01
Explains how the staff should process a federal tax levy requested by the IRS and have it applied against either a lump sum award or an installment payment	Subchapter 7.01
Explains to whom the Insurance Form 712 should be released, and how it is generated by the VA system; eliminates outdated paper process for preparing this form	Subchapter 7.02
Eliminates references to interest rates on specific insurance programs as already referenced in M29-1, Part 1	Subchapter 7.02
Provides updated language to the template letter that is released by the Insurance Center to the IRS regarding a federal tax levy applied to an insurance policy	Subchapter 7.03

Reason(s) for Change	Citation
Explains that the staff will advise that tax questions regarding the insurance programs should be directed to either a certified accountant or	Subchapter 7.01

Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 9.

Notes:

- **M29-1, Part 6, Chapter 9** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 9** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains how the Claims Adjustment Technician (CAT) or Lead Claims Adjustment Technician (LCAT) should process a pending application for S-DVI when they have also received a form for settlement of a death claim	Subchapter 9.01
Explains how the LCAT should process a death claim when three types of reinstatement applications are pending approval for either a medical or non-medical reinstatement, or a disapproval for a reinstatement application	Subchapter 9.02

Reason(s) for Change	Citation

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Key Changes

**Changes
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The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 10.

Notes:

- **M29-1, Part 6, Chapter 10** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 10** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Updates how the staff should process limited-pay records (non-death award overpayments), based on whether the liability is greater than \$25	Subchapter 10.02

Reason(s) for Change	Citation

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Key Changes

**Changes
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 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 11.

Notes:

- **M29-1, Part 6, Chapter 11** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 11** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Removes outdated information on local indexing of unidentified correspondence as the process has been replaced by Imaging, which is explained in M29-1, Part VIII	Subchapter 11.01
Clarifies that Insurance staff should send a letter to a correspondent stating that no coverage is in force if there is no Insurance electronic record	Subchapter 11.01
Clarifies that Insurance staff should forward an explanation to a correspondent when VA systems report that a policy was in force prior to the death of the insured	Subchapter 11.01
Explains that inquiries regarding paid insurance claims or any other related inquiries should be handled via the procedures listed in M29-1, Part 1, Chapter 12—Miscellaneous	Subchapter 11.02

Reason(s) for Change	Citation

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 12.

Notes:

- **M29-1, Part 6, Chapter 12** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 12** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains that a pending award is one in which an award can be paid to a beneficiary and follow-up action should be taken; explains the criteria for a pending case to be considered a “Next Best Beneficiary” award or a “Dormant” account; explains documentation for “Next Best Beneficiary” cases; explains that standard operating procedures should be followed to dormant an account	Subchapter 12.01
Explains that Insurance Claims staff should follow standard operating procedures when developing a pending award claim if 30 days have elapsed since release of claim forms	Subchapter 12.02
Eliminates subchapter on delayed pending awards as no longer an award category in Insurance	Prior Subchapter 12.03
Explains that pending awards can only be deleted if made dormant through the standard operating procedure; explains that dormant cases can be returned to pending status if the award later becomes payable	Prior Subchapter 12.04/New Subchapter 12.03

Reason(s) for Change	Citation

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Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part VI, Chapter 12 Pending Awards.

Notes:

- [M29-1, Part VI, Chapter 12 Pending Awards] has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within [M29-1, Part VI, Chapter 12 Pending Awards] so that it flows logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic, and
 - update the labels of individual blocks and the titles of sections and topics to reflect their content more accurately.

Reason(s) for Notable Change	Citation
Included language to provide instructions on developing in death cases.	M29-1, Part VI, Chapter 12, Subchapter 12.02
Included language to provide instructions on the Next Best Beneficiary Processing	M29-1, Part VI, Chapter 12, Subchapter 12.03

Reason(s) for Change	Citation

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Key Changes

**Changes
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 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part VI, Chapter 14 Initiation of Claim for Insurance – Other Than Routine Cases.

