

Group Life Insurance

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

Administered by the Office of Servicemembers' Group Life Insurance

Application for TSGLI Benefits

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

		TSGLI Branch of Se	rvice Contacts	
Branch	Contact Information	Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail
Army All Components	Phone: (800) 237-1336 Website: www.hrc.army.mil/TAGD/TSGLI	(502) 613-4513	usarmy.knox.hrc.mbx.tagd-tsgli-claims @mail.mil	US Army Human Resources Command 1600 Spearhead Division Avenue, Dept 420 PDR-C (TSGLI) Fort Knox, KY 40122-5402
Marine Corps All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: www.woundedwarriorregiment.org	(800) 770-9968	t-sgli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 1998 Hill Avenue Quantico, VA 22134
Navy All Components	Phone: (866) 827-5672 (option 2) Website: www.public.navy.mil/bupers- npc/support/casualty/Pages/TSGLI.aspx	(901) 874-2265	MILL_TSGLI@navy.mil	Commander, Navy Personnel Command Attn: PERS-13 5720 Integrity Drive Millington, TN 38055-1300
Air Force Active Duty	Phone: (800) 433-0048	(210) 565-6271	afpc.casualty@us.af.mil	AFPC/DPFCS 550 C Street West Joint Base San Antonio-Randolph, TX 78150
Air Force Reserves	Phone: (800) 525-0102	(720) 847-3887	casualty.arpc1@us.af.mil	HQ, ARPC/DPTTB Building 390 MS68 18420 E. Silver Creek Ave. Buckley AFB, CO 80011
Air National Guard	Phone: (240) 612-9151		usaf.jbanafw.ngb-a1.mbx. a1ps@mail.mil	NGB/A1PS, TSGLI Program Manager 3500 Fetchet Ave. 2nd Floor Joint Base Andrews, MD 20762-5157
Coast Guard	Phone: (202) 795-6647 Website: www.uscg.mil/psc/psd/fs/TSGLI.asp	(202) 372-8488/8323	ARL-PF-CGPSC-PSDFS- COMPENSATION@uscg.mil	Commander (CG) Personnel Service Center (PSC) Attn: Casualty Chief, PSC-PSD-FS-Casualty U.S. Coast Guard STOP 7200 2700 Martin Luther King Jr Ave SE Washington, DC 20593-7200
Public Health Service	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
NOAA Corps	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



SGLV 8600

GENERAL INFORMATION

The Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. TSGLI payments range from \$25,000 to \$100,000 based on the qualifying loss suffered.

WHO IS ELIGIBLE?

Effective December 1, 2005, all service members who are insured under SGLI and...

- experience a traumatic event
- that results in a traumatic injury
- which is listed as a qualifying loss

are eligible to receive a TSGLI payment. Service members who were severely injured between October 7, 2001 and November 30, 2005 may also be eligible for a TSGLI payment, regardless of where their injury occurred or whether they had SGLI coverage at the time of their injury. Members should contact their branch of service for more information.

What is a Traumatic Event?

A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to your body.

What is a Traumatic Injury?

A traumatic injury is the physical damage to your body that results from a traumatic event.

What is a Qualifying Loss?

A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses, which lists all covered losses and payment amounts. You may view the complete Schedule of Losses and other TSGLI information at http://www.benefits.va.gov/insurance/tsgli_schedule_Schedule.asp. Your branch of service TSGLI office will determine whether your injury is a qualifying loss for TSGLI purposes.

HOW TO FILE A TSGLI CLAIM

Filing a TSGLI claim is a three-step process in which the service member [or guardian, power of attorney or military trustee] and a medical professional must complete and submit the appropriate parts of the TSGLI Claim Form as follows:

Step 1	Step 2	Step 3
The service member [or guardian, power of attorney or military trustee]	The medical professional	The medical professional OR the service member [or guardian, power of attorney or military trustee]
must complete Part A (pages 3 through 7) of the form and give it to a medical professional to complete Part B. Note: If a guardian or power of attorney completes Part A, they must include copies of letters of guardianship, letters of conservatorship, power of attorney, or durable power of attorney (if appropriate).	must complete Part B.	must forward Parts A & B, along with medical records that document the member's injury and resulting loss, to the member's branch of service TSGLI office listed on the front cover of this form.

