

Servicemembers' and Veterans' Group Life Insurance Handbook

Supervised by the Secretary of Veterans Affairs
Veterans Benefits Administration
Washington, DC 20420

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Revision History

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CHAPTER 1. GENERAL PROVISIONS

1.01 GENERAL INFORMATION

- a. Servicemembers' Group Life Insurance (SGLI) is the life insurance currently available to all members of the uniformed services. SGLI is a group life insurance policy purchased by VA from a commercial life insurance company.
- b. The Office of Servicemembers' Group Life Insurance (OSGLI) administers the SGLI program. The office can be contacted by:

Toll-free telephone: 1-800-419-1473

Toll-free fax:

Death and accelerated benefits claims only: 1-877-832-4943

All other inquiries: 1-800-236-6142

E-mail: osgli.osgli@prudential.com

Regular Mail:

Office of Servicemembers' Group Life Insurance

PO Box 41618

Philadelphia, PA 19176- 1618

- c. The insurance issued under the group policy is term insurance. SGLI does not pay dividends. In addition, there are no loan, cash, paid-up or extended insurance values, or any provision for waiver of premiums or benefit because of total disability, accidents, etc., except as described in [paragraph 1.06](#).
- d. Members on active duty, active duty for training or inactive duty for training and members of the Ready Reserve or National Guard are automatically covered for \$500,000, the maximum amount of coverage.
- e. The SGLI Online Enrollment System (SOES) is the official system of record for members with full-time SGLI coverage. Once a Service begins using SOES, all members with full time SGLI coverage (see [1.03](#)) will be instructed that SOES is the only permitted method for making changes to SGLI coverage and beneficiary designations. Use of Form SGLV 8286 may be permitted in emergent situations, as determined by the branch of service, where a member is unable to access SOES within a reasonable time frame. Members with part-time SGLI (see [1.03](#)) coverage will continue to use SGLV Form 8286.
- f. Members with full-time SGLI coverage (see [1.03](#)) should access SOES to designate one or more beneficiaries to receive payment of the insurance proceeds. Members can print a copy of their certificate of coverage in SOES.
- g. Members with part-time coverage (see [1.03](#)) should complete form SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate (see appendix A) to designate beneficiaries to receive payment of the insurance proceeds. Form SGLV 8286 can be downloaded at www.insurance.va.gov.
- h. Members with full-time SGLI coverage (see [1.03](#)) who want to be insured for less than the maximum amount, or want to decline coverage entirely, must also access SOES to reduce or decline coverage.
- i. Members with part-time coverage (see [1.03](#)), must complete form SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate, to reduce or decline coverage.
- j. Coverage under the group life insurance policy does not affect an insured's right to retain any other government or private insurance, or his or her entitlement to other Veterans' benefits. However, an individual may not have combined Servicemembers' Group Life Insurance and Veterans' Group Life Insurance in excess of \$500,000.

1.02 DEFINITIONS

- a. Member:

(1) A person on active duty, active duty for training, or inactive duty training in the uniformed services in a commissioned, warrant, or enlisted rank or grade, or as a cadet or midshipman at the United States Military Academy, United States Air Force Academy or the United States Coast Guard Academy;

(2) A person who volunteers for assignment to the Ready Reserve or Guard of a uniformed service and is assigned to a unit or position in which he or she may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under title 10, United States Code, chapter 1223;

(3) A person who volunteers for assignment to a "mobilization" category in the Individual Ready Reserve that makes them subject to being ordered to active duty involuntarily in accordance with section 12304 of title 10, United States Code.

(4) A member, cadet, or midshipman of the Reserve Officers' Training Corps (ROTC) while attending field training or practice cruises. (*See Appendix F: SGLI ROTC Coverage Table for detailed information on ROTC members' coverage.*)

b. Active Duty:

(1) Full-time duty in the Armed Forces, other than active duty for training;

(2) Full-time duty (other than for training purposes) as a commissioned officer of the Regular or Reserve Corps of the Public Health Service (PHS);

(3) Full-time duty as commissioned officer of the National Oceanic and Atmospheric Administration (NOAA); and

(4) Full-time duty as a cadet or midshipman at the United States Military Academy, United States Naval Academy, United States Air Force Academy, or the United States Coast Guard Academy.

c. Armed Forces: the United States Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, and the Reserves/Guard thereof.

d. Active duty for training:

(1) Full-time duty in the Armed Forces performed by Reserves/Guard for training purposes;

(2) Full-time duty for training purposes as a commissioned officer of the Reserve Corps of the PHS;

(3) Full-time duty as a member, cadet or midshipman of the ROTC while attending field training or practice cruises; (*See Appendix F: SGLI ROTC Coverage Table for detailed information on ROTC members' coverage*), or

(4) Full-time duty under 32 U.S.C. 316, 502, 503, 504, or 505 as a member of the Army National Guard or Air National Guard of any State.

e. Inactive duty training:

(1) Duty (other than full-time duty) authorized for Reserves (including commissioned officers of the Reserve Corps of the PHS) which is scheduled in advance by competent authority to begin at a specific time and place; or

(2) Duty in the case of members of the Army National Guard or Air National Guard of any State, means duty (other than full-time duty) which is scheduled in advance by competent authority to begin at a specific time and place under 32 U.S.C. 316, 502, 503, 504, or 505.

f. "Active duty for training" and "inactive duty training" do not include:

(1) Duty performed as a temporary member of the Coast Guard Reserve;

(2) Work or study performed in connection with correspondence courses; or

(3) Attendance at an educational institution in an inactive status.

g. Uniformed services:

(1) Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard;

(2) Corresponding Reserve and the ROTC of each of the above;

(3) Army National Guard and Air National Guard;

(4) Commissioned Corps of the PHS and its Reserve Corps; and

(5) Commissioned Corps of the NOAA.

h. Termination of duty:

(1) Discharge, release or separation from active duty or active duty for training being performed under a call or order that does not specify a period of less than 31 days; or

(2) In the case of other duty, the member's release from his or her obligation to perform any duty in his or her uniformed service (active duty, active duty for training or inactive duty training) whether arising from limitations included in a contract of enlistment or similar form of obligation, or arising from resignation, retirement or other voluntary or involuntary action that terminates the obligation to perform.

i. Break in service:

(1) When a member terminates duty or obligation to perform duty in one service and enters on duty, or assumes the obligation to perform duty, in another uniformed service, regardless of the length of time intervening; or

(2) When a member re-enters on duty, or resumes an obligation to perform duty as a Reservist or National Guard member, in the same uniformed service and one calendar day or more has elapsed following termination of the prior period of duty or obligation to perform duty.

j. Declined coverage: means an election in writing, signed by a member and received by the uniformed service, not to be insured for SGLI.

k. In writing or written notice; means those elections submitted via SOES or via SGLV 8286.

l. Received by the branch of service: means the electronic transmission of an application directly to the military department concerned on behalf of the member or physical receipt of the application by the service.

1.03 PERSONS ELIGIBLE TO BE INSURED

a. Full-time coverage is provided for the following members of the uniformed services while performing full-time active duty or active duty for training, under calls or orders that do not specify periods of less than 31 days:

(1) Commissioned, warrant and enlisted members of the Army, Navy, Air Force, Marine Corps and Coast Guard, Space Force, and commissioned members of the NOAA and PHS;

(2) Members of the Ready Reserve/Guard of a uniformed service who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to

perform at least 12 periods of inactive duty training that is creditable for retirement purposes under title 10, United States Code.

(3) Members of the Individual Ready Reserve (IRR) who volunteer for assignment to a "mobilization" category under section 12304 (i)(1) of title 10, United States Code.

(4) Cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and the United States Coast Guard Academy; and

(5) Members, cadets or midshipmen of the ROTC while attending field training or practice cruises. (See *Appendix F: SGLI ROTC Coverage Table for detailed information on ROTC members' coverage.*)

b. Part-time coverage is provided to the following eligible members of the Reserves who do not qualify for full-time coverage while performing active duty or active duty for training under calls or orders specifying periods of less than 31 days:

(1) Commissioned, warrant and enlisted members of the Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard Reserves (except temporary members of the Coast Guard Reserve);

(2) Members of the Individual Ready Reserve (IRR) during one-day call-ups;

(3) Reserve Corps of the PHS;

(4) The Army National Guard and Air National Guard while performing duty under 32 U.S.C. 316, 502, 503, 504, or 505; and (5) Members, cadets and midshipmen of the ROTC, while attending field training or practice cruises.

1.04 EFFECTIVE DATE OF INSURANCE

a. The effective date of coverage for members on active duty, active duty for training, or inactive duty training is:

(1) The first day of active duty or active duty for training; or

(2) The beginning of a period of inactive duty training.

b. For members who previously declined coverage or elected to be insured for less than the maximum amount, the effective date of coverage is the date an application electing coverage or an increase in coverage is received by the member's branch of service. If it is necessary for such application to be forwarded to the OSGLI for review, the effective date of coverage will be the date the application was received by the service. However, premium deductions will not begin until OSGLI has approved the application.

1.05 PERIODS OF COVERAGE

a. Full-time Coverage

(1) For members performing active duty or active duty for training under a call or order that does not specify a period of less than 31 days, coverage is in effect during the period of such duty and for 120 days following separation or release.

(2) For members of the Ready Reserves/Guard who are eligible for full-time coverage under the law, coverage is in effect during the period of such duty or status and for 120 days following separation or release from such duty.

(3) For members who are totally disabled at separation or release, coverage may be extended for a limited time beyond the 120 days. (See paragraph [1.06](#).)

b. Part-time Coverage

(1) Active Periods. Eligible members of the Reserves or National Guard performing active duty or active duty for training, under calls or orders specifying periods less than 31 days, are insured during the actual days of such duty. Hereafter, these are referred to as Reservist active periods.

(2) Inactive Periods. Eligible members of the Reserves or National Guard, performing inactive duty training (brief periods of less than a day of drills, etc.) scheduled in advance by competent authority to begin at a specific time and place, are insured during the actual time of such inactive duty training period.

(3) In Route. Members are also covered while proceeding directly to and returning directly from the Reservist active or inactive period of duty.

(4) Members eligible for part-time coverage become eligible for full-time coverage when they perform active duty or active duty for training, under calls or orders that do not specify periods of less than 31 days.

1.06 EXTENSION OF COVERAGE BASED ON DISABILITY

a. Full-time Coverage. If a member who has full-time SGLI coverage, is totally disabled (i.e. has a disability that prevents him or her from maintaining gainful employment or has certain statutory disabilities) at the time of separation or release from active duty, Ready Reserves or National Guard, they can apply for an extension to SGLI coverage, which will continue for as long as the member remains totally disabled, up to a maximum of two years from the date of release or separation, but in no event less than 120 days from the date of separation or release. Hereafter, this coverage is called the SGLI Disability Extension. At the end of the extension period, the member's coverage may be automatically converted to VGLI without any health review, subject to timely receipt of premium payments.

b. Part-time Coverage. If a member, who has part-time SGLI coverage, incurs a disability or aggravates an existing disability while SGLI coverage is in force, the following will apply:

(1) The insurance is payable if death results from such incurred or aggravated disability within 120 days following the Reservist active or inactive period during which the disability was incurred or aggravated.

(2) If such disability causes the member to be uninsurable at standard rates, the insurance continues for 120 days following the Reservist active or inactive period during which the disability was incurred or aggravated, and the member is eligible to apply for VGLI without a medical review within 240 days. (See paragraph [1.01b](#) for address.)

(3) In determining whether an individual was authorized to perform duty and whether the member was rendered uninsurable or died within 120 days thereafter from a disability incurred or aggravated the following will be taken into account:

(a) The call or order to duty, the order and authorizations of competent authority;

(b) The hour on which the member began to proceed to or return from such duty;

(c) The hour on which the member was scheduled to arrive for, or on which he or she ceased to perform such duty;

(d) The method of travel employed;

(e) The member's itinerary;

(f) The manner in which travel was performed; and

(g) The immediate cause of disability or death.

1.07 COST OF INSURANCE

a. The cost of SGLI is shared by the member and the Government. The member pays the normal cost of the insurance (the premium) and the Government pays the cost of all death claims in excess of the level of death claims which would result from normal peacetime service in the uniformed services.

b. For all members entitled to SGLI coverage, the necessary amount will be deducted from the member's service pay or otherwise collected from the member by the uniformed service.

c. The monthly contribution by members on active duty and members of the Ready Reserve and National Guard will be \$30.00 per month for \$500,000 of coverage and .06 cents per \$1,000 for lesser amounts in increments of \$50,000. An additional \$1.00 per month is added to the basic premium for a traumatic injury protection rider (see [Chapter 11](#) for more information). The premium for part-time SGLI coverage will be \$30.00 per year for \$500,000 of coverage. An additional \$1.00 per year is added to the basic premium for a traumatic injury protection rider (see [Chapter 11](#) for more information). Members who perform one day call-ups will be charged a premium of \$1.00 for \$500,000 insurance. All rates are subject to change based on the experience of the program.

d. Title 37 of the United States Code, section 437, requires the uniformed services to reimburse Servicemembers who serve in a designated duty assignment at any time during a month, for the cost of their SGLI and TSGLI coverage. The law defines a "designated duty assignment" as a permanent or temporary duty assignment outside the United States or its possessions in support of a contingency operation in an area that has been designated a combat zone; or is in direct support of an area that has been designated a combat zone.

e. Title 38 of the United States Code, section 1969, requires the uniformed services to remit amounts equal to the deduction which should have been made for members who are provided full-time or part-time coverage and who are not receiving pay. DoD is responsible for seeking reimbursement from the member for the cost of the coverage provided to those not receiving pay.

f. No withholdings or deductions will be made for SGLI from terminal leave or separation pay for any period the insurance remains in force following separation or release from active duty.

1.08 CONTINUITY OF ELECTIONS AND DESIGNATIONS

The rules in this section apply whenever a member performs any of the following actions:

- Elects not to be insured;
- Elects to be insured for a reduced amount (less than \$500,000);
- Designates a beneficiary; or
- Elects a mode of settlement to the beneficiary.

a. Full-time Coverage

(1) Elections and designations for members insured under full-time coverage are effective only during the period of duty in which a member is serving and for 120 days thereafter. (If after separation, the member is approved for the SGLI Disability Extension, the member's beneficiary at the time of separation will remain in effect; unless the member designates a new beneficiary while on the extension. Beneficiary designation changes while on the SGLI Disability Extension must be sent to OSGLI.)

(2) If a member converts his or her SGLI coverage to VGLI and does not designate a beneficiary for VGLI, the beneficiary election for SGLI will remain in effect for not more than 60 days following the effective date of VGLI.

After this 60-day period, the designation will automatically become a "By Law" designation. (See [chapter 12, paragraph 12.08b](#).)

(3) A member may change his or her beneficiary designation and/or mode of settlement during the 120-day period following termination of duty and such election will replace any prior election and will continue for the remainder of the 120-day period. Designations or elections made during this period should be sent to the OSGLI. (See [paragraph 1.01b](#) for address.)

(4) The beneficiary designation and election of mode of payment continue to apply for any member who resumes the obligation to perform duty or re-enters on duty in the same uniformed service on the day following termination of a period of obligation to perform duty.

