(iv) The use of written or oral representations which may mislead the person addressed as to rights, privileges, coverage, premiums, or similar matters under Servicemembers’ Group Life Insurance, Veterans’ Group Life Insurance, or any policy issued or proposed to be issued as a conversion or other replacement coverage;  
(v) Violation of regulations of a uniformed service concerning solicitation of life insurance; and 
(vi) The use of written or oral references to Servicemembers’ Group Life Insurance, Veterans’ Group Life Insurance or conversions of Servicemembers’ Group Life Insurance or Veterans’ Group Life Insurance in connection with the attempted sale of an insurance policy which would not be, in fact, a conversion policy or a policy issued in lieu of a conversion, if those references might lead a person addressed to believe there is a connection between the policy being sold and coverage under Servicemembers’ Group Life Insurance, Veterans’ Group Life Insurance or a conversion of it. 
(e) Each reinsuring and converting company must agree to issue conversion policies to any qualified applicant regardless of race, color, religion, sex, or national origin, under terms and conditions established by the primary insurer.

§ 9.12 Reinsurance formula.

The allocation of insurance to the insurer and each reinsurer will be based upon the following:

- An amount of the total life insurance in force under the policy in proportion to the company’s total life insurance in force in the United States where:
  - The first $100 million in force is counted in full.
  - The second $100 million in force is counted at 75 percent.
  - The third $100 million in force is counted at 50 percent.
  - The fourth $100 million in force is counted at 25 percent.
  - Any amount above $400 million in force is counted at 5 percent.

- The allocation will be redetermined at the beginning of each policy year for the primary insurer and the companies then reinsuring, with the portion as set forth in paragraph (a) of this section based upon the corresponding in force (excluding the Servicemembers’ Group Life Insurance in force) as of the preceding December 31.

- Any life insurance company, which is not initially participating in reinsurance or conversions, but satisfies the criteria set forth in §9.11, may subsequently apply to the primary insurer to reinsure and convert, or to convert only. The participation of such company will be effective as of the beginning of the policy year following the date on which application is approved by the insurer.

§ 9.13 Actions on the policy.

The Assistant Director for Insurance will furnish the name and address of the insuring company upon written request of a member of the uniformed services or his or her beneficiary. Actions at law or in equity to recover on the policy, in which there is not alleged any breach of any obligation undertaken by the United States, should be brought against the insurer.


(a) What is an Accelerated Benefit? An Accelerated Benefit is a payment of a portion of your Servicemembers’ Group Life Insurance or Veterans’ Group Life Insurance to you before you die.

(b) Who is eligible to receive an Accelerated Benefit? You are eligible to receive an Accelerated Benefit if you have a valid written medical prognosis from a physician of 9 months or less to live, and otherwise comply with the provisions of this section.

(c) Who can apply for an Accelerated Benefit? Only you, the insured member, can apply for an Accelerated Benefit. No one can apply on your behalf.

(d) How much can you request as an Accelerated Benefit? (1) You can request as an Accelerated Benefit an amount up to a maximum of 50% of the face value of your insurance coverage.
(2) Your request for an Accelerated Benefit must be $5,000 or a multiple of $5,000 (for example, $10,000, $15,000).

(e) How much can you receive as an Accelerated Benefit? You can receive as an Accelerated Benefit the amount you request up to a maximum of 50% of the face value of your insurance coverage, minus the interest reduction. The interest reduction is the amount the Office of Servicemembers’ Group Life Insurance actuarially determines to be the amount of interest that would be lost because of the early payment of part of your insurance coverage. This means that if you have $100,000 in coverage and you request the maximum amount you are eligible to request as an Accelerated Benefit, you will be paid $50,000 minus the interest reduction.

(f) How do you apply for an Accelerated Benefit? (1) You can obtain an application form entitled “Claim for Accelerated Benefits” by writing the Office of Servicemembers’ Group Life Insurance, 290 W. Mt. Pleasant Avenue, Livingston, New Jersey 07039; calling the Office of Servicemembers’ Group Life Insurance toll-free at 1–800–219–1473; or downloading the form from the Internet at www.insurance.va.gov. You must submit the completed application form to the Office of Servicemembers’ Group Life Insurance, 290 W. Mt. Pleasant Avenue, Livingston, New Jersey 07039.

(2) As stated on the application form, you will be required to complete part of the application form and your physician will be required to complete part of the application form. If you are an active duty servicemember, your branch of service will also be required to complete part of the form.

To Be Completed by Insured
Claim for Accelerated Benefits

Your name: ____________________________
Social Security Number: _________________
Your home address: ______________________
Date of birth: __________________________
Branch of Service (if covered under SGLI): __________
Your mailing address (if different from above): __________
Amount of SGLI coverage: $ __________
Amount of claim (can be no more than one-half of coverage in increments of $5,000): $ __________
Type of coverage (check one):

SGLI (circle one of the following): Active Duty Ready Reserve Army or Air National Guard Separated or Discharged VGLI

Note: If you checked SGLI, you must also have your military unit complete the attached form.

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 lifetime and that I can use it for any purpose I choose. I further understand that the face amount of my coverage will reduce by the amount of accelerated benefit I choose to receive now.

Your signature: _________________________
Date: _________________________________

Authorization To Release Medical Records

To all physicians, hospitals, medical service providers, pharmacists, employers, other insurance companies, and all other agencies and organizations:

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.

Printed name: __________________________
Signature: _____________________________
Date: _________________________________

A photocopy of this authorization will be considered as effective and valid as the original.

Valid for one year from date signed.

To Be Completed by Physician

Attending Physician’s Certification

Patient’s name: _________________________
Patient’s Social Security Number: __________
Diagnosis: ______________________________
ICD-9-CM Disease Code #: _______________
Description of present medical condition (please attach results of x-rays, E.K.G. or other tests): __________________________

Is the patient capable of handling his/her own affairs? 
Yes  No

The patient applied for an accelerated benefit under his/her government life insurance coverage. To qualify, the patient must have a life expectancy of nine (9) months or less.

Does your patient meet this requirement? 
Yes  No

Attending Physician’s name (please print): _________________________
State in which you are licensed to practice: _________________________
Specialty: ________________________________
Mailing address: ____________________________
Telephone number: _________________________
Fax Number: ______________________________
Signature: ________________________________
Date: _________________________________
§ 9.20 Traumatic injury protection.

(a) What is traumatic injury protection? Traumatic injury protection provides for the payment of a specified benefit amount to a member insured by Servicemembers’ Group Life Insurance who sustains a traumatic injury directly resulting in a scheduled loss.

(b) What is a traumatic event? (1) A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, or accidental ingestion of a contaminated substance causing damage to a living being occurring—

(1) On or after December 1, 2005, or

(2) On or after October 7, 2001, and through and including November 30, 2005, if the scheduled loss is a direct result of a traumatic injury incurred in Operation Enduring Freedom or Operation Iraqi Freedom.

(2)(i) The term incurred in Operation Enduring Freedom means a service member was deployed outside of the United States on orders in support of Operation Enduring Freedom or served in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under 26 U.S.C. 211.

(ii) The term incurred in Operation Iraqi Freedom means a service member was deployed outside of the United States on orders in support of Operation Iraqi Freedom or served in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under 26 U.S.C. 211.