COMPLETING THE FORM

Instructions on completing the TSGLI Claim Form are included in each section. When completing the form, the service member, guardian, power of attorney or military trustee **must** complete the service member's Social Security number on each page of the form. If you have questions about completing the form or if the member is deceased, please contact the branch of service TSGLI office listed on the front cover of this form.

CLAIM DECISION AND PAYMENT

Who Makes the Decision on My Claim?

Your branch of service TSGLI office will make the decision on your claim based upon the information in Parts A and B of the TSGLI Claim Form and any supporting medical documentation you provide. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.

GL.2005.261 Ed. 2/2018

Who Will Receive the TSGLI Payment?

Payment will be made directly to the member. If the member is incompetent, payment will be made under the appropriate letters of guardianship/conservatorship or a power of attorney to the guardian, power of attorney or military trustee on the member's behalf. If the member dies after qualifying for payment, the payment will be made to the member's current listed SGLI beneficiary(ies). The member must survive for seven days (168 hours) from the date of the traumatic event to be eliqible for TSGLI.

How the TSGLI Payment Will be Made?

If your branch of service TSGLI office approves your claim, OSGLI will make the TSGLI benefit payment. There are three payment methods used for TSGLI benefits: Prudential's Alliance Account®*, Electronic Funds Transfer (EFT), or check. If you do not choose a payment option, OSGLI will make the payment through Prudential's Alliance Account®.

1. Prudential's 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. 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 130 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.

Note: A service member's legal guardian, military trustee, or power of attorney (POA) may choose the Alliance Account payment option as long as they submit proof of that appointment (i.e. the appropriate documentation) with the claim. The guardian, military trustee, or POA will not have their name added to the account, but will be able to sign Alliance Account drafts on behalf of the member.

- 2. **Electronic Funds Transfer (EFT)** Your bank account will be electronically credited with the TSGLI payment amount. Depending on your bank, payments will be credited three to five days from the date the payment is authorized.
- 3. Check Payment A check will be issued to the service member, guardian, power of attorney or military trustee on behalf of the member.

^{*} 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.



<u> </u>	
Service member Information	Service member's First Name MI Service member's Last Name
The service member,	
guardian, power of attorney or military trustee MUST fill	Date of Birth (MM DD YYYY) Gender Marital Status Married Divorced Single Widowed Female
in member's Social	Branch of Service at time of injury Rank/Grade
Security number at the top of each page.	Army PHS Marines Coast Guard Navy Air Force NOAA
Important Note:	Address of Record (number and street) Apt. (if any) Telephone Number
Contact information must be completed.	
Incomplete information	City State ZIP Code
will delay payment of your claim.	
	E-mail Address
	Unit (at time of injury)
Guardian, Power of Attorney or Military Trustee Information Important Note: Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay processing	Complete this section ONLY if a guardian, power of attorney or military trustee will receive payment on behalf of the member First Name MI
Traumatic Injury Information	Injuries that Qualify for TSGLI Payment In order to qualify for the TSGLI benefit, you must have experienced a traumatic event that resulted in a traumatic injury that is listed as a qualifying loss on the TSGLI Schedule of Losses. Definitions: Traumatic Event — A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to your body.