(5) Any existing election of mode of settlement and designation of beneficiary is automatically canceled, and a new election or designation must be submitted when:

(a) A member resumes an obligation to perform duty or re-enters on duty in the same uniformed service and one calendar day or more has elapsed following termination of a previous obligation or duty; or

(b) A member assumes an obligation to perform duty or re-enters on duty in a different uniformed service at any time.

NOTE: For SGLI purposes, Space Force is a separate branch of service within Air Force, same as Marines is a separate branch of service within Navy.

(6) An election to be insured for a reduced amount or an election not to be insured does not apply to a new period of coverage. Unless a new election to be insured for a reduced amount or an election not to be insured is filed with the member's uniformed service, a new period of coverage begins in the amount of \$500,000 and any prior election not to be insured or to be insured for a reduced amount is canceled.

b. Part-time Coverage

(1) Elections and designations for members who qualify for part-time coverage continue in effect during periods of continuous obligation to perform duty in the same uniformed service including periods of duty or active duty for training which entitle the member to full-time coverage.

(2) Any election or designation for members who qualify for full-time service continues to be effective for the coverage period following separation (120 days) or release from such duty and continues for part-time coverage thereafter if the member immediately resumes the obligation to perform duty.

(3) If part-time coverage is extended by reason of incurred or aggravated disability for 120 days following a period of active duty, an election or designation is also effective throughout that extended period.

1.09 INFORMATION TO BE PROVIDED TO MEMBERS

a. Under the provisions of the Veterans Benefits Improvements Act of 1996 (Public Law 104-275), the uniformed services are required to furnish members general information regarding life insurance whenever a member has the opportunity to make an election not to be insured or to be insured in an amount less than the maximum amount of \$500,000, and at other times periodically. This information should include: the purpose and role of life insurance in financial planning; the difference between term life insurance and whole life insurance; the availability of commercial life insurance; and the relationship between SGLI and VGLI.

b. Uniformed services personnel shall inform new members about the automatic features of SGLI, such as the immediate insurance protection of \$500,000 coverage, the cost of insurance and how premiums will be paid. (See [paragraph 1.07](#).) The Uniformed Services shall also inform new members that the privilege of continuing

group insurance coverage as VGLI and converting to an individual policy is valuable, particularly in cases where the member may not be able, for health reasons, to buy insurance after discharge or separation.

1.10 FORFEITURE OF GROUP INSURANCE

The insurance is forfeited when an insured member is guilty of mutiny, treason, spying, or desertion, or refuses, because of conscientious objections, to perform service in the Armed Forces of the United States, or refuses to wear the uniform of such force. No insurance shall be payable for death inflicted as a lawful punishment for crime or for military or naval offense except when inflicted by an enemy of the United States.

1.11 ASSIGNMENT, TAXATION, AND CLAIMS OF CREDITORS

The SGLI and VGLI proceeds and Accelerated Benefit payments are not assignable. Payments of any SGLI or VGLI benefits, including Accelerated Benefits, are exempt from taxation and are not subject to claims of creditors of the insured or creditors of the beneficiary, except certain claims of the United States.

1.12 LEGISLATIVE HISTORY

a. Public Law 89-214, effective September 29, 1965, established the Servicemens' Group Life Insurance (SGLI) program. The law provided \$10,000 of group life insurance for all active duty members of the Army, Navy, Air Force, Marine Corps, Coast Guard, and the Commissioned Corps of the PHS and NOAA.

b. Public Law 91-291, effective June 25, 1970, amended the original law by increasing the maximum amount of coverage for all members to \$15,000 and by extending eligibility for limited periods of coverage to additional members.

c. Public Law 92-315, effective June 20, 1972, extended coverage to cadets or midshipmen of the United States Military Academy, United States Naval Academy, United States Air Force Academy and the United States Coast Guard Academy.

d. Public Law 93-289, effective May 24, 1974, increased the maximum amount of coverage for all members to \$20,000 and extended full-time SGLI coverage to members of the Ready Reserves and Retired Reserves. The new law also provided for the conversion of SGLI to a 5-year nonrenewable term policy called Veterans' Group Life Insurance (VGLI).

e. Public Law 97-66, effective December 1, 1981, increased the maximum amount of insurance under both the SGLI and VGLI programs to \$35,000.

f. Public Law 99-166, effective January 1, 1986, increased the maximum amount of coverage for all members to \$50,000 and extended VGLI coverage to members of the IRR and Inactive National Guard (ING).

g. Public Law 102-25, effective April 6, 1991, increased the maximum amount of insurance for all members to \$100,000, with lesser amounts available in increments of \$10,000.

h. Public Law 102-568, effective December 1, 1992, increased the maximum SGLI and VGLI available to \$200,000. Basic coverage remained at \$100,000 and an additional \$100,000 of supplemental coverage was made available to members of the uniformed services upon application. The new law also provided that VGLI in effect on or after December 1, 1992, is renewable. (See Chapter 12.)

i. Public Law 104-106, effective April 1, 1996, increased the amount of basic coverage to \$200,000. Members were automatically insured for \$200,000 and had to elect in writing to decline or reduce their coverage to less than \$200,000. The law also granted to Secretaries of the military service departments the authority to terminate SGLI coverage when premiums are not paid.

j. Public Law 104-275, effective January 6, 1997, merged Retired Reservists SGLI into the VGLI program and extended VGLI to members of the Ready Reserves. The amendment also provided that members can convert

their SGLI directly to a commercial policy of insurance and may convert VGLI to a commercial policy at any time rather than only at the end of 5-year periods. The new law also renamed the SGLI program to Servicemembers' Group Life Insurance and included a provision that requires representatives of the military services to provide general information regarding insurance and SGLI and VGLI to its members.

k. Public Law 105-368, effective February 9, 1999, established an Accelerated Benefit option for terminally-ill members insured under SGLI or VGLI. Under this option, a terminally-ill member may receive in a lump sum payment a portion of the face value of the insurance as an accelerated death benefit.

l. Public Law 106-419 increased the maximum amount of SGLI and VGLI coverage from \$200,000 to \$250,000 effective April 1, 2001. It also provided that members of the Individual Ready Reserves (IRR) who are subject to involuntary call-up authority will be eligible to enroll in the SGLI program.

m. Public Law 109-13 increased the maximum amount of SGLI and VGLI coverage from \$250,000 to \$400,000 effective September 1, 2005. It also provided for Traumatic Injury Coverage under SGLI effective December 1, 2005.

n. Public Law 109-80 made the increase in maximum SGLI and VGLI coverage to \$400,000, and the change in SGLI increments to \$50,000 permanent. It also provided for spousal notification of change in SGLI beneficiary and reduction or declination of coverage.

o. PL 109-163 authorized an additional SGLI death gratuity of \$150,000 for the survivors of decedents who died between October 7, 2001, and May 11, 2005, and at the time of death were not eligible for the additional death gratuity for service in combat operations or zones.

p. PL 109-163 also authorized the payment of an allowance--by the Secretary of the appropriate branch of service-- to Servicemembers serving in OEF/OIF in an amount equal to the premium for the first \$150,000 of SGLI coverage; if the member has elected to be insured for less than \$150,000 of SGLI, then the amount of the allowance will equal the amount of his/her premium deduction for SGLI coverage.

q. PL 109-233 enacted on June 15, 2006, extended the duration of SGLI coverage from one to two years for service members who are totally disabled upon the date of their separation from active duty or reserve status. The law contained a sunset provision that would reduce the extension period from a maximum of two years to 18 months for members released on or after October 1, 2011. Service members who were released within 1 year of the date of enactment of P.L. 109-233 were also eligible for the extended coverage period.

r. PL 109-234 enacted on June 15, 2006, extended the eligibility period for survivors of service members who died between October 7, 2001, and August 31, 2005, for the \$150,000 SGLI death gratuity. It also ensured survivors of service members who died during this period were issued the benefit regardless of where they died.

s. PL 109-364, effective October 17, 2006, increased the previously authorized payment of an allowance for SGLI premiums to service members serving in OEF/OIF from \$150,000 to an amount equal to the full premium of their SGLI coverage, up to a current maximum of \$400,000.

t. PL 110-245, effective June 17, 2008, the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART Act) allowed individuals receiving a military death gratuity payment and/or SGLI/Family SGLI payment to contribute the benefit to a Roth IRA or education savings account, notwithstanding the contribution limits applicable to these accounts. The maximum amount that may be contributed to a Roth IRA or one or more education savings accounts is the sum of the death benefit and any SGLI payments. The contribution must be made no later than one year after the military gratuity death benefit or SGLI payment is received.

u. PL 110-389, effective October 10, 2008, extended SGLI coverage to members of the Individual Ready Reserve (IRR) who volunteer for assignment to a mobilization category in the IRR, as defined in section 1965(5)(c) of title 38.

v. PL 111-275, effective October 13, 2010, made the two-year SGLI disability extension for totally disabled veterans permanent, eliminating the sunset provision of prior law 109-233.

w. PL 115-232, effective August 13, 2018, provided that service members deployed to a combat theater of operations would be automatically insured for the maximum amount of coverage under the SGLI program while deployed. Coverage is returned to the previously elected amount after deployment.

x. PL 117-209, effective March 1, 2023, increased the maximum coverage amount from \$400,000 to \$500,000 to ensure the coverage reflects the current cost-of-living.

CHAPTER 2. TERMINATION OF INSURANCE

2.01 TERMINATION OF INSURANCE

a. Full-time SGLI coverage for members on active duty or active duty for training and members of the Ready Reserve/National Guard will terminate:

- (1) The 120th day after separation or release from duty, or separation or release from assignment to a unit or position of the Ready Reserve/National Guard;
- (2) For members who are totally disabled on the date of separation or release, at the end of the last day of two years following separation or release or at the end of the day on which the insured ceases to be totally disabled, whichever is earlier, but in no event earlier than 120 days following separation or release from such duty;
- (3) At the end of the 31st day of a continuous period of:
 - (a) Absence without leave;
 - (b) Confinement by military authorities under a court-martial sentence involving total forfeiture of pay and allowances; or
 - (c) Confinement by civilian authorities under sentence adjudged by a civilian court. Note: Any insurance terminated as the result of the absence or confinement, together with any beneficiary designation in effect at the time the insurance was terminated, will be automatically restored as of the date the member returns to duty with pay. (See [chapter 4](#).)
- (4) The last day of the month in which the member files with the uniformed service, written notice of an election not to be insured. The member may become insured again upon written request through the uniformed service as provided in [paragraph 4.02](#).
- (5) For Reserve members who are required to make direct remittance of premiums, 60 days after the branch of service notifies the member that premiums are past due. All Reserve members for whom the branches of service are paying premiums in advance, but who are not receiving pay from which premiums can be deducted, are required to make direct remittance of premium to their branch of service. Any member who is required to pay premiums by direct remittance and who fails to pay premiums within 60 days of the date they are due, will be notified by their branch of service that coverage will be terminated within 60 days of notice unless the member remits all premiums past due and demonstrates that the failure to make timely premium payments was justifiable.

b. Part-time coverage terminates as follows:

- (1) Part-time coverage is in effect only on the days of active duty or active duty for training, and the hours of inactive duty training, including period of travel to and from duty. A temporary termination of coverage occurs at the end of each such period of duty, including travel time, and coverage is resumed at the commencement of the next period of covered duty or travel.
- (2) When part-time coverage is extended for 120 days as the result of a disability, the extended coverage terminates at the end of the 120th day following the Reservist/National Guard active or inactive period during which the disability was incurred or aggravated.
- (3) Unless extended for 120 days because of disability as referred to above, eligibility for part-time coverage terminates at the end of the last day of the member's obligation to perform such duty.
- (4) If a member files with the uniformed service a written notice of an election not to be insured, coverage terminates on the last day of the period of active duty or active duty for training, or at the end of the period of

inactive duty training, including travel time while returning from such duty during which the election is filed. If the election is filed with a member's uniformed service other than during a period of active duty, active duty for training, or inactive duty the coverage is terminated immediately.

c. Full-time and part-time coverage terminates:

- (1) At the end of the day before rights to the insurance are forfeited as described in [paragraph 1.10](#); or
- (2) At the end of the day before the termination of the group policy. NOTE: See [paragraph 1.08](#) to determine when elections, designations, and periods of duty or obligations to perform duty are continuous and when not continuous.

d. Notice to spouse upon election not to be insured

- (1) The member's spouse will be notified by the Department of Defense of any election by the member not to be insured at the last address of record of the spouse under the following circumstances:
 - (a) If, on the first day of duty, the member elects not to be insured.
 - (b) If the spouse is designated as beneficiary and the member first elects less than the maximum coverage or subsequently reduces the amount of coverage in effect immediately before such election
 - (c) When the member changes the beneficiary designation from the spouse to someone other than the spouse or child for any amount of insurance, unless the spouse has previously received such a notification.
- (2) The failure to notify a spouse of the election not to be insured does not affect the validity of the election.

CHAPTER 3. REDUCTION OR DECLINATION OF INSURANCE

3.01 FULL-TIME INSURANCE

a. Members reporting for duty in one of the uniformed services who do not want to be insured or who prefer less than \$500,000 maximum coverage must notify their uniformed service by accessing SOES or, if unable to access SOES, complete and file a form SGLV 8286, Servicemembers' Group Life Insurance Election and Certificate, with their uniformed service. ([See appendix A](#))

(1) If the member has completed form SGLV 8286 and the member's branch of service is using SOES, the member must enter the coverage declination in SOES upon first access.

b. Insured members who desire a lesser amount of insurance coverage or no insurance must request a change by entering the request in SOES or if unable to access SOES, via SGLV 8286, which then must be entered into SOES at first available opportunity by the member or service. Requests for reduced coverage or no coverage made prior to any legislated increase in coverage have no effect under the new law.

c. A reduction or cancellation of insurance coverage is effective at midnight of the last day of the month in which the application is received by the uniformed service.

d. Whenever a member re-enters active duty, the member is covered for the full amount of insurance and any prior declination or reduction of insurance coverage does not apply.

e. If, on the first day of duty, a member elects not to be insured or elects less than the maximum coverage, that election is effective immediately. If the election is made after the first day of duty, the election is effective at midnight of the last day of the month in which the application is received by the uniformed service.

f. If a terminally ill member requests and receives an Accelerated Death Benefit, the face value of the member's insurance is reduced by the amount of the Accelerated Benefit paid to the member. The reduction is effective upon the date on which the member cashes or deposits the Accelerated Death payment.

3.02 PART-TIME COVERAGE

A member eligible for part-time coverage may elect not to be covered or request a reduced amount of coverage by completing form SGLV 8286 and filing it with the appropriate uniformed service. The election or reduction will be effective as follows:

a. At the end of the last day of the period of duty then being performed, if the member is on active duty or active duty for training when the waiver or reduction is filed;

b. At the end of the period of inactive duty training then being performed, if the member is on inactive duty training when the waiver or reduction is filed; or

c. On the date the declination or reduction is received by the uniformed service, if the member is not on active duty, active duty for training or inactive duty training on the date the declination or reduction is filed.

3.03 ACTION BY UNIFORMED SERVICE

a. If a member makes an election to reduce or decline coverage in SOES, no action by the uniformed service is necessary.

b. If a member makes an election to reduce or decline coverage using SGLV 8286, an authorized representative of the uniformed services must sign and date, in the appropriate blocks, properly completed forms SGLV 8286 when received. The date the form is received determines the reduction or cancellation date of the insurance. Information must be sent to DFAS or the appropriate Finance Center for the adjusted deduction to be reflected in the member's pay.