Notes:

- [M29-1, Part VI, Chapter 14 Initiation of Claim for Insurance – Other Than Routine Cases] has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - update incorrect or obsolete references
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic, and
 - update the labels of individual blocks and the titles of sections and topics to reflect their content more accurately.

Reason(s) for Notable Change	Citation
Included language to provide claims processing instructions on when the U.S. Government is listed as the Veteran’s beneficiary.	M29-1, Part VI, Chapter 14, Subchapter 14.09

Reason(s) for Change	Citation

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Key Changes

**Changes
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 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 15.

Notes:

- **M29-1, Part 6, Chapter 15** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 15** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains that employees should follow standard operating procedures for proof of death and provides an overview of those procedures; clarifies that additional development is not required for cause of death except in homicide cases	Subchapter 15.01
Explains how a presumptive date of death should be calculated for matured contracts payable for contracts both greater and less than the amount of \$25,000; explains how the Insurance staff should handle a claim in which a death certificate cannot be provided	Subchapter 15.02
Eliminates prior language of subchapter as no longer applicable to the insurance programs and replaces with language explaining how the staff should suspend a TDIP payment if the insured was receiving a TDIP payment at the time of death	Subchapter 15.03
Eliminate entire subchapter as no longer applicable to the insurance programs	Subchapter 15.04

Reason(s) for Change	Citation

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 16.

Notes:

- **M29-1, Part 6, Chapter 16** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 16** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Eliminates references to the USGLI program as outdated and no longer applicable to the insurance programs; clarifies that an updated beneficiary designation must be signed by the insured prior to forwarding to VA; if a policy is payable to the estate, provides reference to M-29-1, Part 6, Chapter 14 for additional information	Subchapter 16.01
Explains that determinations pertaining to the testamentary capacity of the insured will be made via a Request for Rating/Administrative Decision Memo (VA Form 2105); clarifies that standards for determination of testamentary capacity for insurance purposes are located at 38 CFR 3.355; updates and explains the procedures for how insurance staff should review cases in which a question of the insured’s testamentary capacity exists; clarifies that a record of the rating agency’s decision should be imaged to VA systems in case of an appeal to the Board of Veterans Appeals (BVA) or to federal district court; eliminates language pertaining to insurance processes and forms that are no longer applicable to the insurance programs	Subchapter 16.02
Eliminates language pertaining to NSLI policies maturing prior to August 1, 1946 or to USGLI policies as no longer applicable to the insurance programs	Subchapter 16.03
Clarifies that Insurance will generally accept a change of beneficiary from	Subchapter 16.04

a court-appointed representative of an incompetent insured, if accompanied by a specific court order authorizing the designation change; explains that a death claim case will be developed to determine if the court order was submitted by the court-appointed representative if that representative made the last beneficiary designation change; explains that a court order authorizing a beneficiary change will be submitted to VA Regional Counsel for review; explains that in cases in which a change of beneficiary was not submitted with a court order, the claim will be paid in accordance with the last valid beneficiary designation of record	
Clarifies the factors that should be considered when determining if an insured was subject to fraud, duress, coercion, or undue influence when making a change of beneficiary designation; clarifies that the standard for determining if the designation change is valid requires examination of whether the influence was sufficient to affect the free will of the insured; explains that the undue influence may take the form of either physical or mental coercion that affects the free will of the insured	Subchapter 16.05
Eliminates prior Subchapters 16.06-18.08 as no longer applicable to the insurance programs	Subchapter 16.06, 16.07 and 16.08
Clarifies that beneficiary designation changes received after the death of the insured may still be accepted as valid, if there is evidence of the insured's intent and a documented affirmative act to assert his intent; explains that documents may be accepted after the death of the insured from the insured's agent, if the documents were properly executed prior to the insured's death	Prior Subchapter 16.09/New Subchapter 16.06

Reason(s) for Change	Citation

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 17.