* 8 7 3 2 6 0 4

	ecurity Number		
raumatic njury	Information About Your Loss Is the loss you are claiming the result of any of the following:		
nformation	a. an intentionally self-inflicted injury or an attempt to inflict such injury?	Yes	☐ No
	b. use of an illegal or controlled substance that was not administered		_
	or consumed on the advice of a medical doctor?	Yes	□ No
	c. the medical or surgical treatment of an illness or disease?	☐ Yes	☐ No
	d. a traumatic injury sustained while committing or attempting to commit a felony?	☐ Yes	☐ No
	e. a physical or mental illness or disease (not including illness or disease caused by a wound infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated substance)?	☐ Yes	□ No
	If you answered yes to any of the questions above, you are not eligible for a TSGLI payment and should not file a claim.		
	If you are not sure whether your loss is a result of one of the items above, please contact your Branch of Service TSGLI if you are eligible.	Office to find	out
	Tell us about your traumatic Injury 1. Were you covered under Servicemembers Group Life Insurance (SGLI) at the time of the injury?	Yes	l No
	2. In the box below, please describe your injury and give the date, time and location where it occurre	ed You must	alen euhmi
	medical records with this claim that document your injuries and resulting loss. (See Part Traumatic Injury Information		
	medical records with this claim that document your injuries and resulting loss. (See Part		
	medical records with this claim that document your injuries and resulting loss. (See Part		
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	medical records with this claim that document your injuries and resulting loss. (See Part		
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ce member's Social Sec	curity Number		
Payment Options	Please choose one of the three payment options below: Payment Option 1 - Prudential's Alliance Account®		
Please choose one	Complete the mailing address below (street address only, no PO boxes.)		
of the three payment options by checking	Service member's Mailing Address for Payment - No P.O. Boxes Apartment, Ward or Room (if any)		
the appropriate box			
and filling in the			
requested information.	City State ZIP Code		
Payment Option 1			
– Prudential's Alliance Account			
An interest-bearing			
account will be	Payment Option 2 - Electronic Funds Transfer (EFT)		
established in the name of the member,	To have the payment made by EFT, fill in your banking information below.		
who can access the	Bank Routing Number Bank Account Number		
money using the draft	Savings		
book. A guardian,	Bank Name Bank Phone Number		
power of attorney, or military trustee	Dank Name		
may sign Alliance			
Account® drafts	First Name MI Last Name		
on behalf of the member if proof			
of appointment is			
submitted with			
the claim.	Customer XYZ Check No. 1246 XYZ Street The bank accou		
Payment Option 2	O'the Carter 71D		
– Electronic	PAY TO THE Sample Check Sample Check Sample Check		
Funds Transfer This option can be			
selected by member	Dollars spaces. The III		
or, if applicable, the	O digita and		
guardian, power of attorney or military	appears between Rank VV7		
trustee. Payment	the : symbols UXYZ Street City, State, ZIP account number.		
will be made to the	Sity, state, Eli		
service member's bank account.	A27202754 006666D6666C 1246		
	Bank Routing Number Bank Account Number Check Number (not needed)		
Payment Option 3 – Check			
A check will be	Payment Option 3 - Check		
issued to the service	Important: If you are a guardian, power of attorney or military trustee you must complete the information below		
member, guardian, power of attorney	when requesting a check.		
or military trustee on	Mailing Address for Payment - No P.O. Boxes Apartment (if any)		
behalf of the service Mailing Address for Payment - No P.U. Boxes Apartment (if any)			
member.			
	City State ZIP Code		
	To receive this counseling, check the box below.		
Financial Counseling	To receive this counseling, check the box below. I would like to receive financial counseling with my TSGLI benefit.		

for TSGLI recipients.

PART A - Member's	Claim Information and Authorization (cont'd) - to be completed by the member, guardian, power	r of attorney or military trustee.					
Service member's Social Se	curity Number						
6 Signature	Х						
	Signature of service member, guardian, power of attorney or military trustee Date Signed (MM DD YYYY)	Description of Authority to					
	WARNING: Any intentional 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)	act on behalf of the member (Guardian, POA, etc.)					

Description of Authority: If the guardian, power of attorney or military trustee completes this section, they must also indicate their authority to act on behalf of the member (e.g. guardian, conservator, etc.)