1. The completed form SGLV 8286 serves as the basis for payroll deductions or authorizing collections in a reduced amount or none at all.

2. The authorized representatives will distribute various copies of the form SGLV 8286 according to the instructions provided on the form. Note: Do not send the completed form to any VA office or the OSGLI. See instructions attached to form SGLV 8286.

3.04 SPOUSE NOTIFICATION

a. A member's spouse will be notified of any reductions in coverage below the maximum amount if:

(1) the spouse is the beneficiary; and

(2) the reduction is the first election for less than the maximum coverage; or

(3) the reduction decreases coverage below the amount of coverage previously elected.

Example 1: The maximum coverage increased to \$500,000 effective March 1, 2023. Member elects to decrease coverage to \$300,000 on March 5, 2023. Member's spouse will be notified.

Member elects to decrease coverage further to \$200,000 on January 10, 2024. Member's spouse will be notified again.

Example 2: Member has \$500,000 of coverage. Member elects to decrease coverage to \$300,000 on December 31, 2023. Member's spouse will be notified.

Member elects to increase coverage to \$350,000 on February 1, 2024. Member's spouse will NOT be notified in this instance because while the amount is still below the maximum it is above the previous election amount.

b. The member's spouse will be notified by the Defense Manpower Data Center at the last address of record of the spouse.

c. The failure to notify a spouse of the election for reduced insurance does not affect the validity of the election.

CHAPTER 4. RESTORATION AND REQUEST FOR COVERAGE

4.01 AUTOMATIC RESTORATION

a. After a servicemember has chosen to have a reduced amount of SGLI coverage, a change in duty status will automatically increase SGLI coverage back to the maximum level without evidence of good health. The member is not required to enter this change in SOES, or if member is not yet using SOES, to complete SGLV Form 8286 in this situation. Example: A Ready Reservist reduced his SGLI coverage to \$200,000 upon entering the Ready Reserves. He is called to active duty for a one-year period. His coverage automatically increases to the maximum SGLI coverage level. His coverage will remain at the increased coverage level even when the member returns to Reserve status unless a new reduction or declination of SGLI coverage is completed. If this same member reduces his SGLI coverage to \$200,000 during his one year on active duty, the member's coverage will again increase to the maximum coverage level when he returns to Reserve status because this is a change of duty status from active duty to reserves.

b. After a Servicemember elects in writing to not be insured or insured for less than the maximum amount of SGLI and they are deployed to a combat theater of operations, the SGLI coverage amount will increase to the maximum amount of SGLI coverage under the law starting on the date they are deployed. Premiums for this coverage (and TSGLI coverage) will be reimbursed by the uniformed service during the deployment (See 1.07(d)). At midnight on the last day of the month of the Servicemember returns from deployment, their coverage will return to the amount they had prior to deployment.

Example Active Duty Servicemember: Servicemember declines coverage in April. She is deployed to a combat theater of operations on July 10 and returns on August 15. She will have maximum SGLI coverage from July 10 through August 31st. On September 1, her SGLI coverage will return to zero.

Example Ready Reservist: A Ready Reservist reduced his SGLI coverage to \$200,000 upon entering the Ready Reserves. He is called to active duty in a combat theater of operations in July. His coverage automatically increases to the maximum SGLI coverage level due to the change of duty status in July. The Ready Reservist deploys to the combat theater of operations in August. He cannot decline coverage while deployed to the combat theater of operations as the law requires maximum coverage during a deployment to a combat theater of operations. The Ready Reservist returns from the combat theater of operations in December. He can now reduce his SGLI coverage to \$200,000 again; however, his coverage will again increase to the maximum coverage level when he returns to Reserve status because this is a change of duty status from active duty to reserves.

c. The member's insurance coverage and beneficiary designation are automatically restored as of the date the member is restored to duty with pay, if coverage was terminated because of:

- (1) Absence without leave;
- (2) Confinement by civil authorities under a sentence adjudged by a civilian court; or
- (3) Confinement by military authorities under a court-martial sentence involving total forfeiture of pay and allowances.

4.02 REQUEST FOR INSURANCE

a. If a member elects to cancel or reduce SGLI coverage and later wants to obtain or increase his or her SGLI coverage:

- (1) members with full-time SGLI coverage must request the coverage in SOES
- (a) If all medical questions are answered "NO" the coverage will be automatically updated in SOES.

(b) If any of the medical questions are answered "YES" the application is sent to OSGLI for review and decision. Premium deductions will not change until the decision is received from OSGLI.

(2) members with part-time coverage must request the coverage on form SGLV 8286, Servicemembers' Group Life Insurance Election & Certificate. [\(See Appendix A\)](#)

(a) The form SGLV 8286 should be completed and signed by the member in the presence of an authorized representative of his or her uniformed service, who should then complete the certification below the member's signature. In accordance with the instructions on the form, if all medical questions are answered "NO" the form should be filed in the members' personnel file and action initiated to withhold premium payments effective the date the form is received by the branch of service.

(b) If any of the medical questions are answered "YES" the form should be sent to the OSGLI for review and decision. Premium deductions should not be made until the decision is received from the OSGLI. Both the member and the uniformed service concerned will be advised of the acceptance or rejection of the application by the OSGLI.

(3) If an increase in coverage is approved by OSGLI, coverage will be retroactive to the date of application with all premiums due from that date.

CHAPTER 5. ACCELERATED BENEFITS OPTION

5.01 GENERAL

- a. The Accelerated Benefit Option permits terminally ill members covered under the SGLI and VGLI programs to receive a portion of the face value of their insurance coverage before they die. Such payments are made by lump sum only.
- b. A member is eligible to receive an Accelerated Benefit if he or she has a valid written prognosis from a physician of 9 months or less to live.
- c. The amount of Accelerated Benefit available to a member is up to 50% of the face value of the member's insurance coverage. If a member elects less than the maximum, the amount requested must be in increments of \$5,000. The Accelerated Benefit paid to the member will be the amount requested. The Accelerated Benefit can only be issued once, even if the amount requested was less than the maximum allowed by law.
- d. The portion of the face value of insurance which is not paid in a lump sum as an Accelerated Benefit remains payable to the member's designated beneficiary(ies) upon his or her death. Monthly deductions for SGLI and premiums for VGLI shall be reduced in a manner consistent with the percentage reduction in the face value of the insurance as a result of payment of the Accelerated Benefit.
- e. Members insured under the SGLI program who elect an Accelerated Benefit and who thereafter convert their SGLI coverage to VGLI are eligible only for a reduced amount of VGLI coverage based on the amount of the Accelerated Benefit they received.
- f. The amount of the Accelerated Benefit received by the Servicemember or Veteran shall not be considered income or resources for purposes of determining eligibility for or the amount of benefits under any Federal or federally-assisted program or for any other purpose.

5.02 REQUEST FOR ACCELERATED BENEFITS

- a. Only the insured member may apply for an Accelerated Benefit. No one else can apply on the member's behalf.
- b. The application form entitled "Claim for Accelerated Benefits" (SGLV 8284) is available by request by writing the Office of Servicemembers' Group Life Insurance, PO Box 70173, Philadelphia, PA 19176-0173 or calling the office toll-free at 1-800-419-1473. The application is also available for downloading on our [forms page](#).
- c. The application contains one part to be completed by the insured and a second part to be completed by the insured's physician. In addition, for Servicemembers, the branch of service must complete part of the form. The member must submit the completed application form to the Office of Servicemembers' Group Life Insurance, PO Box 70173, Philadelphia, PA 19176-0173.

5.03 EFFECTIVE DATE

- a. The election to receive the Accelerated Benefit becomes effective at the time the member cashes or deposits the Accelerated Benefit.
- b. If the member elects payment by check, they may cancel their request for benefits prior to cashing or depositing the Accelerated Benefit by informing OSGLI in writing of the request to cancel and by returning the check if the member has received it. If a member wants to change the amount of benefits requested or decides to reapply after canceling the request, he or she may file another application. If the member elects payment by direct deposit, once the money is submitted by OSGLI for deposit into their account, the election cannot be changed.
- c. If a member dies prior to receiving an Accelerated Benefit payment, the payment must be returned to OSGLI.

d. Once an election becomes effective (by cashing or depositing the Accelerated Benefit payment), it cannot be revoked. A member is not eligible for additional Accelerated Benefits.

CHAPTER 6. BENEFICIARIES

6.01 DESIGNATIONS OF BENEFICIARY(IES) - GENERAL

Any insured under SGLI may designate as Primary beneficiary or Secondary beneficiary any person, firm, corporation or legal entity (including the insured's estate), individually or as a trustee. Before naming a trust or other legal entity as beneficiary, the insured must ensure the trust or legal entity is established.

6.02 UPDATING SOES

a. Members covered under full-time SGLI should access SOES whenever they make a beneficiary designation or change a previous designation. NOTE: When Servicemembers who previously declined coverage have their coverage automatically restored to the maximum coverage level due to either a change in duty status or during a deployment to a combat theater of operations (See 4.01), they should be advised to go into SOES to name beneficiaries. If no beneficiaries are named, payment in the event of death would be made based on the order of precedence provided for in 38 U.S.C. 1970 (See 6.06).

b. Members covered under part-time SGLI should complete form SGLV 8286 whenever they make a beneficiary designation or change a previous designation.

c. Within SOES:

(1) Members must name a specific beneficiary.

(2) If a member designates more than one primary beneficiary, the member must specify in whole percentages the share to be paid to each or select equal shares. A member may also designate a secondary beneficiary in SOES. NOTE: A secondary beneficiary is a person or persons designated to receive the insurance proceeds if the primary beneficiaries die before the insured dies.

d. After updating a beneficiary in SOES, the member must confirm and certify the change in SOES in order for the designation to be valid.

e. SGLI and VGLI are federal programs and operate under federal law. Under federal law, the insured has the absolute right to name and change the beneficiary at any time. State divorce decrees, separation agreements or other state or municipal court documents are not binding on the determination of a beneficiary and cannot effectively change an insured's beneficiary designation.

6.03 UNCLEAR OR UNUSUAL BENEFICIARY DESIGNATIONS

a. The member must designate a specific beneficiary or beneficiaries to ensure that the proceeds are distributed to the persons or persons whom the insured intended to be the beneficiary(ies), particularly when:

(1) A member has a parent who has remarried but both natural parents are living; or

(2) When a member is divorced and remarried, but has children living with the first spouse; or

(3) When a member has no immediate next of kin and wants a distant relative or friend to receive the proceeds.

b. When a member is likely to be survived by dependents or parents and designates some other person or entity as beneficiary, a responsible representative of the uniformed service should advise the member to submit a signed memorandum indicating that the member understands the designation is unusual and that the person named by the member as the beneficiary is the person he or she intends to receive the proceeds.

c. Whenever there is any question or doubt as to a beneficiary, the uniformed service should encourage the member to update the beneficiary in SOES in order to clearly identify the person(s) to whom the proceeds of the insurance should be paid.

d. While the selection of a beneficiary is a matter of free election for the insured and the insured should never be forced to designate otherwise, under Public Law 109-13 if a Servicemember is married and previously designated his or her spouse as a beneficiary, the Department of Defense must provide written notification to their spouse of any change of designation that names anyone other than the spouse or child as beneficiary. Even with this provision the member can choose to name any beneficiary he/she desires. However, if disregarding dependents or parents in designating beneficiaries, it is desirable that the member documents their intent on the designation form.

6.04 DESIGNATIONS OF BENEFICIARIES WHO ARE MINORS

a. The law allows payment of SGLI to be made directly to a minor surviving spouse.

b. If the beneficiary is a child, the insurance proceeds will be paid to the child's guardian.

c. The appointment of a guardian is often time consuming and costly and, for that reason, may delay the payment of proceeds. The amount of the proceeds can be materially reduced by the payment of court costs, attorney fees and expenses incurred by the guardian. To avoid such complications and expense, a member may choose to consult with an attorney to designate a pre-appointed trustee of the minor beneficiary.

6.05 DESIGNATION CHANGE OR CANCELLATION

a. An insured member may, at any time, change or cancel a previous designation.

b. If a married member designates as beneficiary someone other than a spouse or child, the spouse will be notified that a change has occurred, except in the following circumstances:

(1) the spouse has been previously notified of the change in beneficiary; and

(2) the spouse was not a beneficiary in the election prior to the current beneficiary change

The member's spouse will be notified by the Department of Defense of any such election at the last address of record of the spouse. The failure to notify a spouse of the election not to be insured does not affect the validity of the election.

Example: A married member changes his SGLI beneficiary from his spouse to his mother. The member's spouse will be notified of the election. The married member subsequently changes the beneficiary on his policy to his brother. The member's spouse will not be notified of the election.

c. The following rules apply when the legislation increases the amount of insurance coverage:

(1) If an insured was covered for the maximum amount under a prior law, the prior beneficiary designation and equal monthly payment option filed by the member will be effective until changed and the proceeds will be distributed in the same proportionate amount as the portion designated for such beneficiary under the prior law. Insureds should make beneficiary changes in SOES if this is not what is desired.
If an insured had no coverage prior to the incurs

Example:

Coverage	Designation	Amount Paid
\$250,000	50% spouse	Spouse: \$125,000
	50% child	Child: \$125,000
\$500,000	50% spouse50% child	Spouse: \$250,000
		Child: \$250,000

- (2) If the insured had elected no SGLI coverage prior to the increase, they should be advised to name beneficiaries as soon as possible. If no such beneficiaries are named, SGLI proceeds will be paid by law (See 6.06).
- d. A beneficiary designation will remain in effect until properly changed by the member or automatically canceled. (See [paragraph 6.07](#)) Termination of one period of duty and re-entry into another period of duty will not automatically cancel the designation unless there is a break in service. (See [paragraph 1.02\(i\)](#) for definition of break in service.)
- e. A designation change or cancellation will take effect only if it is in writing (see [1.02 k](#)), signed by the insured and received prior to the date of death of the insured by the uniformed service.
- f. If such designation change or cancellation is made during a period of extended coverage following separation or release, such change will take effect only if received by the OSGLI prior to the insured's death.

6.06 BENEFICIARY(IES) NOT DESIGNATED

Members must name a specific beneficiary. If a member does not designate a beneficiary, the insurance will automatically be paid in the following order of precedence:

- a. The surviving spouse of the member; if none,
- b. The child or children of the member, in equal shares, with the share of any deceased children to be distributed among the descendants of that child; if none,
- c. The parents in equal shares or all to the surviving parent; if none,
- d. A duly appointed executor or administrator of the insured's estate; if none,
- e. Other next of kin. NOTE: An insured's biological parents are not always who the individual intended to receive the proceeds, and in cases such as abandonment, they are not recognized as legal parents. Claim disputes involving the recognition of "rightful" parents can be avoided by discouraging the use of "By Law" designations and listing the parents by name.

6.07 AUTOMATIC TERMINATION OF BENEFICIARY DESIGNATION

A designation of beneficiary made by a member insured under SGLI for full-time or part-time coverage will automatically be canceled under the following rules:

- a. When the insurance terminates following separation or release from all duty or the obligation to perform duty in a uniformed service;
- b. When the member re-enters on duty or assumes an obligation to perform duty in another uniformed service;
or

c. When the member re-enters on duty in the same uniformed service more than one calendar day after separation or release from all duty in that uniformed service. NOTE: If a prior designation is terminated for any of the reasons shown above and the member wants the insurance proceeds paid to a designated beneficiary, the member must access SOES to add the desired beneficiary, or if unable to access SOES, complete and submit a new form SGLV 8286 to the member's uniformed service.