Notes:

- **M29-1, Part 6, Chapter 17** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 17** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Eliminates Subchapter 17.01 as historical information that is no longer applicable to the insurance programs	Subchapter 17.01
Clarifies that a change in settlement option/beneficiary designation is effective upon date it is received by VA; clarifies that VA will honor a change in settlement option/beneficiary designation if insured died before forwarding it if the change is determined to be a valid one; eliminates the language regarding Public Law 70-589 as no longer applicable to the insurance programs	New Subchapter 17.01/Prior Subchapter 17.02
Eliminates language regarding the 1946 amendment of Section 1916 of Title 38 as no longer applicable to the insurance programs; clarifies the four modes of settlement options available in the insurance programs; clarifies that if monthly payments would be less than \$10 for a contingent beneficiary, they will be paid commuted value of the remaining unpaid installments, eliminates language regarding USGLI policies as no longer applicable to the insurance programs.	New Subchapter 17.02/Prior Subchapter 17.03
Clarifies the number of option settlements—1 through 4—that can be selected by the insured in the NSLI programs; explains the circumstances under which an beneficiary can select option 1 if the insured had previously selected options 2, 3 or 4; clarifies that if an insured did not previously select a settlement option, then the beneficiary will be paid	New Subchapter 17.03/Prior Subchapter 17.04

under option 1; eliminates language regarding USGLI policy options as no longer applicable to the insurance programs; clarifies that a beneficiary will be advised by mail of the settlement options available and may choose to elect another permissible option upon written request	
Eliminates language regarding policies that matured prior to August 1, 1946 and regarding USGLI policies as no longer applicable to the insurance programs	New Subchapter 17.04/Prior Subchapter 17.05
Clarifies that date of birth discrepancies are only relevant to payments under option 3 or 4 settlements	New Subchapter 17.05/Prior Subchapter 17.06
Clarifies that a beneficiary may change their settlement option if made within one year of date of receipt and done within the limits described in Subchapter 17.03; explains that a change of settlement option will be effective upon the date received by VA if the option differs from the option originally selected by the insured; clarifies the process of how the Death Claims Section will process a request by a beneficiary to change the policy settlement option; eliminates language regarding USGLI policy options as no longer applicable to the insurance programs	New Subchapter 17.06/Prior Subchapter 17.07
Explains that when a beneficiary who is entitled to receive payment under option 1 elects another option—2 through 4—they may at any time receive the present value of any remaining unpaid installments certain	New Subchapter 17.07/Prior Subchapter 17.08
Explains how a beneficiary's conditional election of option will be processed by the Insurance Claims Division and under what circumstances the other options will be available to the beneficiary	New Subchapter 17.08/Prior Subchapter 17.09
Clarifies the payment tables used to determine the settlement values for options 2—5 in the NSLI program; clarifies that the Insurance Actuarial Staff must be consulted regarding option 2 interest rates due to their frequent fluctuation; eliminates language regarding gender based rates as no longer applicable	New Subchapter 17.09/Prior Subchapter 17.10
Clarifies that VA Form 20-4125 pre-populates the claim form with the selection of option 1 as mode of settlement payment and that proceeds will be paid under option 1 unless the insured selected another settlement option; explains that with regard to VA Form 29-336, payment will be made based on the options listed by the insured on the most recent form he completed; language on VA Form 29-336 was altered on all forms issued after November 1965 to provide for automatic cancellation of all previous designations and options selected by the insured; explains under what circumstances the estate of a beneficiary is entitled to receive the commuted value of any remaining unpaid installments previously paid under an option other than option 1, eliminates language regarding USGLI policy options as no longer applicable to the insurance programs	New Subchapter 17.12/Prior Subchapter 17.13

Reason(s) for Change	Citation

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 18 Assignments.

Notes:

M29-1, Part 6, Chapter 18 has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.

- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 18** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains that gratuitous insurance under 38 U.S.C. 1922(b) is not assignable	Subchapter 18.01
Removed Subchapters and text referencing assignment of USGLI proceeds as program has been closed and all proceeds possibly issued on these policies	Prior Subchapters 18.03, 18.05, 18.07, and 18.09
Explains that when an assignment is received prior to payment of a principal beneficiary where no payment option was selected by the insured, payment will be made in a lump sum.	Prior Subchapter 18.04/New Subchapter 18.02
Removed Subchapter discussing comparison of two different assignment laws, as one law is no longer applicable	Prior Subchapter 18.06
Updated the procedure for handling of cases where the beneficiary is involved in the death of the insured; and removed language allowing Insurance to pay another beneficiary within the limited assignment class if there are questions as to whether the assignee is in that class	Prior Subchapter 18.09/New Subchapter 18.05

Reason(s) for Change	Citation
Clarifies how a claim would be paid in the absence of a survivorship clause in the insurance policy when an assignment is made	Subchapter 18.01

Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 19 Attorney’s Fees.

Notes:

- **M29-1, Part 6, Chapter 19** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 19** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Deleted entire all prior subchapters as they are obsolete and contain outdated legal references	Prior Subchapters 19.01 and 19.02
Updates statutory and regulatory references; specifies that any fee agreement must be in writing, signed by both parties to the agreement; specifies the information that must be included in the agreement; specifies whether VA will pay the agent out of past-due VA benefits; states that any fee agreement must be filed with VA’s Office of General Counsel within 30 days of its execution; and explains the circumstances under which a court will determine the amount of reasonable fees in such an agreement	New Subchapter 19.01

Reason(s) for Change	Citation

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None

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Key Changes

**Changes
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The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 20, Determinations Relating To Homicide And Survivorship in Claims for Insurance.

Notes:

- **M29-1, Part 6, Chapter 20** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 20** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Clarifies that in cases where beneficiary involvement in the death of the insured is at issue, claims payment will be delayed until the completion of legal proceedings	Subchapter 20.03
Clarifies that if a beneficiary who was found to have caused the death of an insured would receive the proceeds through payment to the insured's estate, Insurance will request the Rating Activity to make a determination on payment of the proceeds.	Subchapter 20.03

Reason(s) for Change	Citation

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 21.

Notes:

- **M29-1, Part 6, Chapter 21** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 21** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains the additional appeal rights granted to claimants under PL 115-55; explains that claimants will be provided timely notifications of a decision and their rights to appeal on VA Form 20-0998	Subchapter 21.01
Explains that 38 CFR 8.30 provides for review of specific types of insurance decisions, including: an application for benefits, a claim for benefits, decision on total disability income provision and reinstatement, decision finding fraud or reason for forfeiture of benefits	Subchapter 21.02
Explains the specific elements that must be included in a notification letter to the claimant for decisions subject to review	Subchapter 21.03
Explains the options available to claimants who disagree with a decision by the Insurance Center: option to request a Supplemental Claim Review, option to request a Higher-Level Review, option to file a Notice of Disagreement with the Board of Veterans Appeals, option to file a complaint with the federal district court of jurisdiction	Subchapter 21.04
Explains that claimants who currently have an appeal pending in the legacy appeals process may choose to continue in that system, or they may opt to transfer to the Supplemental Claims Review or Higher-Level Review process; explains that claimants can opt in to the modernized appeals system if they received a Statement of the Case or Supplemental Statement of the Case prior to February 19, 2019	Subchapter 21.05

Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 23.

Notes:

- **M29-1, Part 6, Chapter 23** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 23** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Clarifies that the Rating Activity of jurisdiction determines competency of the insured prior to death, and the Philadelphia Rating Activity determines competency of the insured after death; explains that the Insurance Live Claims staff retains final authority to determine insurability for ARH program purposes	Subchapter 23.01
Explains that the Live Claims staff must first determine if the insured met basic ARH program eligibility requirements before the case is referred to the Rating Activity for a competency determination;	Subchapter 23.02
Clarifies that a guardian must have been appointed no more than 2 years prior to the insured's death in order to apply for the benefit on the insured's behalf	Subchapter 23.02
Explains the eligibility requirements needed to qualify for the ARH benefit and explains that a grant of ARH insurance bars the claimant from receipt of Supplemental Service-Disabled Veterans' Insurance	Subchapter 23.02
Explains that a widow or widower entitled to payment of the ARH benefit is not excluded from receipt of the benefit, unless they have remarried	Subchapter 23.03
Explains that for the purpose of determining the order of precedence for ARH payment, evidence is required of the insured's death and if applicable, proof of any alleged remarriage of the widow or widower; for purposes of determining the nature of the relationship of the beneficiary to	Subchapter 23.03