Member must complete and sign the HIPAA release on page 7

T A - Member's Cla ce member's Social Secu	ity Number				
Authorization for Release of Information to Branch of Service	Member must complete and sign the HIPAA release below: I authorize any health plan, physician, health care professional, hospital, clinic, laboratory examiner or other health care provider that has provided treatment, payment or services				
and Office of	First Name MI Last Name				
Servicemembers' Group Life					
Insurance	Date of Birth (MM DD YYYY)				
The member, guardian, power					
of attorney, or military trustee must complete and sign this section.	or on my behalf ("My Providers") to disclose my entire medical record for me or my deper concerning me to the Branch of Service and Office of Servicemembers' Group Life Insurar and representatives. This also includes information on the diagnosis and treatment of me and tobacco, but excludes psychotherapy notes. OSGLI is an administrative unit created by Pr Group Life Insurance Program. OSGLI administers the TSGLI program on behalf of the De	nce (OSGLI) and its agents, employees, ntal illness and the use of alcohol, drugs, udential to administer the Servicemembers			
Failure to complete this section will	I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data or records relating to credit, financial, earnings, travel, activities or employment history to OSGLI.				
delay payment of claim	Unless limits* are shown below, this form pertains to all of the records listed above.				
This authorization is intended to	By my signature below, I acknowledge that any agreements I have made to restrict my pr this authorization and I instruct My Providers to release and disclose my entire medical re				
comply with the HIPAA Privacy Rule.	This information is to be disclosed under this Authorization so that my Branch of Service and determine or fulfill responsibility for coverage and provision of benefits, 2) administe permissible activities that relate to any coverage I have applied for with OSGLI.				
	This authorization shall remain in force for 24 months following the date of my signature except to the extent that state law imposes a shorter duration. A copy of this authorizatio that I have the right to revoke this authorization in writing, at any time, by sending a writ 80 Livingston Avenue, Roseland, NJ 07068. I understand that a revocation is not effective has relied on this Authorization or to the extent that OSGLI has a legal right to contest a contest the policy itself. I understand that any information that is disclosed pursuant to the no longer covered by federal rules governing privacy and confidentiality of health information that is disclosed to the policy itself.	on is as valid as the original. I understand ten request for revocation to OSGLI at: to the extent that any of My Providers claim under an insurance policy or to his authorization may be redisclosed and			
	I understand that if I refuse to sign this authorization to release my complete medical record, OSGLI may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to request and receive a copy of this authorization.				
	*Limits, if any:				
	NOTE: This release authorizes the branch of service and OSGLI to look at medical records. You may be a service and OSGLI to look at medical records.	nay also be asked to provide these document			
Signature The member, guardian,	X				
ower of attorney or military trustee must sign here.	Signature of service member, 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.)			

PART B - Medical Pro	Ideasional's Statement - to be completed by a medical professional who is a licensed practitioner of the healing arts of his/her practice.
Service member's Social Secu	
1 Patient	Patient's First Name MI Patient's Last Name
Information	
	Date of Injury (MM DD YYYY)
	If patient is deceased, please provide:
	Date of Death (MM DD YYYY) Time of Death
	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
Qualifying Losses Suffered	Inpatient hospitalization is defined as: "Being hospitalized as an inpatient for 15 consecutive days as the result of a traumatic injury" Definition of a hospital – A hospital that is accredited as a hospital under the Hospital Accreditation Program of the Joint Commission on
by Patient Instructions:	Accreditation of Healthcare Organizations. This includes Combat Support Hospitals, Air Force Theater Hospitals and Navy Hospital Ships. Hospital does not include a nursing home. Neither does it include an institution, or part of one, which: (1) is used mainly as a place for
Please check the box next to each	convalescence, rest, nursing care or for the aged; or (2) furnishes mainly homelike or Custodial Care, or training in the routines of daily living; or (3) is for residential or domiciliary living; or (4) is mainly a school.
loss the patient has experienced and fill	Was the member hospitalized as an inpatient for at least 15 consecutive days?
in any additional information	Reason for Inpatient Hospitalization – Please give the predominant reason the patient was hospitalized.
requested. Omitted	Traumatic Brain Injury Other Traumatic Injury Legact Povint of Innational Magnitudinal Property of the Proper
information, such as sight or hearing measurements, will delay processing of	Longest Period of Inpatient Hospitalization – Please give the beginning and ending dates for the longest period of consecutive days the patient was hospitalized as an inpatient. The count of consecutive inpatient hospitalization days begins when the injured member is transported to the hospital (if applicable), includes the day of admission, continues through subsequent transfers from one hospital to another, and includes the day of discharge.
the claim.	Date transported Date of admittance to first hospital Date of discharge from last hospital OR Check here
Patient's loss MUST meet the definition	if still hospitalized
of loss given.	Name and location of hospital (if more than one hospital, list all)
	Loss of Sight is defined as: Loss of Sight Date of onset/loss Loss of sight in left eye or
	less (worse) with corrective lenses OR,
	■ Visual acuity in at least one eye of greater (better) than 20/200 with corrective lenses and a visual Loss of sight in right eye or anatomical loss of right eye
	field of 20 degrees or less OR, Visual Acuity and Field Left Eye Right Eye Right Eye
	to be permanent OR must have lasted at least 120 days Best corrected visual acuity
	Visual Field (degrees)
	Loss of Speech is defined as: Loss of Speech Date of onset
	An organic loss of speech (lost the ability to express oneself, both by voice and by whisper, through normal organs for speech). If a member uses an artificial appliance, such as a voice box, to simulate speech, he/she is still considered to have suffered an organic loss of speech and is eligible for a TSGLI benefit.