CHAPTER 7. ELECTION OF METHOD FOR PAYMENT OF PROCEEDS

7.01 GENERAL

a. An insured member may elect that the proceeds of SGLI be paid to the beneficiary in a lump sum payment or in 36 equal monthly payments. Beneficiary(ies) will be given the option of receiving their payment either through the Prudential Alliance Account, check, or Electronic Funds Transfer*. The beneficiary should check the appropriate Method of Payment in Part IV of form SGLV 8283, Claim for Death Benefits.

*An Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

An Alliance Account is an interest bearing draft account established in the beneficiary's(ies) name(s) with a draft book. The beneficiary can write drafts ("checks") for any amount up to the full amount of the proceeds. There are no monthly service fees or per check charges and additional checks can be ordered at no cost, but fees apply for some special services including returned checks, stop payment orders and copies of statements/checks.

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. The beneficiary will be advised in advance of any change to the minimum interest rate via the quarterly Alliance Account statement or the beneficiary may call Customer Support at (877) 255-4262.

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.

b. An insured may also change the method of settlement at any time without the consent of the beneficiary.

c. If the insured elects a lump sum payment or makes no election, the beneficiary may choose either the lump sum settlement or payment in 36 equal monthly payments.

d. If the insured elects 36 equal monthly payments, the beneficiary may not elect a lump sum settlement.

7.02 ELECTION OR CHANGE OF METHOD OF PAYMENT

a. Members with full-time coverage should access SOES to elect a method of payment or to change a previous election. The member should indicate the option selected, either 36 months or lump sum.

b. Members with part-time coverage should use form SGLV 8286, SGLI Election and Certificate, to elect a method of payment or change a previous election.

(1) The form SGLV 8286, when completed, signed and dated, should be submitted to the uniformed service concerned.

(2) If the election or change is being made during the period the insurance remains in force following separation or release from duty, the form should be sent to the OSGLI.

7.03 EFFECTIVE DATE OF ELECTION OR CHANGE

a. An election or change is effective the date the application is received by the uniformed service, or the date such a change is received at the OSGLI, whichever is applicable.

(1) In the case of the SGLI Disability Extension, the date the change is received by OSGLI is the date the change will be effective.

CHAPTER 8. DEATH CLAIMS

8.01 GENERAL

a. All claims for death benefits for any member who dies while insured under SGLI must be submitted to the OSGLI, PO Box 70173, Philadelphia, PA 19176-0173.

b. Upon receipt by the OSGLI of proof that an insured member has died, OSGLI will pay to the proper beneficiary the amount for which the member is insured under the group policy. The form SGLV 8283, Claim for Death Benefits (see [Appendix A](#)) is provided for the purpose of claiming the proceeds. Payment will be made to the member's designated beneficiary surviving at the time of the member's death; or if no beneficiary was designated, the proceeds will be paid in order of precedence as provided by law. (See [paragraph 6.06](#) for the order of precedence.)

c. Under no circumstances can more than \$500,000 group life insurance (plus interest) be paid in settlement of a death claim. This is emphasized for the situation when a member re-enters on active duty, active duty for training or inactive duty training during a period of coverage following an earlier period of such duty.

d. Any determination as to eligibility of a claimant as beneficiary or any request for evidence required in support of a claim will be made by the OSGLI. This office must also receive proof that a claimant is entitled to payment. If, for example, the payment in the order of precedence is made to parents and one parent is deceased, a certified copy of the death certificate for the deceased parent should be furnished. NOTE: If form SGLV 8283 was not furnished to the beneficiary, one may be obtained from our forms page or by contacting the OSGLI. If the beneficiary has no tangible evidence of SGLI coverage, see [paragraph 8.05](#).

8.02 PROOF OF DEATH AND VERIFICATION OF INSURANCE IN FORCE

a. When a claim is filed for insurance, proof of death and verification of the amount of insurance in force will be established by one of the following types of evidence:

(1) If death of a member occurs while on active duty, active duty for training, inactive duty training or in an active duty status as a Ready Reservist/National Guard member, DD Form 1300, Report of Casualty, or its equivalent, will be issued by the deceased member's uniformed service and sent directly to the OSGLI. The beneficiary need not supply proof of death.

(2) If a member insured under full-time coverage dies within the period the insurance remains in force following termination of duty, a certified copy of the death certificate and a copy of DD 214, Certificate of Release or Discharge from Active Duty, or Form NGB 22, Certificate of Release from the National Guard must accompany the form SGLV 8283 and be submitted to the OSGLI.

(3) If an insured under part-time coverage dies within the 120-day period following a period of duty during which a disability was incurred or aggravated, a certified copy of the death certificate and a statement from the attending physician concerning the disability and period of duty must be sent with the form SGLV 8283 to the OSGLI.

8.03 PREPARATION OF SGLV 8283

a. In filing a claim for the insurance proceeds, form SGLV 8283 must be completed by the designated beneficiary or, in the absence of such designation, by the primary beneficiary as listed in the order of precedence. (See [paragraph 6.06](#) for the order of precedence.)

b. Information (printed or typed) should be furnished on the form SGLV 8283 as explained on the form. All claimants must complete items 1 through 4, and numbers 5 and 6, if known.

(1) A claimant who is the designated beneficiary need complete only items 7, 8, 9 and 10 of part I and all of part IV.

(2) If a spouse was not designated as beneficiary and no other beneficiary was designated, the surviving spouse should complete all items of parts I and IV.

(3) Other claimants should complete items 7, 8, 9, and 10 of part I and all of parts II, III and IV.

c. It is essential that all requested information be furnished. The omission of answers or incomplete answers or the failure to furnish the necessary or requested information may delay settlement of the claim. NOTE: VA has no authority to seek the appointment of a fiduciary (trustee or trusteeship) for SGLI purposes. It is important to remember that any settlement of claims is strictly a matter between the person filing the claim and the OSGLI.

8.04 CONTACTING THE BENEFICIARY WHEN DEATH OCCURS

a. When an insured member dies, the uniformed service will access SOES to identify the beneficiary designated by the insured. If no designation was made, the uniformed service representative should carefully review the file to learn the next of kin or survivor as shown in the official record and determine if such person would qualify as the eligible beneficiary according to the order of precedence.

b. If the insured has not designated a beneficiary and the person(s) listed in the official records is for some obvious reason not eligible, or there is some doubt concerning that person's eligibility as beneficiary or next of kin, the uniformed service should:

(1) Complete the DD Form 1300 or an equivalent form and make the notation that no form SGLV 8283 was furnished.

(2) If there is no record of form SGLV 8286, list the name and address of the next of kin as shown on DD Form 1300, or equivalent form, and forward the report to the OSGLI. When there is some uncertainty or unusual circumstances involved, a statement of the pertinent facts should be attached.

8.05 WHEN SURVIVOR HAS NO PROOF OF SGLI COVERAGE

a. Occasionally a beneficiary or survivor will ask a uniformed service or a VA office for assistance in filing a death claim and will not have a DD Form 214 as tangible evidence of insurance coverage.

b. If the uniformed service is asked to assist, the service should inform the OSGLI of the amount of insurance and the last named beneficiary or next of kin of record including any other elections by the insured. If the insurance is in force and there is no doubt regarding the beneficiary, form SGLV 8283 should be provided to the beneficiary for completion and submission to the OSGLI.

c. When VA is asked to assist in filing a death claim and the survivor has no evidence of the group insurance, VA will assist the survivor in completing the form SGLV 8283. The claim form and copy of the death certificate will be forwarded to the OSGLI by VA with a letter explaining the circumstances involved, including any other pertinent facts supplied by the survivor, or from VA files which will be helpful to the OSGLI in verifying the deceased member's insurance.

8.06 PAYMENT OF PROCEEDS

a. If a principal beneficiary, otherwise entitled to payment of the insurance proceeds, does not make a claim for the proceeds within 1 year following the death of the insured, or if payment to such person within that period is prohibited by Federal law or regulation, payment may be made to the contingent beneficiary or in the order of precedence as set forth in [paragraph 6.06](#) as if the person had died before the insured. Any such payment shall bar recovery by any other person.

NOTE: Under 38 CFR 9.5(e), an individual who intentionally kills the insured is barred from receiving SGLI or VGLI death proceeds. Any individual who is related to the murderer is also barred from receiving SGLI or VGLI death benefits unless such individual is also related to the victim.

b. If, within 2 years after the death of the member, no claim has been made by any person entitled, and neither VA nor the OSGLI has received any notice that such a claim will be made, payment may be made to any claimant that may be equitably entitled to the proceeds as determined by VA; and such payment will be a bar to recovery by another person.

c. Beneficiary(ies) will be given the option of receiving payment either through the Prudential Alliance Account[®], check, or Electronic Funds Transfer (EFT). *An Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

An Alliance Account is an interest bearing draft account established in the beneficiary's(ies') name(s) with a draft book. The beneficiary can write drafts ("checks") for any amount up to the full amount of the proceeds. There are no monthly service fees or per check charges and additional checks can be ordered at no cost, but fees apply for some special services including returned checks, stop payment orders and copies of statements/checks.

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. The beneficiary will be advised in advance of any change to the minimum interest rate via the quarterly Alliance Account statement or the beneficiary may call calling Customer Support at (877) 255-4262.

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.

d. Beneficiaries can take advantage of no cost professional financial advice through the Beneficiary Financial Counseling service. More information about BFCS can be found in [Chapter 9](#) of this handbook.

e. If the proceeds are to be paid in 36 equal monthly payments, the first payment will include all monthly payments effective as of the date of death. The amount of each payment will be computed so as to include interest on the unpaid balance at the then effective rate.

f. If the insured designated that proceeds are to be paid in 36 equal payments to the principal beneficiary and that beneficiary dies before the full 36 payments have been paid, the remaining payments will be paid to the contingent beneficiary as the payments become due. If the contingent beneficiary dies before receiving all payments, or if there is no contingent beneficiary and the principal beneficiary dies before receiving all the payments, the unpaid payments, less the interest which would have accrued, will be paid in one sum to the estate of the beneficiary last receiving payment (principal or contingent). NOTE: The address of the Casualty Office for each branch of service is provided in [Appendix B](#).

8.07 SGLI Premium Debts at Point of Claim

a. The OSGLI is not responsible for collecting SGLI and FSGLI premium debts for members in a non-pay status (direct remitters) identified by the branches of service at the point of claim. While these members are serving, the branch of service is required by law to pay premiums in advance as they are not receiving pay from which premiums can be deducted. The branch of service bills the member requesting direct remittance of premiums to their branch of service. Therefore, these members' premiums have already been paid by the branch of service at the point of claim. If the deceased member has not repaid the debt owed to the branch of service for SGLI and FSGLI premiums paid in advance at time of death, the branch of service is responsible for seeking satisfaction of the debt from the estate of the servicemember. See 38 USC 1969 (a)(2)(A). In order to determine whether or not a SGLI debt is established for Guard members and Reservists, the most recent LES must accompany the certification.

b. There are a few limited circumstances where the OSGLI will collect SGLI and FSGLI premiums debts at the point of claim. The most recent LES must accompany the certification if requesting OSGLI collect premium from the insurance proceeds:

- SGLI Member Direct Remitter/Non-Pay Status: If the member passes away and due to administrative error the branch of service never established a debt for all or a portion of SGLI/FSGLI premiums owed (as noted in a) while the member was living, OSGLI will deduct the owed premiums from the claims proceeds.
- SGLI Member in Pay Status – If the member passes away and due to administrative error the branch of service did not deduct all or a portion of SGLI/FSGLI premiums owed, OSGLI will deduct the owed premiums from the claims proceeds.
- Spouse – If the member's spouse passes away and the member had failed to report the spouse in DEERS, OSGLI will deduct the owed FSGLI premiums from the claim proceeds. The total owed equals the total amount of FSGLI premiums from the date FSGLI spousal coverage began to the date of death.

c. The OSGLI is not responsible for collecting FSGLI premiums when a married SGLI member with FSGLI coverage passes away and the branch of service determines that the member was not paying for FSGLI coverage for their living spouse. The OSGLI will pay the SGLI claim. The branch of service is responsible for seeking satisfaction of the FSGLI premiums owed from the estate of the member and forwarding premiums to VA.

CHAPTER 9. BENEFICIARY FINANCIAL COUNSELING SERVICE AND ONLINE WILL PREPARATION

9.01 Beneficiary Financial Counseling Service (BFCS)

1. All beneficiaries of SGLI, TSGLI Spousal Coverage, FSGLI, or VGLI proceeds are eligible to receive Beneficiary Financial Counseling Services provided through an independent professional services firm. Under this benefit, beneficiaries receive free, personalized, objective financial advice if they choose to take advantage of the service.
2. The beneficiary will receive a free detailed personalized financial plan, if requested, and toll-free access to financial counselors, as well as additional financial counseling resources. This service is a two-year benefit from the date of claim payment. For more information, please visit www.benefits.va.gov/insurance/bfcs.asp.
3. Beneficiary Financial Counseling is provided at no extra cost to the insured (i.e. premiums will not increase) or the beneficiary. In addition, the independent firm will not sell any products to the beneficiary and counselors receive no commission for their services.
4. Upon the death or traumatic injury of the insured, the Office of Servicemembers' Group Life Insurance will provide information to the beneficiary/insured on how to contact the firm to take advantage of this benefit.
5. You may find more information on Beneficiary Financial Counseling at www.insurance.va.gov

9.02 Online Will Preparation

1. All beneficiaries of SGLI, TSGLI, FSGLI, or VGLI proceeds are eligible to receive online will preparation services provided through an independent professional services firm. Under this benefit, beneficiaries receive free, personalized, objective will preparation if they choose to take advantage of the service.
- b. The beneficiary will be able to quickly and easily prepare a will without an attorney. After answering a series of straightforward questions, the beneficiary will receive a legal will, valid in all states, ready to print and sign.

CHAPTER 10. FAMILY COVERAGE

10.01. GENERAL

- a. Family Servicemembers' Group Life Insurance (FSGLI) is a program extended to the spouses and unmarried dependent children of members insured under the SGLI program. FSGLI provides up to a maximum of \$100,000 of insurance coverage for spouses, not to exceed the amount of SGLI the insured member has in force, and \$10,000 for dependent children. Spousal coverage is issued in increments of \$10,000.
- b. FSGLI coverage is provided under a group life insurance policy purchased from a commercial life insurance company by VA. FSGLI is administered by the OSGLI (see paragraph [1.01b](#) for address) and is supervised by VA.
- c. FSGLI provides life insurance protection only. It does not provide disability or other supplementary benefits. In addition, FSGLI has no cash, loan, paid-up or extended insurance values and does not pay dividends.
- d. Service members with FSGLI coverage have access to up to 50% of the face value of the spousal coverage through the Accelerated Benefits Option (ABO). In order to qualify for the ABO, the spouse must have a medical prognosis of life expectancy of nine months or less. Only the Servicemember can apply for accelerated benefits and the benefit will be paid only to the Servicemember.
- e. If an insured member declines Family coverage for a spouse or elects an amount less than the maximum amount available, the member may later apply for coverage or an increase in coverage up to the \$100,000 maximum, or the amount of SGLI held by the insured member, whichever is less. Proof of spouse insurability (proof of good health) will be required in these cases.
- f. FSGLI is a Servicemember benefit, and the member is the beneficiary of the policy.
- g. A Servicemember married to another Servicemember on or after January 2, 2013, is not automatically covered by FSGLI spousal coverage, as non-military spouses are. These Servicemembers must follow the election process outlined in 10.07. If approved for coverage, a Servicemember married to another Servicemember can be insured under both the FSGLI and SGLI programs at the same time, for a combined maximum coverage amount of \$600,000 (\$500,000 SGLI plus \$100,000 Family SGLI).