the insured, evidence should be based on legal requirements from 38 CFR 3.0 and 38 CFR 8.2	
Eliminates language that refers to filing a claim prior to January 1, 1961, as no longer applicable to the insurance programs	Subchapter 23.04
Clarifies that under federal law payment of the ARH benefit will be made as one sum payment only	Subchapter 23.05
Clarifies that ARH claims processing will follow the procedures outlined in M29-1, Part 1, Chapter 15.06 of the Insurance Manual	Subchapter 23.06
Eliminates Subchapters 23.07 and 23.08 as the procedures are no longer applicable to the insurance programs	Subchapters 23.07 and 23.08
Explains that a letter denying the claimant the ARH benefit will include information on appeal rights; clarifies that a decision denying the claimant's mental incompetency is made by the Rating Activity, but that any appeal of the decision must be submitted to the Regional Office of jurisdiction over the case	New Subchapter 23.07/Prior Subchapter 23.09

Reason(s) for Change	Citation

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Key Changes

**Changes
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The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 24.

Notes:

- **M29-1, Part 6, Chapter 24** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 24** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains that Insurance staff should request a rating form the Philadelphia Rating Activity on Form 2105 if they receive information that a beneficiary may be incompetent	Subchapter 24.02
Explains that all correspondence and development pertaining to the determination of whether an insurance beneficiary is incompetent should be directed to the attention of the Philadelphia Rating Activity	Subchapter 24.03
Explains that if a beneficiary has already been rated incompetent by the Rating Activity, then a VA Form 21-592 should be forwarded to the Fiduciary Hub of jurisdiction	Subchapter 24.04
Eliminates language related to squandering of proceeds by a beneficiary that is no longer applicable to the insurance programs	Subchapter 24.05
Eliminates language related to the format of requests for incompetency ratings from the Philadelphia Rating activity as no longer applicable; Subchapter 24.02 includes the new prescribed format of Form 2105.	Subchapter 24.06

Reason(s) for Change	Citation

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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Chapter 25.

Notes:

- **M29-1, Part 6, Chapter 25** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Chapter 25** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Explains that a claim for disability benefits will be approved without additional development if the evidence of record is sufficiently supportive, and if not, then the claim will be developed by the Insurance staff and a VA Form 29-357 will be forwarded to the applicant	Subchapter 25.01
Eliminates duplicative Subchapter as language already in M29-1, Part 1, Chapter 31	Prior Subchapter 25.02
Eliminates three medical situations where a claim for waiver of premiums after death of the insured should not be invited as already explained in other subchapters of the section.	Prior Subchapter 25.03/New Subchapter 25.02
Eliminates detailed listing of common chronic conditions that may have resulted in total disability prior to death as outdated and not all inclusive with changing medical science	Subchapter 25.06

Reason(s) for Change	Citation

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Key Changes

**Changes
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The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 6, Appendix A.

Notes:

- **M29-1, Part 6, Appendix A** has been rewritten in its entirety for improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 6, Appendix A** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Change from Appendix B to Appendix A	
Explains and updates a table that lists the age of majority and minimum age of emancipation for individuals in the fifty states in the US and its territories	Appendix A
Adds Note that explains that the insertion of the phrase “no specific age” refers to the fact that there is no emancipation statute in the state being referenced, and that the state considers other factors when weighing whether an individual should be considered as an emancipated adult under the laws of that state	Appendix A

Reason(s) for Change	Citation

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