	urity Number			
Qualifying	Loss of hearing is defined as:	Loss of Hearing Date of onset		
Losses Suffered by	Average hearing threshold sensitivity for air conduction of at least 80 decibels. Hearing Acuity must be measured at	Loss of hearing in left ear		
Patient (cont'd)	500 Hz, 1000 Hz and 2000 Hz to calculate the average hearing threshold. Loss of hearing must be clinically stable and unlikely to improve.	Loss of hearing in right ear		
		Hearing Acuity Left Ear Right Ear		
		Average Hearing Acuity (measured without amplification device) db		
	Burns are defined as:	Burns		
	2nd degree (partial thickness) or worse burns over 20% of the body including the face and head OR 20% of the face only.	2nd degree or worse burns to the body including face and head		
		2nd degree or worse burns to the face only		
	Note: Percentage may be measured using the Rule of Nines or any other acceptable alternative.	Percentage of body affected Percentage of face affected %		
	Coma is defined as:	Coma		
	Coma with brain injury measured at a Glasgow Coma Score of 8 or less that lasts for 15, 30, 60 or 90 consecutive days.	Coma		
	Number of days includes the date the coma began and the	Date of onset Date of recovery		
	date the member recovered from the coma.			
		OR Check here if coma is ongoing		
	Glasgow score at 15 days Glasgow score at 30 days	Glasgow score at 60 days Glasgow score at 90 days		
Important:	Facial Reconstruction is defined as:	Facial Reconstruction		
Facial Reconstruction:	Reconstructive surgery to correct traumatic avulsions of the face or jaw that cause discontinuity defects, specifically	Upper or lower jaw 50% of left zygomatic		
If the patient is	surgery to correct discontinuity loss of the following: upper or lower jaw 50% or more of the cartilaginous nose	50% of cartilaginous nose 50% of right zygomatic		
undergoing facial reconstruction, a		50% of upper lip 50% of left mandibular		
surgeon MUST certify this section	■ 50% or more of the upper or lower lip	50% of lower lip 50% of right mandibular		
by checking the box,	■ 30% or more of the periorbital	30% of left periorbital 50% of left infraorbital		
printing his/her name and signing on the	 tissue in 50% or more of any of the following facial subunits: forehead, temple, zygomatic, mandibular, 	30% of right periorbital 50% of right infraorbital		
appropriate line.	infraorbital or chin.	50% of left temple 50% of chin		
		50% of right temple 50% of forehead		
	Certification of Surgeon			
	Date of first surgery			
		Forehead		
	Name of Surgeon	Temple		
	X	Periorbita		
	Signature of Surgeon	Zygomati		
	Date Signed (MM DD YYYY)	Upper lip		
		Mandibular Lower lip		