10.02 PERSONS ELIGIBLE TO BE INSURED

- a. Persons eligible to be insured in the FSGLI program are the current spouses and the dependent children of Servicemembers covered under the SGLI program that are:

- (1) serving full time on active duty **or**;
- (2) serving as a Ready Reservist or National Guard member who, under the law, is eligible for full-time SGLI coverage.

Note: Persons who are on active duty for training or inactive duty for training are not eligible for the FSGLI program.

- b. Dependent children are defined as follows:

- (1) All unmarried natural born children and legally adopted children under the age of 18.
- (2) All unmarried stepchildren under the age of 18 who are members of the Servicemembers household.
- (3) Any unmarried dependent child who, after attaining the age of 18 and until completion of education or training (but not after attaining the age of 23), is pursuing a course of instruction at an approved educational institution.
- (4) Any unmarried dependent child who has been declared permanently incapable of self-support before the age of 18.
- (5) Stillborns

10.03 EFFECTIVE DATE OF INSURANCE

a. Spousal coverage will be effective as follows for Servicemembers married to civilian spouses or married to another Servicemember before January 2, 2013:

For members who...	Spousal coverage will be effective...
are married on the date of entry on duty (active, Ready Reserve or National Guard),	the date of entry on duty.
marry while on duty (active, Ready Reserve or National Guard),	the date of the marriage.
previously elected to have their spouse insured for less than the maximum amount,	the date an application electing to increase FSGLI spousal coverage is received by the members branch of service, provided the spouse meets good health requirements; OR if the application was forwarded to OSGLI for review, the date the application was received by the service. However, premium deductions will not begin until OSGLI has approved the application.
have applied and been approved for SGLI coverage after previously declining coverage,	the date an application electing to increase FSGLI spousal coverage is received by the members branch of service, provided the spouse meets good health requirements; OR if the application was forwarded to OSGLI for review, the date the application was received by the service. However, premium deductions will not begin until OSGLI has approved the application.
Have applied and been approved for an increase in SGLI coverage that entitles them to an increase in FSGLI coverage,	the date an application electing to increase FSGLI spousal coverage is received by the members branch of service, provided the spouse meets good health requirements; OR if the application was forwarded to OSGLI for review, the date the application was received by the service. However, premium deductions will not begin until OSGLI has approved the application.

NOTE: If the member had previously declined or reduced SGLI or FSGLI spousal coverage and is then deployed in a combat theater of operations, their FSGLI spousal coverage will not be affected. Example: Servicemember elects \$50,000 of SGLI coverage and FSGLI spousal coverage. Servicemember is deployed in combat theater of operations. SGLI coverage will increase to \$500,000, FSGLI spousal coverage will remain at \$50,000.

b. Dependent child coverage will be effective as follows:

For children who...	Coverage will be effective...
are dependents of the member when the member enters on duty (active, Ready Reserve or National Guard),	the date of entry on duty.
are stillborn, born or legally adopted while the member is on duty (active, Ready Reserve or National Guard),	the date of stillbirth, birth or date of adoption.
become stepchildren due to a member's marriage while the member is on duty (active, Ready Reserve or National Guard),	the date a stepchild begins living in the member's household.

(1) If the member had previously declined SGLI coverage, dependent children are automatically insured on the date an application to elect SGLI coverage is received by the uniformed service, provided the member meets good health requirements. If the application is forwarded to OSGLI for review, dependent children are insured on the date the application is approved by OSGLI.

(2) If the member had previously declined SGLI coverage, dependent children are automatically insured on the date the member is deployed in a combat theater of operations to midnight of the last day of the month that the member returns from the combat theater of operations. This is because SGLI coverage, by law, must be in force during a deployment to a combat theater of operations. As a member with SGLI cannot reduce or decline coverage on a dependent child, dependent child coverage will be in force during this period.

10.04 COST OF INSURANCE

a. For all members entitled to SGLI coverage, the necessary amount will be deducted from the member's service pay or otherwise collected from the member by the uniformed service.

b. Coverage for dependent children is provided at no cost to the member.

c. Spousal premiums are based on the age of the spouse and the amount of coverage. (See [Appendix C](#) for the current FSGLI Premium Rate Table.) Premiums will increase as the spouse reaches each successive age bracket.

10.05 TERMINATION OF INSURANCE

a. FSGLI coverage for both spouses and dependent children will terminate 120 days after the member separates from service.

10.06 REDUCTION AND CANCELLATION OF INSURANCE

a. Spousal Coverage- an insured Servicemember may elect to reduce or cancel spousal coverage at any time. Servicemembers must request a change by entering the request in SOES. If the member elects to reduce the amount of spousal coverage, the reduced amount of coverage will remain in effect until coverage is canceled or a request for an increase in coverage is made. Where spouse coverage is canceled, it will terminate as follows:

- (1) 120 days after the date of an election made in writing by the member to terminate SGLI or FSGLI coverage or;
- (2) the earliest of either:
 - (a) 120 days after the date of the member's death;
 - (b) 120 days after the date of the member's separation from service;
 - (c) 120 days after the termination of the marriage.

b. Dependent Child Coverage - Dependent child coverage may not be reduced for any reason while the Servicemember is insured. Dependent child coverage automatically terminates when the insured member is no longer insured or when the dependent child no longer qualifies as a dependent under paragraph [10.02](#) above. Where dependent child coverage is terminated it will terminate as follows:

The earliest of either:

- (1) 120 days after the date of the member's death;
- (2) 120 days after the member elects to decline SGLI coverage;

NOTE: The 120-day period does not apply to coverage that terminates after a deployment to a combat theater of operations. Example: Servicemember declines SGLI. Servicemember is deployed in combat theater of operations and SGLI and dependent child coverage go into effect. Servicemember returns from deployment in combat theater of operations. SGLI and dependent child coverage end at midnight of the last day of the month that the member returns from the combat theater of operations.

(3) 120 days after the date of the member's separation from service;
(4) 120 days after the termination of the dependent's status as an insurable dependent of the member; 10.07 REQUEST FOR COVERAGE

- a. If a member elects to cancel or reduce FSGLI spousal coverage and later wants to obtain or increase his or her FSGLI spousal coverage, or Servicemembers married to Servicemembers on or after January 2, 2013 would like to elect FSGLI spousal coverage, the member must request the coverage in SOES.
- b. The Servicemember must provide answers about his/her spouse's health in SOES.
- c. If all medical questions are answered "NO", coverage will be automatically updated in SOES.
- d. If any of the medical questions are answered "YES" SOES will automatically forward the request to the OSGLI for review and decision. Premium deductions will automatically begin when the decision is received from the OSGLI.
- g. Both the member and the uniformed service concerned will be advised of the acceptance or rejection of the application by the OSGLI.

10.08 ACCELERATED BENEFITS OPTION

- a. The Accelerated Benefit Option permits a Servicemember to receive up to 50% of the spousal SGLI coverage for a spouse who has been diagnosed by his/her physician as being terminally ill. Only the Servicemember can apply for this benefit.
- b. Additional details regarding procedures for applying for this benefit, as well as general information, may be found in Chapter 5 of this handbook.

10.09 CONVERSION

- a. A spouse of a Servicemember may convert his/her Family SGLI policy to a permanent plan of insurance with a private life insurance company when the policy is terminated. The decision to convert the policy is the dependent spouse's and the policy may be converted to an individual policy of insurance, under the same conditions as conversion of a SGLI or VGLI policy to an individual policy. Conversion takes place upon written application made to the participating company, as selected by the spouse and upon payment of the required premiums. A spouse may not convert the policy to a VGLI policy. Where the insurable dependent is a child, that policy may not be converted to an individual policy of insurance.

10.10 CLAIMS

- a. General Information

(1) All claims for death benefits for any spouse or dependent child who dies while insured under FSGLI must be submitted to the OSGLI, PO Box 70173, Philadelphia, PA 19176-0173.

(2) The branch's Casualty Office must certify the death of an insured spouse or dependent child using Form SGLV-8700. When the OSGLI receives the certification of death, OSGLI will pay to the member the amount for which the spouse or dependent child is insured under the group policy. The form SGLV 8283A, Claim for Family Coverage Death Benefits is provided for the purpose of claiming the proceeds. Payment will be made to the member at the time of the member's death; or if the member and the spouse or dependent child die simultaneously, the proceeds will be paid in order of precedence as provided by law. (See paragraph [6.06](#) for the order of precedence.)

(3) Under no circumstances can more than \$100,000 FSGLI (plus interest) be paid in settlement of a death claim.

(4) In the event the member and the dependent or spouse die simultaneously, any determination as to eligibility of a claimant as beneficiary or any request for evidence required in support of a claim will be made by

the OSGLI. This office must also receive proof that a claimant is entitled to payment. If, for example, the payment in the order of precedence is made to parents and one parent is deceased, a certified copy of the death certificate for the deceased parent should be furnished.

NOTE: If form SGLV 8283A was not furnished to the beneficiary, the form may be downloaded from our forms page at insurance.va.gov.

b. Payment of Proceeds

(1) Spousal SGLI Insurance Proceeds

(a) The member will be given the option of receiving payment either through the Prudential Alliance Account*, by check, or by Electronic Funds Transfer (EFT). The member should check the appropriate Method of Payment in Part III of form SGLV 8283A, Claim for Family Coverage Death Benefits. An Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

*An Alliance Account is an interest-bearing draft account established in the beneficiary's(ies') name with a draft book. The beneficiary can write drafts ("checks") for any amount up to the full amount of the proceeds. There are no monthly service fees or per check charges and additional checks can be ordered at no cost, but fees apply for some special services including returned checks, stop payment orders and copies of statements/checks.

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.

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(b) Members can take advantage of no cost professional financial advice through the Beneficiary Financial Counseling service. More information about BFCS can be found in [Chapter 9](#) of this handbook.

(c) If the proceeds are to be paid in 36 equal monthly payments, the first payment will include all monthly payments effective as of the date of death. The amount of each payment will be computed so as to include interest on the unpaid balance at the then effective rate.

(2) Dependent Child SGLI Insurance Proceeds

(a) The proceeds will be paid in a lump sum payment. The member will be given the option of receiving the lump sum payment either through the Prudential Alliance Account*, check, or Electronic Funds Transfer (EFT). The member should check the appropriate Method of Payment in Part III of form SGLV 8283A, Claim for Family Coverage Death Benefits. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

*An Alliance Account is an interest bearing draft account established in the beneficiary's(ies) name with a draft book. The beneficiary can write drafts ("checks") for any amount up to the full amount of the proceeds. There are no monthly service fees or per check charges and additional checks can be ordered at no cost, but fees apply for some special services including returned checks, stop payment orders and copies of statements/checks.

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.

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10.11 LEGISLATIVE HISTORY

- a. Public Law 107-14, effective November 1, 2001, established Family SGLI coverage for members of the uniformed services who are eligible for full-time SGLI coverage. This law allows for elected SGLI insurance coverage of the member's spouse for up to \$100,000, in \$10,000 increments, and automatic coverage of the member's dependent children for \$10,000 for the time that they have full-time SGLI coverage. It also allows the dependent spouse the opportunity to convert SGLI Family coverage to a private life insurance policy.
- b. PL 110-245, effective June 17, 2008, the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART Act) allowed individuals receiving a military death gratuity payment and/or SGLI/Family SGLI payment to contribute the benefit to a Roth IRA or education savings account, notwithstanding the contribution limits applicable to these accounts. The maximum amount that may be contributed to a Roth IRA or one or more education savings accounts is the sum of the death benefit and any SGLI payments. The contribution must be made no later than one year after the military gratuity death benefit or SGLI payment is received.
- c. PL 110-389, effective October 10, 2008, provided coverage for stillborn children as insurable dependents under the Family SGLI program.
- d. PL 112-239, effective January 2, 2013, repealed the automatic enrollment in the Family SGLI program for members of the uniformed services who are married to other members.

CHAPTER 11. TRAUMATIC INJURY PROTECTION UNDER SGLI

11.01 General Information

- a. The Servicemembers' Group Life Insurance Traumatic Injury Protection program (TSGLI) provides coverage to any Servicemember insured under SGLI who sustains a serious traumatic injury that results in certain prescribed losses. TSGLI provides between \$25,000 and \$100,000 of coverage depending on the loss incurred.
- b. TSGLI coverage is automatic for those Servicemembers insured under SGLI. The member cannot decline TSGLI coverage unless he or she also declines SGLI.
- c. TSGLI coverage is a "rider" provided under a group life insurance policy purchased from a commercial life insurance company by VA. TSGLI is administered by OSGLI (see [paragraph 1.01b](#) for address) and is supervised by VA.
- d. TSGLI has no cash, loan, paid-up or extended insurance values and does not pay dividends.
- e. TSGLI is the Servicemember's benefit and the member is the automatic beneficiary of the policy.
- f. Certain injuries and conditions are excluded from coverage.

11.02 Persons Eligible to be Insured

- a. Effective December 1, 2005, every member who has SGLI (See [section 1.03](#), Persons Eligible To Be Insured) will also have TSGLI. This includes active duty members, reservists, National Guard members, funeral honors duty and one-day muster duty.
 - 1) After a member has declined SGLI coverage, and therefore TSGLI, deployment to a combat theater of operations will automatically begin both SGLI at the maximum level and TSGLI coverage. The automatic maximum SGLI coverage during deployment to a combat theater of operations ends at midnight of the last day of the month the deployment ends. At that time, SGLI coverage returns to the amount elected prior to the deployment to a combat theater of operations. As that election was for no coverage, TSGLI is no longer in effect.
- b. Also eligible is any Servicemember who experienced a traumatic injury between October 7, 2001 through and including November 30, 2005 if the member sustained a loss as a direct result of a traumatic injury, regardless of whether the member elected to be insured by SGLI.

11.03 Effective Date of Insurance

- a. With the exception of those eligible for retroactive coverage, the earliest effective date of TSGLI coverage is December 1, 2005.
- b. For those individuals insured under SGLI prior to December 1, the effective date of TSGLI coverage is December 1, as long as the member's SGLI remains in effect on that date.
- c. For those members who enter service after December 1, 2005 or elect SGLI coverage after December 1, 2005, the effective date of coverage is the date the member enters service or the date the member elects coverage, respectively.
- d. For members who previously declined SGLI coverage and therefore do not have TSGLI, the effective date of TSGLI coverage is either:
 - 1) the date an application electing SGLI coverage is received by the member's branch of service. If it is necessary for such application to be forwarded to the OSGLI for review, and coverage is approved, the effective

date of coverage will be the date the application for SGLI coverage was received by the member's branch of service.

