	CLA	IM FOR	DEATH BE	NEFITS		RETU	IRN CO	MPLETED FORM T	O:	
FOR OSGLI USE ONLY		(Veterans' G	roup Life Insuran	ce)						
NOTE: THIS FORM IS I		FOR NATIONA	AL SERVICE LIFE IN	ISURANCE (1		/ Numb	ers Prefi	ixed by V, H, RH, R	S, W, J, JR and JS or	
1. NAME OF DECEASED (F			aLI) Policy Numbers	S Prefixed by	K 2. SOCIAL	SECUP	RITY NUME	BER	3. DATE OF DEATH	
4. BRANCH OF SERVICE			5. DUTY STATUS OF			ARGED	OR	6. IF DISCHARGED ((If known) (Month,	OR SEPARATED, GIVE DATE day year)	
			ı –			DUAL R	DUAL READY			
PLEASE READ THE IMP	PORTANT INFORM	MATION AND IN	ISTRUCTIONS ON	REVERSE BE	FORE COM	IPLETI	NG.			
7. NAME (First, middle, last,			PART I — INFO			G CLA				
			8. RELATIONSHIP TO DECEASED				9. DATE	10. SOCIAL SECURITY NUMBER		
NOTE — Complete It	ems 11A throug	jh 14C if you	are the widow or	widower of	deceased	d.			-	
11A. DATE OF MARRIAGE (Mo., day, yr.)	11B. PLACE OF	MARRIAGE (City and S	State)		12	. DID MAF	RRIAGE CONTINUE UN	NTIL DATE OF DEATH?	
							YES			
13A. DID DECEASED HAVE	ANY PREVIOUS MA	RRIAGES?	13B. PREVIOUS MA	ARRIAGE TERM	IINATËD BY:	13		PREVIOUS MARRIAGE copy of the divorce de	TERMINATED (If divorced within last 5 years, cree)	
YES NO	(If "Yes," complet	te 13B and 13C)	DEATH		DIVORCE					
14A. DID YOU HAVE ANY P	REVIOUS MARRIAGE	ES?	14B. PREVIOUS M	ARRIAGE TERM	IINATED BY:	14		PREVIOUS MARRIAGE copy of the divorce de	TERMINATED (If divorced within last 5 years, cree)	
YES NO	(If "Yes," complet	te 14B and 14C)	DEATH		DIVORCE					
NOTE — If you are n	ot the named b	eneficiary, wio	dow or widower o	f the decea	sed, com	olete l	Parts II a	and III.		
		PART I	I — INFORMATION	N CONCERN	ING NEXT-	OF-KIN	OF DE	CEASED		
List below the name, ag	ge, relationship, ar	nd address of:	(Che	ck appropriate	e places be	elow)				
(a) Widow or Widower,	None						a th	Give Date		
If none, was insured	l ever married?	Yes No	o If yes, did m	arriage termir	nate by	一.	eath vorce	Give Date		
(b) If there is no survivi	ng widow or wido	wer, list all the o	children of the dece	eased. Include	any adop	_			g which class it	
is and list the desce	endants of any dec	ceased child or	children. If none, c	heck here						
(c) If there are no children	ren or descendan	ts of children, lis	st the surviving pare	ent or parents	š	_				
Is father deceased?	Yes _] No	Is mother dec	ceased?	Yes	No				
(d) If there are no survividescendants of dec			in (a) through (c),	list below the	next of kin	who r	nay be c	apable of inheriting	from the deceased (brothers, sisters,	
15A	. NAME	15E	B. AGE 15C. RE	LATIONSHIP TO	DECEASE			1	5D. ADDRESS	
NOTE — Complete It	ems 16 and 17	ONLY if any o	of the persons list	ed above a	re under a	age 21	' .			
16. NAME AND ADDRESS COURT (Attach copy of			DREN LISTED ABOVE	IF ONE HAS BI	EEN APPOIN	TED BY	THE	17. IF A GUARDIAN APPOINTED?	HAS NOT BEEN APPOINTED, WILL ONE BE	
								YES		
		PART III -	- INFORMATION	CONCERNIN	G THE ES	TATE C	OF THE (
18. NAME AND ADDRESS C	OF EXECUTOR OR A							19. IF AN EXECUTO	OR OR ADMINISTRATOR HAS NOT BEEN	
THE DECEASED								APPOINTED, WI	LL ONE BE APPOINTED?	
			DART IV	CERTIFICAT	ION BY C	AINA	NIT	YES	NO	
I HEREBY CERTIFY that	t all statements m	ade in this clain		st of my know				elief, and that no e	vidence necessary to a settlement	
of this claim is suppress		the event the i		viously electe						
20. SIGNATURE OF CLAIMA			<u> </u>	S (Number and	Street, Apt. I	Vo., City	; State and	d ZIP Code)	22. DATE	
									23. DAYTIME PHONE NUMBER	
WARNING — Any intent imprisonment of not mo				sentation rela	tive thereto	is sub	ject to p	unishment by a fine	e of not more than \$10,000 or	

INSTRUCTIONS TO CLAIMANTS

PAYMENT OF DEATH BENEFITS

Veteran's Group Life Insurance death benefit payments must be made in the following order:

- · To the beneficiary named in writing by the insured; if none, the insurance is payable to
- the widow or widower of the insured; if none, it is payable to
- child or children in equal shares with the share of any deceased child distributed among the descendants of that 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.

COMPLETION OF CLAIM FOR DEATH BENEFITS

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the claim. All information should be typed or printed in ink, except the signature.

ITEM 1. Show full name of the deceased serviceman, servicewoman or veteran.

ITEM 2. Show Social Security number of deceased. If the deceased did not have a Social Security number show service

number.

ITEM 3. Show date of death of deceased.

ITEMS 4, 5 Show branch of service, duty status on date of death (if known), and date of discharge or separation (if known) of

AND 6. deceased.

ITEMS 7, 8, Show your full name relationship to deceased, your date of birth and Social Security number.

9 AND 10.

If you were married to the deceased when he/she died, but were not named as his/her insurance beneficiary, complete Item 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 give the information about persons indicated in the answers to the preceding questions. In Part II 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.

Part IV must be completed by all claimants.

EVIDENCE REQUIRED

If the deceased died while on active duty or while a member of a Reserve or National Guard Unit, the Insurance will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

Members performing duty on a full-time basis usually over 30 days and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to one year following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation, DD 214.

You will be informed if it becomes necessary to submit other evidence.

If you need assistance in completing this claim form, contact your nearest Department of Veterans Affairs Office.