Qualifying osses	Amputation is: the severance or removal of a limb or genital organ or patraumatic injury, or surgical removal that is required for the treatment of		ling both severance due to a
Suffered by Patient (cont'd)	Amputation of Hand is defined as:	Amputation of Hand	Date of amputation
auem (com u)	Amputation of hand at or above the wrist	Amputation of left hand	
	Above the wrist means closer to the body.		
		Amputation of right hand	
	Amputation of Fingers is defined as:	Amputation of Fingers	Date of amputation
	Amputation of four fingers on the same hand (not including the thumb) at or above the	Amputation of 4 fingers/ left hand	
	metacarpophalangeal joint OR, Amoutation of thumb at or above	Amputation of 4 fingers/ right hand	
	the metacarpophalangeal joint. Above the metacarpophalangeal joint	Amputation of left thumb	
	means closer to the body.	Amputation of right thumb	
	Amputation of Foot is defined as:	Amputation of Foot	Date of amputation
	Amputation of foot at or above the ankle OR,	Amputation of left foot	
	Amputation of all toes (including the big toe) on the same foot at or above the metatarsophalangeal joint.	Amputation of right foot	
	Above the ankle and above the metatarsophalangeal joint means closer to the body.		
	Amputation of Toes is defined as:	Amputation of Toes	Date of amputation
	 Amputation of four toes on one foot at or above the metatarsophalangeal joint (not including the big toe) OR, Amputation of big toe at or above the metatarsophalangeal joint. Above the metatarsophalangeal joint means closer to the body. 	Amputation of 4 toes/ left foot	
		Amputation of 4 toes/ right foot	
		Amputation of big toe/ left foot	
		Amputation of big toe/ right foot	
mportant:	Limb Salvage is defined as:	Limb Salvage	Date of first surgery
imb Salvage: the patient is	A series of operations designed to avoid amputation of an arm or a leg while at the same time maximizing the limb's	Salvage of left arm	
ndergoing limb alvage, a surgeon IUST certify this	functionality. The surgeries typically involve bone and skin grafts, bone resection, reconstructive, and plastic surgeries and often occur over a period of months or years.	Salvage of left leg	
ection by printing is/her name and	Submit operative report for each surgery.	Salvage of right arm	
igning on the ppropriate line.		Salvage of right leg	
	Certification of Surgeon	Additional Comments	
	I certify that the patient is undergoing limb salvage surgery as defined in column to the right.	n the	
	Name of Surgeon		
	Specialty		
	Specialty		
	specialty		

PART B - Medical Professional's Statement (cont'd) to be completed by a medical professional who is a licensed practitioner of the

Qualifying	Paralysis is defined as:	Paralysis	Date of onset
Losses Suffered by Patient (cont'd)	Complete paralysis due to damage to the spinal cord or associated nerves, or to the brain. A limb is defined as an arm or a leg with all its parts. Paralysis must fall into one	Quadriplegia	
r auciii (coiii u)	of the four categories listed below:	Paraplegia	
	Quadriplegia - paralysis of all four limbs	U-wi-lowi-	
	■ Paraplegia - paralysis of both lower limbs	Hemiplegia	
	 Hemiplegia - paralysis of the upper and lower limbs on one side of the body 	Uniplegia	
	Uniplegia - paralysis of one limb		
	Anatomical loss of the penis is defined as:	Genitourinary System Losses	
	Amputation of the glans penis or any portion of the shaft of the penis above the glans penis or damage to the glans penis or shaft of the penis that requires reconstructive surgery.	Anatomical loss of the penis	Date of loss or amputation
	Above the glans penis means closer to the body.		
	Permanent loss of use of the penis is defined as:	Permanent loss of use of the penis	Date of loss
	Damage to the glans penis or shaft of the penis that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.	use of the perils	
	Anatomical loss of one testicle is defined as:	Anatomical loss of	Date of loss or amputation
	The amputation of, or damage to, one testicle that requires testicular salvage, reconstructive surgery, or both.	one testicle	
	Anatomical loss of both testicle(s) is defined as:	Anatomical loss of	Date of loss or amputation
	The amputation of, or damage to, both testicles that requires testicular salvage, reconstructive surgery, or both.	both testicles	
	Permanent loss of use of both testicles is defined as:	Permanent loss of	Date of loss
	Damage to both testicles resulting in the need for hormonal replacement therapy that is medically required and reasonably certain to continue throughout the lifetime of the member.	use of both testicles	
	Anatomical loss of the vulva is defined as:	Anatomical loss of	Date of loss or amputation
	The complete or partial amputation of the vulva or damage to the vulva that requires reconstructive surgery.	the vulva	
	Anatomical loss of the uterus is defined as: The complete or partial amputation of the uterus or damage to the uterus that requires reconstructive surgery.	Anatomical loss of the uterus	Date of loss or amputation
	Anatomical loss of the vaginal canal is defined as:	Anatomical loss of	Date of loss or amputation
	The complete or partial amputation of the vaginal canal or damage to the vaginal canal that requires reconstructive surgery.	LD the vaginal canal	
	Permanent loss of use of the vulva is defined as:	Permanent loss of	Date of loss
	Damage to the vulva that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.	use of the vulva	
	Permanent loss of use of the vaginal canal is defined as:	Permanent loss of use	Date of loss
	Damage to the vaginal canal that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.	└── of the vaginal canal	