2) the date the member has a change of duty status (See 4.01)

3) the date the member deploys to a combat theater of operations (as SGLI automatically goes into effect with such a deployment. NOTE: In this situation, SGLI and TSGLI coverage ends at midnight of the last day of the month that the member was deployed.

11.04 Cost of Insurance

a. The cost of TSGLI is shared by the member and the Government. The member pays the premium, which is intended to cover only the civilian incidence of such injuries, and the Government pays the cost of all traumatic injury claims in excess of the level of traumatic injury claims that would result from civilian experience.

b. For all members entitled to TSGLI coverage, the necessary amount will be deducted from the member's service pay or otherwise collected from the member by the uniformed service.

c. The table below outlines the rates for various categories of SGLI coverage.

Duty Status	Premium
Active duty members	\$1.00 per month
Reservists or National Guard members w/full time coverage	\$1.00 per month
Reservists or National Guard members w/part time coverage	\$1.00 per year
Funeral honors duty	no charge
1 day muster duty	no charge

Note: Premiums effective December 1, 2005. These rates are determined by VA and are subject to change based on claims experience.

d. Title 37 of the United States Code, section 437, requires the uniformed services to reimburse Servicemembers who serve in a designated duty assignment at any time during a month, for the cost of their SGLI and TSGLI coverage. The law defines a "designated duty assignment" as a permanent or temporary duty assignment outside the United States or its possessions in support of a contingency operation in an area that has been designated a combat zone; or is in direct support of an area that has been designated a combat zone.

e. Title 38 of the United States Code, section 1969, requires the uniformed services to remit amounts equal to the deduction which should have been made for members who are provided full-time or part-time coverage and who are not receiving pay. DoD is responsible for seeking reimbursement from the member for the cost of coverage provided to those not receiving pay.

11.05 Termination of Insurance

a. TSGLI coverage terminates at midnight of the last day of the month that the member is no longer covered under SGLI or at midnight of the date of the member's separation from service, whichever occurs first.

b. TSGLI coverage is not in effect during the 120-day post-separation period or during a 2-year SGLI disability extension.

c. TSGLI cannot be converted to Veterans' Group Life Insurance or to commercial coverage.

11.06 Conditions Excluded from TSGLI Coverage

The TSGLI benefit will not be paid if a scheduled loss is due to a traumatic injury caused by:

1. The member's attempted suicide, while sane or insane
2. An intentionally self-inflicted injury or an attempt to inflict such injury
3. Medical or surgical treatment of an illness or disease
4. Willful use of an illegal or controlled substance, unless administered or consumed on the advice of a medical doctor; or
5. Sustained while a member was committing or attempting to commit a felony.

Additionally, the benefit will not be paid for a scheduled loss resulting from:

A physical or mental illness or disease, whether or not caused by a traumatic injury, other than a pyogenic (wound) infection or physical illness or disease caused by biological, chemical, or radiological weapons or accidental ingestion of a contaminated substance; or a mental disorder whether or not caused by a traumatic injury.

11.07 Claims

a. To file a claim, SGLV 8600, Application for TSGLI Benefits, must be completed in its entirety and submitted to the member's branch of service TSGLI Processing Office. The form consists of two parts:

(1) The member or the member's guardian or power of attorney or military trustee must complete the first part (Part A) of the form to provide basic identifying information, select how they would like to receive payment, and authorize the release of medical information to the branch of service and OSGLI. Medical documentation should be submitted by the member along with the completed application.

(2) A medical professional must complete the second part (Part B) of the form, indicating whether the member sustained a traumatic injury or injuries and a scheduled loss as a direct result of the injury or injuries that would make the member eligible for the TSGLI benefit.

b. The branch of service must then certify that the member is covered and that the injury qualifies the member for payment under TSGLI. All claims for traumatic injury benefits must then be submitted to OSGLI, PO Box 70173, Philadelphia, PA 19176-0173. The TSGLI Certification worksheet is provided for the purpose of certifying the claim.

c. When OSGLI receives the fully completed TSGLI certification form indicating that the member is entitled to payment, OSGLI will pay to the member, the member's guardian, power of attorney, military trustee, or the member's SGLI beneficiary, if applicable, the amount that corresponds to the scheduled loss that results from the traumatic injury.

d. If a member suffers more than one scheduled loss (as a result of a single traumatic event), on Part 1 of the TSGLI Schedule of Losses, the payment amounts for each loss will be added together, but the total of these losses will not exceed the maximum amount of TSGLI, \$100,000. If a member suffers more than one of the losses listed on Part II of the TSGLI Schedule of Losses as a result of a single traumatic event, payment will be made for the scheduled loss with the highest benefit amount.

e. In the case of multiple traumatic events occurring within a seven-day period, the member will receive the benefit under the schedule for the multiple losses up to \$100,000, the maximum amount payable for a single traumatic event.

f. If a member suffers more than one scheduled loss from separate traumatic events occurring more than seven full days apart, the scheduled losses will be considered separately and a benefit will be paid for each loss up to the maximum amount according to the schedule.

Note: If SGLV 8600 is not furnished to the member, one may be obtained from OSGLI or from this our forms page at <http://www.insurance.va.gov>.

11.08 Payment of Proceeds

a. The member will receive the insurance proceeds by designating either:

- Payment Option 1 - Prudential's Alliance Account®*,
- Payment Option 2 - Electronic Funds Transfer (EFT), or
- Payment Option 3 - Check, under Part A, Section 4 Payment Options of SGLV 8600, Servicemembers' Group Life Insurance Traumatic Injury Protection Program (TSGLI) - Application for TSGLI Benefits.

*An Alliance Account is an interest-bearing draft account established in the beneficiary's(ies') name(s) with a draft book. The beneficiary can write drafts ("checks") for any amount up to the full amount of the proceeds. There are no monthly service fees or per check charges and additional checks can be ordered at no cost, but fees apply for some special services including returned checks, stop payment orders and copies of statements/checks.

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.

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.

b. TSGLI claimants can take advantage of no cost professional financial advice through the Beneficiary Financial Counseling service. You can find more information about BFCS in [Chapter 9](#) of this handbook.

c. In the event the member is legally incapacitated, the member's guardian, power of attorney or military trustee will be paid the benefit on behalf of the member.

d. In the event the member dies before receiving payment of the TSGLI benefit, the payment will be made to the member's SGLI beneficiary via the Alliance Account.

11.09 Legislative History

a. Public Law 109-13, signed into law May 11, 2005, established Traumatic Injury Protection for members of the uniformed services who are insured by SGLI. This law provides automatic traumatic injury protection in an amount between \$25,000 and \$100,000 to Servicemembers insured through Servicemembers' Group Life Insurance under section 1967(a)(1) of title 38.

b. PL 111-275, effective October 13, 2010, expanded the retroactive TSGLI benefit to include service members injured outside of the theater of operations of OEF/OIF between the dates of October 7, 2001 and November 30, 2005.

CHAPTER 12. VETERANS' GROUP LIFE INSURANCE

12.01. General Information

a. Veterans' Group Life Insurance (VGLI) is a program of post-separation insurance which provides for the conversion of SGLI to renewable term coverage. VGLI provides up to a maximum of \$500,000 of insurance coverage.

b. Persons insured in the VGLI program, like SGLI, are insured under the provisions of a group life insurance policy purchased from a commercial life insurance company by VA. The program is administered by the OSGLI (see [paragraph 1.01b](#) for address) and is supervised by VA.

c. The group coverage does not contain any restriction on or require any additional premium for military service. It provides for life insurance but not disability or other supplementary benefits. VGLI has no cash, loan, paid-up or extended insurance values and does not pay dividends.

d. At the end of each term period, the insured has the right to renew coverage for another term period. A member may convert such insurance to an individual policy with any one of the participating companies at any time.

e. VGLI is initially issued in \$10,000 increments up to a maximum of \$500,000, but not for more than the amount of SGLI the member had in force at the time of separation. If an individual declines VGLI or elects an amount less than the amount of SGLI held while on duty, he or she may later apply for VGLI or for an increase in coverage up to the amount of SGLI held, without evidence of good health, if application is made to the OSGLI within 240 days of release from active duty. Application for insurance or an increase in the amount of coverage may also be made through 1 year and 120 days from separation, however, evidence of good health may be required.

f. The Veterans' Benefit Act of 2010 (Public Law 111-275) allows for individuals with current VGLI insurance to increase the amount of their coverage, up to the current statutory maximum, in increments up to \$25,000 without proof of good health under the following guidelines:

(1) the request for the additional coverage must be made during the 120-day period prior to their one-year anniversary or during the 120-day period prior to each 5-year anniversary thereafter

(2) the total amount of coverage may not exceed \$500,000 upon request for an increase

(3) the individual must be under age 60 on the effective date of the coverage increase

(4) coverage may continue to be increased on each succeeding anniversary up to the maximum of \$500,000 and up to age 60

(5) increases of less than \$25,000 are not allowed if the current coverage amount is \$475,000 or less; if the current coverage is more than \$475,000, the increase will be the difference between the current amount and \$500,000. Applying for the additional coverage may be done online, by calling the OSGLI or by sending a written request to the OSGLI. Once approved, the coverage amount will be increased by \$25,000 or the amount the individual is eligible for and premiums will be adjusted accordingly.

g. Individuals who separate from active duty, re-enlist, and effect other changes in their duty status, will become eligible for both SGLI and VGLI coverage and in some cases will become insured under both programs. An individual can be insured under both programs at the same time, provided the coverage does not exceed \$500,000, the maximum allowed under the law. Listed below is an explanation of when double coverage may occur and what the member must do to avoid it.

(1) When Double Coverage Occurs

If a member currently insured under VGLI reenters on active duty or active duty for training, he or she becomes automatically covered under SGLI.

To avoid double coverage the member can:

(a) stop payment of VGLI premiums and elect to be covered under SGLI. These members are entitled to reapply for VGLI upon release or separation, provided their duty was performed under a call or order specifying a period of duty 31 days or longer. If the period of duty is less than 31 days, the member is not eligible to apply for a new VGLI period. However, the member can apply to have his or her VGLI reinstated as outlined in paragraph [12.11](#).

(b) elect to become insured again under SGLI upon entering a new period of duty and may convert any or all of their VGLI to a commercial policy within 60 days after becoming insured under the SGLI program. If a person dies within the 60-day period and before converting, VGLI will be payable in an amount which, when added to the SGLI, does not exceed the maximum coverage allowed under the law.

12.02 Persons Eligible to be Insured

Persons eligible to be insured in the VGLI program are:

- a. SGLI insureds that are being released from active duty or active duty for training under a call or order to duty that does not specify a period of less than 31 days;
- b. Members of the Ready Reserves/ National Guard insured under SGLI who are separated, retired, or released from assignment.
- c. Individuals who are assigned to the IRR of a branch of service or to the Inactive National Guard (ING). This includes members of the United States Public Health Service Inactive Reserve Corps (IRC). The individual must be able to provide orders showing that he or she is currently assigned to the IRR or ING; or
- d. Members who have part-time SGLI and who, while performing duty, suffer an injury or disability which renders them uninsurable at standard premium rates. This includes travel directly to and from duty. NOTE: Members who join the Ready Reserves/National Guard after release from active duty are eligible to continue their SGLI coverage for as long as they remain in the Ready Reserves/National Guard. They are eligible to convert their active duty SGLI coverage to VGLI coverage. As noted in paragraph 12.01(f), "an individual can be insured under both programs, at the same time, provided the combined coverage does not exceed \$500,000." (In most instances, these individuals will probably choose to carry the SGLI coverage since it costs less than VGLI coverage.)

12.03 Time Allowed to Apply for VGLI

- a. Members with full-time SGLI coverage.

Members who have full-time SGLI coverage will be contacted by OSGLI, usually within 45-60 days following release or separation from duty. OSGLI will send the Veteran information about continuing group coverage under the VGLI program. The information is sent to the Veteran's last address of record provided by the Department of Defense. A member who wishes to purchase VGLI and who does not receive this information may apply online at www.insurance.va.gov. A member can also obtain a form SGLV 8714, Application for VGLI, by writing to OSGLI, or from our forms page.

(1) No Health Review Application Period

To apply for VGLI without any health review, the member should submit an application with the required premium to the OSGLI within 240 days after separation. If the VGLI online application is not used, form SGLV 8714 should be submitted and must be accompanied by a copy of DD Form 214, or other equivalent proof of separation from service and SGLI coverage at separation.

(2) Health Review Application Period

If the member does not submit the premium and application within 240 days of separation from service, they may still be granted VGLI if they submit the following to OSGLI, prior to 1 year and 120 days from separation:

- SGLV 8714 and required premium;
- proof of service or assignment; and
- proof of good health

(3) SGLI Disability Extension

If the member is totally disabled on the date of separation from service, coverage under the SGLI group policy may continue without charge for 2 years after the separation date or until the insured ceases to be totally disabled, whichever is the earlier date. The member must apply to OSGLI for this extension (See Form SGLV 8715 in [Appendix A](#)).

(4) Conversion from SGLI Disability Extension to VGLI

The member will be automatically billed for VGLI premiums at the end of the SGLI Disability Extension. If the member does not submit the required premium for VGLI within the 2-year period that SGLI is extended after the separation date, the coverage may still be granted provided Form SGLV 8714, evidence of insurability and the initial premium are submitted within 1 year after the member's SGLI coverage is terminated.

(5) Definition of Total Disability

Total disability is defined as any one of the following:

(a) Any impairment of mind or body which continuously renders it impossible for the insured to follow any substantially gainful occupation

(b) The permanent loss or loss of use of both feet, or both hands, or both eyes, or one foot and one hand, or one hand and one eye;

(c) The total loss of hearing in both ears;

(d) The organic loss of speech. Organic loss of speech means the physiological loss of the ability to express oneself (both voice and whisper) through the normal organs of speech. When such loss exists, the fact that some speech can be produced through the use of an artificial appliance will be disregarded.

NOTE: Members having any of the disabilities listed under subparagraphs 12.03a(5)(b),(c) and (d) above, are considered totally disabled regardless of employment. Members having other disabilities are considered totally disabled only when the disability would prevent the member from engaging in substantially gainful employment. If the member is able to engage in such employment, whether he or she does so or not, the member is no longer totally disabled. Members having the types of disabilities which do not prevent employment, or which are likely to improve so that employment is possible, should not postpone exercising their right to obtain VGLI.

(6) VA Rating Not Required for SGLI Disability Extension Eligibility

A member is eligible to apply for an extension based on total disability even if he or she has not received a total disability rating from a VA regional office.

b. Members with part-time SGLI coverage

(1) Members with part-time SGLI coverage do not have the privilege of continuing group coverage under VGLI, unless SGLI is continued in force after the period of duty terminates as a result of disability incurred or aggravated during such duty.

(2) If a member believes that he or she qualifies for VGLI coverage and such coverage is desired, the member should write to the OSGLI well before the end of the 1 year and 120-day eligibility period. That office will furnish the necessary information on how to obtain VGLI coverage.

c. IRR and ING members

(1) Members of the IRR and ING have one year and 120 days from the date they become members of these organizations to apply for VGLI.

(2) Individuals applying within 240 days of becoming a member of either organization should submit an online application (available at www.insurance.va.gov) or a completed form SGLV 8714, Application for Veterans' Group Life Insurance, the initial premium and orders evidencing membership in the IRR and ING to the OSGLI.

