



# Department of Veterans Affairs

PO BOX 7208  
PHILADELPHIA PA 19101-7208

December 23, 2020

JOSEPH E FILSTRUP  
1321 BAIRD CT  
CONCORD CA 94518-3910

361 52 8653  
J E FILST  
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Did you know that you may be eligible for up to \$10,000 in valuable Government Life Insurance coverage? This letter will help you answer these questions: Do I Qualify, and is this the best insurance for me? It will also tell you how to apply if you answer "YES" to these questions.

## Do I Qualify?

You may qualify for Service-Disabled Life Insurance (S-DVI) coverage if you meet all 4 of the following criteria:

1. You were discharged from active duty on or after April 25, 1951, with an other than dishonorable discharge.
2. You received a VA rating of 0% or higher for a new service-connected disability.
3. You are in good health except for any service-connected conditions.
4. You apply within 2 years from the date VA grants your new service-connected disability.

Please note that an increase in an existing service-connected disability or the granting of individual unemployability of a previous rated condition does not qualify for this insurance.

## Is S-DVI the Best Insurance for ME?

S-DVI can be a great benefit to you if a commercial company rejected you for insurance, or offered you a policy at a higher premium because of your disability. However, if your disability is not serious, a commercial company may be able to offer you a better deal. Before you decide, compare their rates to the premium rates in the enclosed VA pamphlet 29-9. VA also offers a waiver of premiums benefit free of charge. With this benefit, if you become totally disabled before age 65 and are unable to work for six or more months, we may waive the premium.

## How Do I Apply for S-DVI?

You can apply for S-DVI online by visiting the VA Insurance website at [www.insurance.va.gov](http://www.insurance.va.gov) and clicking on "Apply for Service-Disabled Life Insurance Online". This will guide you through the application online and send it to the VA Insurance Center electronically. If you do not have access to a computer, review the enclosed pamphlet to select an insurance plan, complete the enclosed application and return it to:

VAIC (RH)  
P.O. BOX 7208  
PHILADELPHIA, PA 19101

The fastest and most secure way to send your application to VA Insurance is to use the document upload service at <https://insurance.va.gov/home/IDU>.

If you have questions, please call 1-800-669-8477. We will be on the line ready to assist you.

## DEPARTMENT OF VETERANS AFFAIRS

Enclosures: VA Pamphlet 29-9; VA Form 29-0151



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OMB Control No. 2900-0068  
Respondent Burden: 40 minutes  
Expiration Date: 06/30/2021

**APPLICATION FOR SERVICE-DISABLED  
VETERANS INSURANCE**

**IMPORTANT INFORMATION**

• **S-DVI** provides up to \$10,000 of life insurance for eligible veterans. To apply for this coverage, read the instructions below and complete both sides of the application. Make sure you sign and date the form.

• **Cost**

Before you apply for **S-DVI** coverage, we encourage you to compare our premium rates to commercial insurance companies. If your disability is not serious, you may be able to find better rates from a commercial company.

When considering the cost of **S-DVI** coverage, remember that if you are or become totally disabled and unable to work for six or more months you do not have to pay premiums on your S-DVI policy. Most commercial life insurance companies add an additional charge for this benefit.

• **Submitting your Application Online**

The fastest and most secure way to submit your application to VA Insurance is to use the document upload service at:  
<https://insurance.va.gov/home/IDU>.

• **If you prefer to Mail or Fax the Application**

Complete and sign the application and then send immediately to:

**Department of Veterans Affairs Insurance Center (RH)**

**P.O. Box 7208, Philadelphia, PA 19101**

**Or Fax to 1-888-748-5822.**

• **Questions**

If you have questions about Government Life Insurance, you can contact VA toll-free at 1-800-669-8477 or at [www.insurance.va.gov](http://www.insurance.va.gov).

**Please be sure to complete both sides of this application.**

1. Enter the amount, plan, and premium of the insurance for which you are applying. (See Pamphlet 29-9, Service-Disabled Veterans Insurance Information and Premium Rates).

