



Prudential

Office of Servicemembers'
Group Life Insurance

Claim for Accelerated Benefits

Servicemembers' Group Life Insurance
Family Coverage (FSGLI)

The Accelerated Benefit Option allows the service member to receive up to 50% of his/her spouse's FSGLI benefit if the spouse has been diagnosed by a physician as being terminally ill (as defined in Public Law 105-368) with nine (9) months or less to live. Only the service member can apply for this benefit.

The amount of insurance proceeds payable to the service member at the time of his/her spouse's death will be reduced by the amount of accelerated benefit the service member chooses to receive now. The FSGLI premium will be lowered to reflect the reduced coverage amount.

How to Submit a Claim for Accelerated Benefits

The service member's spouse, his/her physician, and the service member's branch of service must complete the attached forms as indicated. Completed forms should be submitted as follows:

Active duty service members/Reservists	Army National Guard
Submit completed forms to your branch of service personnel office.	Contact your state headquarters for submission instructions.

Important Information

- If the claim for accelerated benefits is approved, the service member will receive a check for the amount requested.
- Once the payment is cashed, the accelerated benefit cannot be revoked.
- The service member can receive this benefit only once during the spouse's lifetime.
- The service member may use this benefit for any purpose.
- If the spouse is covered under SGLI Family Coverage, the Office of Servicemembers' Group Life Insurance (OSGLI) will notify the service member's branch of service to reduce the face amount of the spouse's coverage and premium rate.
- If the claim is not approved, the service member has the option of submitting additional medical information or reapplying at a later date.



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TO BE COMPLETED BY SERVICE MEMBER

CLAIM FOR ACCELERATED BENEFITS		
Service member's name (first middle last)		Service member's Social Security Number
Service member's mailing address	Service member's Branch of Service	Service member's duty status <input type="checkbox"/> Active Duty <input type="checkbox"/> Ready Reserves <input type="checkbox"/> Army/Air National Guard <input type="checkbox"/> Separated/Discharged (provide separation/discharge date)
Service member's telephone number		
Spouse's name (first middle last)		Spouse's Social Security Number
Amount of spouse's coverage \$	Amount of Claim (Cannot exceed 50% of spouse's total coverage) \$	
<p>I acknowledge that I have read all of the attached information about the accelerated benefit. I understand that I can get this benefit only once during my spouse's lifetime and that I can use it for any purpose I choose. I further understand that the face amount of my spouse's coverage will be reduced by the amount of accelerated benefit I choose to receive now.</p>		
Signature _____		Date _____

TO BE COMPLETED BY SERVICE MEMBER'S SPOUSE

AUTHORIZATION TO RELEASE MEDICAL RECORDS
<p>To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:</p> <p>You are authorized to release a copy of all my medical records, including examinations, treatments, history, and prescriptions, to the Office of Servicemembers' Group Life Insurance (OSGLI) or its representatives.</p> <p>Spouse's printed name _____</p> <p>Spouse's signature _____ Date _____</p> <p><i>A photocopy of this authorization will be considered as effective and valid as the original. Valid for one year from date signed.</i></p>



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TO BE COMPLETED BY THE PERSONNEL OFFICE OF THE SERVICE MEMBER'S UNIT

Complete only if the service member's spouse is covered under FSGLI.

BRANCH OF SERVICE STATEMENT		
Service member's name	Service member's Social Security Number	Service member's Branch of Service
Spouse's name	Spouse's Social Security Number	
Amount of FSGLI Coverage \$	Monthly premium amount \$	
Name and title of person completing this form	Telephone number	Fax number
Service member's duty station and address		
<hr/> Signature of person completing this form <hr/>Date		
Note: After completing this section, the personnel officer should submit the form to the service member's casualty branch.		

TO BE COMPLETED BY THE SERVICE MEMBER'S CASUALTY BRANCH

Certified by:	
<hr/>	<hr/>
Name	Title
Branch of Service	Certification date
Telephone number	Fax number

Notice: It is fraudulent to complete these forms with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.