(3) If an application and initial premium are not submitted within 240 days of becoming a member of either organization, VGLI may still be granted provided an online application or completed form SGLV 8714, the initial premium, proof of membership and evidence of insurability are submitted to the OSGLI within one year and 120 days from separation.

12.04 Effective Date

a. For members who have full-time SGLI coverage, the effective date for VGLI will be:

(1) The 121st day after such separation or release provided the initial premium is mailed or otherwise delivered to the OSGLI on or before the 120th day after separation or release;

(2) The day following the end of the 2-year period, if the member is totally disabled on the date of separation, or the day following the date that total disability ends, whichever is earlier, but in no event will VGLI become effective prior to the 121st day after separation. An acceptable application and the initial premium must be received in OSGLI prior to the end of the 2-year period following separation.

(3) The date an acceptable application and premium is received at the OSGLI within 1 year following termination of SGLI. (See [paragraph 12.03.](#))

b. For members who have part-time SGLI coverage and during such period of duty suffer an injury or disability which renders them uninsurable at standard premium rates, VGLI coverage will be effective the 121st day after such separation or release. The initial premium and proof of disability must be submitted before the 121st day after such release or separation. However, if after the 121st day but before 1 year and 120 days after separation then proof of good health will also be required.

c. For individuals entering the IRR or ING, the effective date will be the date an acceptable application and premium are received in the OSGLI. The application and premium must be received within a year and 120 days after their entry into this status.

12.05 Payment of Premiums

a. Premium payments for VGLI may be made directly to the OSGLI by direct remittance or by allotment from military retirement pay, or as a Deduction from VA Disability Compensation Benefits (DFB).

b. The first premium must be sent directly with the application to the OSGLI even if the applicant desires to pay by allotment or by DFB. Upon approval of the application, subsequent premiums will be due monthly commencing the month after the insurance becomes effective or on the last day of the following month if that month does not have a date corresponding to the effective date.

c. An individual may pay VGLI premiums in advance. Members who pay other than monthly receive a discount. The table below gives an example of the discount received by an insured aged 30-34 with \$500,000 coverage whose monthly premium rate is \$45.00.

Payment Option	Premium (before discount)	Discount Rate	Premium (after discount)	Annual Savings
Monthly	\$45.00	0.00%	\$45.00	\$0.00
Quarterly	\$135.00	2.50%	\$131.63	\$3.38
Semi-annually	\$270.00	3.75%	\$259.88	\$10.13
Annually	\$540.00	5.00%	\$513.00	\$27.00

d. Upon approval of the application, the OSGLI will send each insured a certificate of coverage. Individuals who have elected to pay directly will receive premium statements either monthly, quarterly, semi-annually or annually. (See [Appendix D](#) for the current VGLI Premium Rate Tables.)

12.06 Application for VGLI When a Member is Incompetent

In the case of an incompetent member, the application for VGLI may be made by a guardian, committee, conservator or curator, or attorney in fact.

12.07 Beneficiaries and Method of Payment of Insurance Proceeds

a. The rules regarding beneficiary designations, the method of payment of insurance proceeds, and Beneficiary Financial Counseling for VGLI are the same as those for members insured in the SGLI program. (See Chapter 6, Chapter 7, Chapter 8, and Chapter 9).

b. When SGLI is converted to VGLI following separation from service, a new beneficiary designation should be made. If the designation is made during a period of time when SGLI is still in effect, the VGLI beneficiary designation becomes effective immediately to change the SGLI designation.

However, any designation of beneficiary or beneficiaries for SGLI filed with a uniformed service, until changed, will be considered a designation of beneficiary or beneficiaries for VGLI but not for more than 60 days after the effective date of the insured's VGLI, unless at the end of such 60-day period the insured is incompetent.

If the insured is incompetent, such designation may continue in force until the disability is removed but not for more than 5 years after the effective date of the insured's VGLI. If the insured did not designate a beneficiary for VGLI and death occurs more than 60 days after the VGLI coverage is effective, the proceeds will be paid under the order of precedence in the law (See [paragraph 6.06](#).)

c. To designate a beneficiary for an incompetent applicant, the individual completing the application must submit guardianship papers which authorize the individual to designate beneficiaries on insurance policies. Such a document must be current and in force.

12.08 Accelerated Benefits Option

An Accelerated Benefits Option is available to all terminally-ill insureds under the VGLI program. The rules regarding the program are the same for both the SGLI and VGLI programs and are found in Chapter 5.

12.09 Conversion to an Individual Policy

a. SGLI coverage in force on the date of release or separation from duty or assignment to the Ready Reserves/National Guard may be converted to an individual policy of life insurance with a commercial company that participates in the program. The conversion privilege must be exercised within the 120-day period following separation or release from duty or such assignment. If SGLI is converted to VGLI, this VGLI coverage can also be converted to a commercial policy that participates in the program at any time after the effective date of VGLI so long as VGLI premiums are paid up to the date of the conversion.

b. VGLI insurance in force can, at any time, be converted to an individual policy of life insurance with a commercial company that participates in the program. A member may either convert his or her coverage to an individual policy or renew it, but cannot take both actions.

c. OSGLI can provide information on how to convert VGLI coverage to an individual policy of life insurance with a list of participating companies. This information may be obtained on the VGLI page at www.insurance.va.gov, or by contacting OSGLI.

d. The individual policy will be issued at the standard premium rate regardless of health. The policy can be written on any permanent plan offered by the company. It cannot be issued for an amount greater than the amount of VGLI. It will provide life insurance, but no disability or other supplemental benefits.

e. In the case of an incompetent member, the application for conversion may be made by his or her guardian, committee, conservator or curator.

12.10 Death Claims

A death certificate must be furnished for all VGLI claims. All death claims for persons insured under the VGLI program must be made to the OSGLI. (See [paragraph 12.11](#) for address.)

12.11 Lapse and Reinstatement

a. VGLI coverage will lapse unless the premium is paid when due or within the grace period of 60 days.

b. If VGLI lapses for failure to pay timely premiums, OSGLI will send the insured notification of the lapse and a reinstatement application form at the last known address of record. The insured may apply for reinstatement at any time within five years of the date of the unpaid premium. If the reinstatement application is submitted within six months of the date of lapse, the insured need only provide evidence that he or she is in the same state of health on the date of reinstatement as he or she was on the date of the unpaid premium. If the reinstatement application is submitted more than six months after the date of the unpaid premium, the insured must meet good health requirements. The completed reinstatement application should be submitted to:

Office of Servicemembers' Group Life Insurance
P.O. Box 41618
Philadelphia, PA 19176-9913

12.12 Renewal

a. VGLI coverage that is in force will automatically be renewed at the expiration of each coverage period. The premium rate for the new period will be based on the insured's age at the time of renewal and the rate schedule in effect at that time. The premium rate schedule is subject to change. If coverage has lapsed for non-payment of premiums, this coverage must be reinstated, in accordance with paragraph [12.11\(b\)](#), before renewal will be considered.

b. The maximum amount of coverage that may be renewed is limited to the amount of VGLI in force at the end of the current VGLI period. If the amount of VGLI has previously been reduced, the insured may, within 5 years of the reduction, apply to increase their coverage to the amount of coverage they had at the time of decrease provided they are able to prove their good health and continue this coverage for the renewal period. The five-year period applies even if it runs into a new term period. For example, if an individual reduced his or her coverage at the beginning of the third year of a term period, he or she may apply to increase their coverage to the amount of coverage they had at the time of decrease provided they are able to prove their good health during the first two years of the next term period. Medical evidence of good health will be required for this reinstatement.

12.13 VGLI LEGISLATIVE HISTORY

- a. The Veterans' Group Life Insurance (VGLI) program was created by Public Law 93-289, The Veterans Insurance Act of 1974. The law was enacted May 24, 1974, and was effective August 12, 1974. It allowed Veterans, upon separation, to convert their SGLI to a 5-year non-renewable term policy called VGLI.
- b. Public Law 99-166 was enacted December 3, 1985, and became effective January 1, 1986. It extended VGLI coverage to members of the Individual Ready Reserve (IRR) and Inactive National Guard (ING). It also provided that, if individuals remained in the IRR or ING through the 5-year period, they were entitled to renew their VGLI for additional 5-year periods. There was no limit on the number of times they could renew provided they remain in the IRR or ING. At the end of the term period, these insureds had the right to convert their insurance to a permanent plan life insurance policy with one of the companies that participated in the program rather than renewing it.
- c. Public Law 102-568, effective December 1, 1992, provided that VGLI in effect on or after the effective date of the law is renewable for additional 5-year periods for all VGLI insureds.
- d. Public Law 104-275, effective October 9, 1996, merged Retired Reservists SGLI into the VGLI program and extended VGLI coverage to members of the Ready Reserves who have SGLI coverage and who are released from a drilling assignment. It also provided that individuals with VGLI coverage may, at any time, convert their VGLI coverage to an individual commercial policy, rather than only at the end of a 5-year renewal period.
- e. Public Law 105-368, effective February 9, 1999, established an Accelerated Benefit Option for terminally-ill SGLI and VGLI insureds. Under this option, a terminally-ill member may receive in a lump sum payment a portion of the face value of the insurance as an accelerated benefit.
- f. Public Law 106-419 increased the maximum amount of SGLI and VGLI coverage from \$200,000 to \$250,000, effective April 1, 2001.
- g. Public Law 109-13 increased the maximum amount of SGLI and VGLI coverage from \$250,000 to \$400,000, effective September 1, 2005.
- i. PL 110-389, effective October 10, 2008, provided for the automatic forfeiture of Veterans' Group Life Insurance due to mutiny, treason, spying, desertion, and other offenses listed under 38 USC 1973.
- j. PL 111-275, established the option for veterans to purchase at five-year intervals an additional \$25,000 of VGLI coverage until the age of 60, up to the statutory maximum of VGLI coverage, without medical underwriting, effective April 11, 2011.
- k. PL 117-209, increased the maximum amount of SGLI and VGLI coverage from \$400,000 to \$500,000, effective March 1, 2023.

CHAPTER 13. MISCELLANEOUS

13.01 Administrative Decisions

a. Determinations by VA are conclusive under the policy with respect to the following:

- (1) The status of any person as a member as defined in chapter 1, or as a Veteran and whether or not a person is insured for SGLI or VGLI at any point of time.
- (2) The fact and date of a member's separation or release from active duty or active duty for training.
- (3) The fact, date, and hours of a member's performance of inactive duty for training.
- (4) Whether a member eligible for part-time coverage suffered disability or death while on active duty, active duty for training or inactive duty training or while proceeding directly to or returning directly from such duty so as to be insured at death or for 120 days after the date of the termination of such duty.
- (5) The fact and dates with respect to a member's absence without leave; confinement by civil authorities under a sentence adjudged by a civil court; or confinement by military authorities under a court-martial sentence involving total forfeiture of pay and allowances.
- (6) The enforcement of the provisions as set forth in paragraph [1.10](#) with respect to any member or Veteran.
- (7) Whether an individual is a member of or is eligible for assignment to the Individual Ready Reserve or the Inactive National Guard.

b. Questions involving the above as well as those involving coverage of classes of members and other questions concerning SGLI and VGLI are properly referred to:

Executive Director, Insurance Service(29)
VA Insurance Center
P. O. Box 8079
Philadelphia, PA 19101

13.02 Advisory Council on Servicemembers' and Veterans' Group Life Insurance

- a. The law provides an Advisory Council consisting of the Secretary of the Treasury as Chairperson, the Secretary of Defense, the Secretary of Commerce, the Secretary of Health and Human Services, the Secretary of Homeland Security and the Director of the Office of Management and Budget as members.
- b. The Council meets at the call of the Secretary of Veterans Affairs once a year, or more often, to review the SGLI and VGLI programs and to advise the Secretary on matters of policy concerning both programs.

CHAPTER 14. RECORDS AND FORMS

14.01 THE MAINTENANCE OF RECORDS

a. Appropriate records showing the names and amount of insurance in force for those members who are insured in the SGLI program should be maintained by each uniformed service concerned and be available if required by the Secretary of Veterans Affairs

b. The uniformed services should also retain all individual instructions, notifications and other declarations or elections submitted by its insured members and should make proper certifications as required. Particularly important are the elections by members to cancel or decline insurance. Such records are maintained by SOES or if paper SGLV 8286/A are required, should be maintained in the member's personnel folder during his or her full period of duty, and should be retained in the records maintained by the uniformed service following the member's separation or release from duty.

c. Once a claim has been filed with the OSGLI, the claims records will be retained by the OSGLI. The OSGLI will retain all records for those individuals who have VGLI coverage. This includes applications, records involving maintenance of the account and all claims records.

14.02 Forms

a. In most cases, elections of SGLI and FSGLI coverage should be maintained in SOES.

b. However,

b. each service can acquire paper forms at the forms download page at www.insurance.va.gov, for use with [part-time SGLI members or those who do not have access to SOES](#). Forms are available in Adobe Portable Document Format (pdf) and can be accessed using Adobe Acrobat Reader 7.0 or above. The forms are approved for Local Reproduction Authorized (LRA) and are to be reproduced without alteration.

APPENDIX A: SGLI AND VGLI FORMS

These forms can be downloaded at www.insurance.va.gov.

SGLV 8283, Claim for Death Benefits (SGLI/VGLI)
SGLV 8283A, Claim for Family Coverage Death Benefits (SGLI)
SGLV 8284, Servicemember/Veteran Accelerated Benefits Option Form
SGLV 8284A, Servicemember Family Coverage Accelerated Benefits Option Form
SGLV 8286, Servicemembers' Group Life Insurance Election & Certificate*
SGLV 8286A, Family Coverage Election (SGLI)*
SGLV 8600 Application for TSGLI Benefit
SGLV 8700, Report of Death of Family Member
SGLV 8714, Application for Veterans' Group Life Insurance
SGLV 8715, Application for SGLI Disability Extension
SGLV 8721, Beneficiary Designation Form (VGLI)

*Paper versions of these forms should only be used for part-time SGLI members' elections and when the Servicemember does not have access to SOES.