	ing ar						·								
Servi	ce men	mber	's Soc	ial S	Secur	ity Nu	mber								
2	Qual	lifvii	na -			Anat	omical loss of the ovary is defined as:		Anatomical loss of	Date of loss or amputation					
		Losses				nputation of one ovary or damage to one ovary that		one ovary							
	Suffe						es ovarian salvage, reconstructive surgery, or both.								
	Patie	Patient (cont'd)		atient (cont'd)		Patient (cont'd)		tient (cont'd)			Anat	mical loss of both ovaries is defined as:		Anatomical loss of	Date of loss or amputation
						nputation of both ovaries or damage to both ovaries that es ovarian salvage, reconstructive surgery, or both.		J both ovaries							
						Perm	anent loss of use of both ovaries is defined as:		Permanent loss of	Date of loss					
				repla	ge to both ovaries resulting in the need for hormonal ement therapy that is medically required and reasonably in to continue throughout the lifetime of the member.		Juse of both ovaries								
							and permanent loss of urinary system function		Total and permanent loss of	Date of loss					
						Dama ureth and/o	ined as: ge to the urethra, ureter(s), both kidneys, bladder, or al sphincter muscle(s) that requires urinary diversion r hemodialysis, either of which is reasonably certain to ue throughout the lifetime of the member.		Jurinary system function						
	Description of Injury/ Assistance Needed Please provide a description of the injury and descriptions of the		ed	Inabi Inabil for at The p patier	ility to Independently Perform Activities of ity to Independently Perform ADL is defined as: by to independently perform at least two of six ADL (bath east 15 consecutive days for traumatic brain injury and a strent is considered unable to perform an activity independ it is able to perform the activity by using accommodating independently perform the activity without requiring ass	ng, contine t least 30 c dently only equipment,	nce, dressing, eating, toileting a onsecutive days for any other tra if he or she REQUIRES assistan	umatic injury. ce to perform the activity. If the							
	assist				0	Requ	res Assistance is defined as:								
	Failure				is	■ þ	nysical assistance (hands-on),								
	inform		,		•		and-by assistance (within arm's reach),								
	what predo	t is t	he			verbal assistance (must be instructed because of cognitive impairment), without which the patient would be INCAPABLE of performing the task.									
	the pa	atie	nt is/\			What	is the predominant reason the patient is/was unab	e to indep	endently perform ADL?						
	unabl indep						aumatic Brain Injury	•	.,						
						(Pleas	e describe injury and give reason(s) it resulted in inability	to perform	activities of daily living.)						
	perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in the box provided.														