A. AMOUNT OF INSURANCE

B. PLAN OF INSURANCE

C. MONTHLY PAYMENT

2. CHECK THE METHOD SHOWING HOW YOU WISH TO PAY FOR THIS INSURANCE:

☐ A. I WANT TO PAY PREMIUMS BY A MONTHLY DEDUCTION FROM MY VA COMPENSATION OR PENSION. (VA will start the deduction for you)

☐ B. I WANT TO PAY PREMIUMS BY A MONTHLY ALLOTMENT FROM MY MILITARY SERVICE/RETIREMENT PAY. (VA will start the allotment for you)

☐ C. I WANT VA TO AUTOMATICALLY WITHDRAW THE PREMIUM EACH MONTH FROM MY BANK ACCOUNT (VA MATIC). (Send first payment with this form)

☐ D. I WILL SEND PREMIUMS DIRECTLY TO VA AS FOLLOWS: (Send first payment with this form)

☐ MONTHLY    ☐ QUARTERLY    ☐ SEMI-ANNUALLY    ☐ ANNUALLY

**EVERY QUESTION MUST BE ANSWERED, BE SURE TO SIGN AND DATE AT THE BOTTOM OF THIS PAGE.**

3A. ARE YOU NOW WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO		3B. DO YOU WORK FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		3C. IF YOU ARE NOT WORKING OR WORKING PART-TIME EXPLAIN WHY (Please be specific)	
3D. WHEN DID YOU LAST WORK FULL TIME?				3E. WHAT WAS YOUR OCCUPATION?	
4. HAVE YOU HAD ANY OF THE FOLLOWING:			YES	NO	5. IF YOUR ANSWER TO ANY PART OF ITEM 4 IS "YES," GIVE DATES, DURATION AND OTHER DETAILS (If more space is needed, attach a separate sheet)
A. LUNG CONDITION?			<input type="checkbox"/>	<input type="checkbox"/>	
B. MENTAL OR NERVOUS DISORDERS?			<input type="checkbox"/>	<input type="checkbox"/>	
C. BLOOD DISORDER?			<input type="checkbox"/>	<input type="checkbox"/>	
D. HEART CONDITION?			<input type="checkbox"/>	<input type="checkbox"/>	
E. CANCER OR TUMOR?			<input type="checkbox"/>	<input type="checkbox"/>	
F. DIABETES?			<input type="checkbox"/>	<input type="checkbox"/>	
6. HAVE YOU HAD ANY OTHER PHYSICAL DEFECT OR DISEASE? (If "Yes," explain below) <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. SOCIAL SECURITY NUMBER		8. DATE OF BIRTH		9. DAYTIME TELEPHONE NO. (Include Area Code)	
10. EMAIL ADDRESS (If applicable)					
11. <b>Beneficiary Designation and Selection of Settlement Option</b> - The preprinted phrase " <b>Or to Survivors</b> " means that the share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the remaining two principal beneficiaries.					
Complete Name and Address of Each Principal and Contingent Beneficiary (For married women, enter her own first and middle names - For example, Mary Rose Smith, not Mrs. John Smith)		Beneficiary's Social Security Number (If known) (This is not required for this designation to be valid)		Relationship of the beneficiary to you	Share to be paid to each beneficiary (Use \$ amounts, %, or fractions)
PRINCIPAL					LUMP SUM
					LUMP SUM
Or to survivors					LUMP SUM
Contingent Person(s) who get the proceeds if the principal beneficiary(ies) die before the insured. If none, write "NONE"					
CONTINGENT					LUMP SUM
					LUMP SUM
Or to survivors					LUMP SUM
<b>Certification:</b> I have reviewed all of my answers above and certify that they are true and correct to the best of my knowledge and belief.					
12A. SIGNATURE OF APPLICANT (Do NOT print, sign in ink)					12B. DATE SIGNED
<p><b>PRIVACY ACT INFORMATION</b> - VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses as identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance -VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).</p> <p><b>RESPONDENT BURDEN</b> - We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 722). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 40 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control Number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB Control Numbers can be located on the OMB Internet Page at <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send your comments about this form.</p>					