APPENDIX B: ADDRESSES FOR BRANCH OF SERVICE CASUALTY OFFICES

Branch of Service	Address
Army Active Duty	US Army Human Resources Command Casualty Operations Division 1600 Spearhead Division Ave Ft Knox, KY 40122
Army Reserves/National Guard	US Army Human Resources Command Casualty Operations Division 1600 Spearhead Division Ave Ft Knox, KY 40122
Navy Active Duty	Commander, Navy Personnel Command Attn: PERS-00C 5720 Integrity Drive Millington, TN 38055-1300
Navy Reserves/National Guard	Commander, Navy Personnel Command Attn: PERS-00C 5720 Integrity Drive Millington, TN 38055-1300
Marine Corps Active Duty	Commandant, U.S. Marine Corps HQ, U.S. Marine Corps Manpower and Reserve Affairs Casualty Section (MRC) 3280 Russell Road Quantico, VA 22134-5143
Marine Corps Reserves/National Guard	Commandant, U.S. Marine Corps HQ, U.S. Marine Corps Manpower and Reserve Affairs Casualty Section (MRC) 3280 Russell Road Quantico, VA 22134-5143
Air Force Active Duty	Department of the Air Force Attn: AFPC/DPWC 550 C Street West, Suite 14 Randolph Field AFB San Antonio, TX 78150-4716
Air Force Air Reserves/National Guard	HQ ARPC/DPTTE 18420 E. Silver Creek Ave BLDG 390 MS 68 Buckley AFB, CO 80011
Coast Guard	Commander (PSC-PSD- FS Casualty) US Coast Guard Stop 7200 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200

Public Health Service	Public Health Service, Comp Branch Div. of Comm. Corps Support Svcs Admin Ops Svc-Program Support Center 8455 Colesville Rd – Rm 935 Silver Spring, MD 20854-0001
NOAA	NOAA Commissioned Personnel Center 8403 Colesville Road, Suite 500 Silver Spring, Maryland 20910

APPENDIX C: PREMIUM RATE TABLES FOR VGLI

VGLI Premium Rate Chart

Monthly Premium Rates - effective April 1, 2021

Amount of Insurance	Age 29 & Below	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80 & Over
\$500,000	\$35.00	\$45.00	\$60.00	\$80.00	\$105.00	\$165.00	\$300.00	\$495.00	\$735.00	\$1,130.00	\$2,140.00	\$2,250.00
490,000	34.30	44.10	58.80	78.40	102.90	161.70	294.00	485.10	720.30	1,107.40	2,097.20	2,205.00
480,000	33.60	43.20	57.60	76.80	100.80	158.40	288.00	475.20	705.60	1,084.80	2,054.40	2,160.00
470,000	32.90	42.30	56.40	75.20	98.70	155.10	282.00	465.30	690.90	1,062.20	2,011.60	2,115.00
460,000	32.20	41.40	55.20	73.60	96.60	151.80	276.00	455.40	676.20	1,039.60	1,968.80	2,070.00
450,000	31.50	40.50	54.00	72.00	94.50	148.50	270.00	445.50	661.50	1,017.00	1,926.00	2,025.00
440,000	30.80	39.60	52.80	70.40	92.40	145.20	264.00	435.60	646.80	994.40	1,883.20	1,980.00
430,000	30.10	38.70	51.60	68.80	90.30	141.90	258.00	425.70	632.10	971.80	1,840.40	1,935.00
420,000	29.40	37.80	50.40	67.20	88.20	138.60	252.00	415.80	617.40	949.20	1,797.60	1,890.00
410,000	28.70	36.90	49.20	65.60	86.10	135.30	246.00	405.90	602.70	926.60	1,754.80	1,845.00
400,000	28.00	36.00	48.00	64.00	84.00	132.00	240.00	396.00	588.00	904.00	1,712.00	1,800.00
390,000	27.30	35.10	46.80	62.40	81.90	128.70	234.00	386.10	573.30	881.40	1,669.20	1,755.00
380,000	26.60	34.20	45.60	60.80	79.80	125.40	228.00	376.20	558.60	858.80	1,626.40	1,710.00
370,000	25.90	33.30	44.40	59.20	77.70	122.10	222.00	366.30	543.90	836.20	1,583.60	1,665.00
360,000	25.20	32.40	43.20	57.60	75.60	118.80	216.00	356.40	529.20	813.60	1,540.80	1,620.00
350,000	24.50	31.50	42.00	56.00	73.50	115.50	210.00	346.50	514.50	791.00	1,498.00	1,575.00
340,000	23.80	30.60	40.80	54.40	71.40	112.20	204.00	336.60	499.80	768.40	1,455.20	1,530.00
330,000	23.10	29.70	39.60	52.80	69.30	108.90	198.00	326.70	485.10	745.80	1,412.40	1,485.00
320,000	22.40	28.80	38.40	51.20	67.20	105.60	192.00	316.80	470.40	723.20	1,369.60	1,440.00
310,000	21.70	27.90	37.20	49.60	65.10	102.30	186.00	306.90	455.70	700.60	1,326.80	1,395.00
300,000	21.00	27.00	36.00	48.00	63.00	99.00	180.00	297.00	441.00	678.00	1,284.00	1,350.00
290,000	20.30	26.10	34.80	46.40	60.90	95.70	174.00	287.10	426.30	655.40	1,241.20	1,305.00
280,000	19.60	25.20	33.60	44.80	58.80	92.40	168.00	277.20	411.60	632.80	1,198.40	1,260.00
270,000	18.90	24.30	32.40	43.20	56.70	89.10	162.00	267.30	396.90	610.20	1,155.60	1,215.00
260,000	18.20	23.40	31.20	41.60	54.60	85.80	156.00	257.40	382.20	587.60	1,112.80	1,170.00
250,000	17.50	22.50	30.00	40.00	52.50	82.50	150.00	247.50	367.50	565.00	1,070.00	1,125.00
240,000	16.80	21.60	28.80	38.40	50.40	79.20	144.00	237.60	352.80	542.40	1,027.20	1,080.00
230,000	16.10	20.70	27.60	36.80	48.30	75.90	138.00	227.70	338.10	519.80	984.40	1,035.00
220,000	15.40	19.80	26.40	35.20	46.20	72.60	132.00	217.80	323.40	497.20	941.60	990.00
210,000	14.70	18.90	25.20	33.60	44.10	69.30	126.00	207.90	308.70	474.60	898.80	945.00
200,000	14.00	18.00	24.00	32.00	42.00	66.00	120.00	198.00	294.00	452.00	856.00	900.00
190,000	13.30	17.10	22.80	30.40	39.90	62.70	114.00	188.10	279.30	429.40	813.20	855.00
180,000	12.60	16.20	21.60	28.80	37.80	59.40	108.00	178.20	264.60	406.80	770.40	810.00
170,000	11.90	15.30	20.40	27.20	35.70	56.10	102.00	168.30	249.90	384.20	727.60	765.00
160,000	11.20	14.40	19.20	25.60	33.60	52.80	96.00	158.40	235.20	361.60	684.80	720.00
150,000	10.50	13.50	18.00	24.00	31.50	49.50	90.00	148.50	220.50	339.00	642.00	675.00
140,000	9.80	12.60	16.80	22.40	29.40	46.20	84.00	138.60	205.80	316.40	599.20	630.00
130,000	9.10	11.70	15.60	20.80	27.30	42.90	78.00	128.70	191.10	293.80	556.40	585.00
120,000	8.40	10.80	14.40	19.20	25.20	39.60	72.00	118.80	176.40	271.20	513.60	540.00
110,000	7.70	9.90	13.20	17.60	23.10	36.30	66.00	108.90	161.70	248.60	470.80	495.00

Amount of Insurance	Age 29 & Below	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80 & Over
100,000	7.00	9.00	12.00	16.00	21.00	33.00	60.00	99.00	147.00	226.00	428.00	450.00
90,000	6.30	8.10	10.80	14.40	18.90	29.70	54.00	89.10	132.30	203.40	385.20	405.00
80,000	5.60	7.20	9.60	12.80	16.80	26.40	48.00	79.20	117.60	180.80	342.40	360.00
70,000	4.90	6.30	8.40	11.20	14.70	23.10	42.00	69.30	102.90	158.20	299.60	315.00
60,000	4.20	5.40	7.20	9.60	12.60	19.80	36.00	59.40	88.20	135.60	256.80	270.00
50,000	3.50	4.50	6.00	8.00	10.50	16.50	30.00	49.50	73.50	113.00	214.00	225.00
40,000	2.80	3.60	4.80	6.40	8.40	13.20	24.00	39.60	58.80	90.40	171.20	180.00
30,000	2.10	2.70	3.60	4.80	6.30	9.90	18.00	29.70	44.10	67.80	128.40	135.00
20,000	1.40	1.80	2.40	3.20	4.20	6.60	12.00	19.80	29.40	45.20	85.60	90.00
10,000	0.70	0.90	1.20	1.60	2.10	3.30	6.00	9.90	14.70	22.60	42.80	45.00

APPENDIX D: PREMIUM RATE TABLE FOR SPOUSE COVERAGE

Monthly Premium Rates - effective July 1, 2019

Amount of Insurance	Spouse Age Under 35	Spouse Age 35-39	Spouse Age 40-44	Spouse Age 45-49	Spouse Age 50-54	Spouse Age 55-59	Spouse Age 60 & Over
\$100,000	\$4.50	\$5.30	\$7.00	\$10.00	\$17.00	\$29.50	\$45.00
\$90,000	\$4.05	\$4.77	\$6.30	\$9.00	\$15.30	\$26.55	\$40.50
\$80,000	\$3.60	\$4.24	\$5.60	\$8.00	\$13.60	\$23.60	\$36.00
\$70,000	\$3.15	\$3.71	\$4.90	\$7.00	\$11.90	\$20.65	\$31.50
\$60,000	\$2.70	\$3.18	\$4.20	\$6.00	\$10.20	\$17.70	\$27.00
\$50,000	\$2.25	\$2.65	\$3.50	\$5.00	\$8.50	\$14.75	\$22.50
\$40,000	\$1.80	\$2.12	\$2.80	\$4.00	\$6.80	\$11.80	\$18.00
\$30,000	\$1.35	\$1.59	\$2.10	\$3.00	\$5.10	\$8.85	\$13.50
\$20,000	\$0.90	\$1.06	\$1.40	\$2.00	\$3.40	\$5.90	\$9.00
\$10,000	\$0.45	\$0.53	\$0.70	\$1.00	\$1.70	\$2.95	\$4.50

APPENDIX E: PREMIUM RATES FOR SGLI AND TSGLI COVERAGE

Monthly Premium Rates - effective July 1, 2019

	Basic SGLI	Traumatic Injury Coverage
Full-Time	<p>\$0.60 per \$10,000 per month</p> <p>This equates to a monthly premium of:</p> <p>\$3.00 for \$50,000 of coverage \$6.00 for \$100,000 of coverage \$9.00 for \$150,000 of coverage \$12.00 for \$200,000 of coverage \$15.00 for \$250,000 of coverage \$18.00 for \$300,000 of coverage \$21.00 for \$350,000 of coverage \$24.00 for \$400,000 of coverage \$30.00 for \$500,000 of coverage</p>	<p>\$1.00 per month</p> <p>You must have Basic SGLI coverage to obtain Traumatic Injury coverage.</p>
Part-Time	<p>\$0.60 per \$10,000 per year</p> <p>This equates to an annual premium of:</p> <p>\$3.00 for \$50,000 of coverage \$6.00 for \$100,000 of coverage \$9.00 for \$150,000 of coverage \$12.00 for \$200,000 of coverage \$15.00 for \$250,000 of coverage \$18.00 for \$300,000 of coverage \$21.00 for \$350,000 of coverage \$24.00 for \$400,000 of coverage \$30.00 for \$500,000 of coverage</p> <p>Funeral Honors Duty Premium: \$.20 per \$100,000</p> <p>1 Day Muster Premium: \$.20 per \$100,000</p>	<p>\$1.00 per year</p> <p>Funeral Honors Duty Premium: Free - No charge</p> <p>1 Day Muster Premium: Free - No charge</p>

APPENDIX F: SGLI ROTC COVERAGE TABLE

ROTC Member Status	Is Coverage in Effect?	When is it in Effect and for How Long?	When is Coverage Effective?	Is Coverage Automatically at Maximum?	Is an Application for SGLI Required?
31 days or more ROTC active duty for training under 38 U.S.C. 1965(2)(C)	Full-time coverage under 38 U.S.C. 1968(a)(1)(A)	Coverage terminates 120 days following release from active duty for training	38 CFR 9.2(a) indicates effective date under 38 U.S.C. 1967	Yes, under 38 U.S.C. 1967(a)(1)(B)	Only if applying after declining/reducing SGLI under 38 U.S.C. 1967(c); would have to apply and show good health
30 days or less ROTC active duty for training under 38 U.S.C. 1965(2)(C)	Part-time coverage under 38 U.S.C. 1968(a)(2)	Coverage terminates at midnight on the last day of active duty for training* Not covered during travel to/from duty	38 CFR 9.2(a) indicates effective date under 38 U.S.C. 1967	Yes, under 38 U.S.C. 1967(a)(1)(B)	Only if applying after declining/reducing SGLI under 38 U.S.C. 1967(c); would have to apply and show good health
Work or study performed as part of military correspondence courses	No coverage under 38 U.S.C. 1965(4)	N/A	N/A	N/A	N/A
Attendance at educational institution while not on active duty for training	No coverage under 38 U.S.C. 1965(4)	N/A	N/A	N/A	N/A
Applicant for membership in ROTC; i.e., participant in Junior ROTC unit under 10 U.S.C. 2031	No coverage under 38 U.S.C. 1965—still an “applicant” and not a member under 38 U.S.C. 1965(5)(D); see 10 U.S.C. 2104(a), (b)(3), (b)(6)(A)	N/A	N/A	N/A	N/A
National Guard members currently in Standby Reserve who participated in ROTC under 10 U.S.C. 2104 during freshman & sophomore years (not during junior or senior years)	Coverage under 38 U.S.C. 1965(5)(B) during freshman & sophomore years while attending inactive duty under 38 U.S.C. 1965(3) and under 38 U.S.C. 1965(5)(B) as	Coverage terminates 120 days following release from active duty for training at end of freshman and sophomore years	38 CFR 9.2(a) indicates effective date under 38 U.S.C. 1967	Yes under 38 U.S.C. 1967(a)(1)(C)	Only if applying after declining/reducing SGLI under 38 U.S.C. 1967(c); would have to apply and show good health

ROTC Member Status	Is Coverage in Effect?	When is it in Effect and for How Long?	When is Coverage Effective?	Is Coverage Automatically at Maximum?	Is an Application for SGLI Required?
	are members of Ready Reserve				
Army Cadet Summer Training for <u>non-contracted</u> Cadets	No coverage under 38 U.S.C. 1965—still an “applicant” and not a member under 38 U.S.C. 1965(5)(D); see 10 U.S.C. 2104(a), (b)(4)	N/A	N/A	N/A	N/A
Army Cadet Summer Training for <u>contracted</u> Cadets	Full-time coverage under 38 U.S.C. 1968(a)(1)(A); 10 U.S.C. 2104(a), (b)(4)	Coverage terminates 120 days following release from active duty for training	38 CFR 9.2(a) indicates effective date under 38 USC 1967	Yes, under 38 U.S.C. 1967(a)(1)(B)	Only if applying after declining/reducing SGLI under 38 U.S.C. 1967(c); would have to apply and show good health
Air Force ROTC Cadets attending field training under invitational orders and not on active duty for training	No coverage under 38 U.S.C. 1965—still an “applicant” and not a member under 38 U.S.C. 1965(5)(D); see 10 U.S.C. 2104(a), (b)(4)	N/A	N/A	N/A	N/A
Lieutenants pending entrance on active duty entitled to TRICARE under the provisions of TRICARE 708	No coverage under 38 U.S.C. 1965	N/A	N/A	N/A	N/A
Cadets attending professional development training (PDT) in invitational travel status	No coverage under 38 U.S.C. 1965	N/A	N/A	N/A	N/A
Cadets who paid SGLI premium for a month, but end training status before end of month	Full-time coverage under 38 U.S.C. 1968(a)(1)(A) if more 31 days Part-time coverage under 38 U.S.C. 1968(a)(2) if for less than 30 days	If full-time, then 120 days post release If part-time, then midnight on last day of training. Not covered during travel to/from duty.	N/A	N/A	N/A