e member's Social Secu	rity Number			
Qualifying	Inability to Independently Perform Activities of Daily Living (ADL) (cont'd)			
Losses Suffered by Patient (cont'd) Which ADL is the	Patient is UNABLE to bathe independently if	Unable to bathe independently Start date End date		
	He/she requires assistance from another person to bathe (including sponge bath) more than one part of the body or get in or out of the tub or shower.			
patient unable to perform?	Describe assistance needed:	OR Check here if inability is ongoing		
Check each ADL the patient cannot perform;		Type of assistance required (check all that apply) physical assistance (hands-on) verbal assistance (must be		
AND; Fill in the dates		stand-by assistance instructed because of cognitive impairment)		
inability began and ended or indicate inability is ongoing.	Patient is UNABLE to maintain continence independently if	Unable to maintain continence independently Start date End date		
Require Assistance	He/she is partially or totally unable to control bowel and bladder function or requires assistance from another person			
is defined as: physical	to manage catheter or colostomy bag. Describe assistance needed:	OR Check here if inability is ongoing		
assistance (hands-on),		Type of assistance required (check all that apply) physical assistance (hands-on) verbal assistance (must be		
stand-by assistance (within		stand-by assistance (names only versual assistance (names of cognitive impairment)		
arm's reach), ■ verbal assistance		(within arm's reach)		
(must be instructed because of	Patient is UNABLE to dress independently if	Unable to dress independently		
cognitive impairment),	He/she requires assistance from another person to get and put on clothing, socks or shoes.	Start date End date		
without which the patient would	Describe assistance needed:	OR Check here if inability is ongoing		
be INCAPABLE of performing		Type of assistance required (check all that apply)		
the task.		physical assistance (hands-on) verbal assistance (must be instructed because of		
		stand-by assistance cognitive impairment) cognitive impairment)		
	Patient is UNABLE to eat independently if	Unable to eat independently		
	He/she requires assistance from another person to: get food from plate to mouth OR,	Start date End date		
	 take liquid nourishment from a straw or cup OR, he/she is fed intravenously or by a feeding tube 	OR Check here if inability is ongoing		
	Describe assistance needed:	Type of assistance required (check all that apply)		
		physical assistance (hands-on) verbal assistance (must be		
		stand-by assistance instructed because of		

	rity Number			
Qualifying	Inability to Independently Perform Activities of Daily Living (ADL) (cont'd)			
Losses Suffered by	Patient is UNABLE to toilet independently if	Unable to toilet independently		
Patient (cont'd)	He/she must use a bedpan or urinal to toilet OR,	Start date End date		
	he/she requires assistance from another person with any of the following: going to and from the toilet, getting on and off the toilet, cleaning self after toileting, getting clothing off and on.	OR Check here if inability is ongoing		
	Describe assistance needed:	Type of assistance required (check all that apply)		
		physical assistance (hands-on) verbal assistance (n instructed because cognitive impairment)	of	
	Patient is UNABLE to transfer independently if	Unable to transfer independently		
	He/she requires assistance from another person to move into or out of a bed or chair.	Start date End date		
	Describe assistance needed:			
		OR Check here if inability is ongoing		
		Type of assistance required (check all that apply)		
		physical assistance (hands-on) verbal assistance (n instructed because		
		stand-by assistance cognitive impairmer (within arm's reach)	nt)	
Other Information	To your knowledge, were any of the losses indicated in Part B due to: a. an intentionally self-inflicted injury or an attempt to inflict such injury, b. use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor, c. the medical or surgical treatment of an illness or disease, d. a physical or mental illness or disease (not including illness or disease caused by a pyogenic infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated substance). If yes, please explain below:			

rvice member's Social Sec	curity Number
Medical Professional's Information	Name of Medical Professional First Name MI Last Name
	Medical Professional's Address (number and street) Suite
	City State ZIP Code
	Telephone Number Fax Number
	E-mail Address
	Specialty Medical Degree
Medical Professional's Signature	I have been directly involved in the patient's care for his/her loss.
	I have not treated the patient for his/her loss but I have reviewed the patient's medical records.
	Is the patient capable of handling his/her own affairs?
	This Medical Professional's Statement is based upon my examination of the patient, and/or, a review of pertinent medical
	evidence. I understand the patient and/or I may be asked to provide supporting documentation to validate eligibility under the law.
	Date (MM DD YYYY)
	X

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)