



## VETERANS' GROUP LIFE INSURANCE

### Follow these easy steps!

To get VGLI, just complete the attached application and mail it with your first premium payment in the postage paid envelope. We'll send you a *Certificate of Coverage* as confirmation.

#### 1. Complete Your Personal Information

Complete all personal information fields on the application form.

#### 2. Choose Your Coverage Amount

You can elect VGLI coverage in \$10,000 increments—up to the amount of SGLI you had at separation. You'll find premium rates for the most frequently requested coverage amounts on the next page. Your premium is determined by your coverage amount and your age on the 121st day after your separation OR your age on the date coverage is approved, whichever is later. Premiums will change when you move into the next age bracket.

Please note—If you elect less coverage than your SGLI amount, you will only have one year and 120 days from your separation date to apply for a coverage increase up to your SGLI amount.

#### 3. Choose When and How to Pay Premiums

With VGLI, you can choose the payment frequency that's best for you—monthly, quarterly, semi-annually, or annually. You can save by making payments less frequently—save 5% by paying premiums once a year! You can choose from the payment options in the chart below.

Payment Frequency	Your Savings	Payment Method
Monthly	Not applicable	<ul style="list-style-type: none"><li>• Deduction from military retirement pay</li><li>• Deduction from VA disability compensation</li><li>• Mail</li></ul>
Quarterly	2.5%	<ul style="list-style-type: none"><li>• Mail</li></ul>
Semi-Annually	3.75%	<ul style="list-style-type: none"><li>• Mail</li></ul>
Annually	5%	<ul style="list-style-type: none"><li>• Mail</li></ul>

If you choose payment by monthly deduction, you'll never have to worry about getting a statement or writing a check on time. Deductions should begin by your third month's premium.

Premium notices will be sent if you choose the "mail" payment method or until your monthly deduction begins.

#### 4. Complete Health Statement When Applying Late

Only complete this section if you are applying more than 120 days after you were discharged from the service.

#### 5. Choose Your Beneficiary & Benefit Payment Option

You can choose any beneficiary you wish. If you need more room to designate beneficiaries, attach a separate sheet and include your name, Social Security Number, signature, and the date. To be valid, your beneficiary designation must be signed, dated, and received by the Office of Servicemembers' Group Life Insurance (OSGLI) prior to your death. If you do not name a beneficiary, your insurance benefits will be paid to your survivors under the provisions of Federal Law. See the VA Insurance Website for details.

#### 6. Be Sure to Include

Proof of your SGLI coverage (e.g., Your DD214, orders, or most recent leave and earnings statement) AND your first premium payment payable to "OSGLI." We suggest you make a copy of your application for your records.

**Questions? Visit the VA Insurance Website or call us.**

**Website address: [www.insurance.va.gov](http://www.insurance.va.gov)**

**Toll-free phone: 1-800-419-1473 (8:00 a.m. to 5:00 p.m. Eastern time)**

## Premium Amounts

Here are the premium amounts for the most frequently requested coverage amounts. You can save up to 5% by paying premiums less frequently!

Contact us or visit our website if you're interested in premiums for other coverage amounts. Rates are subject to change. Rates shown include discounts.

### Age 0-29

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 32.00	\$ 93.60	\$184.80	\$ 364.80
\$ 350,000	\$ 28.00	\$ 81.90	\$161.70	\$ 319.20
\$ 300,000	\$ 24.00	\$ 70.20	\$138.60	\$ 273.60
\$ 250,000	\$ 20.00	\$ 58.50	\$115.50	\$ 228.00
\$ 200,000	\$ 16.00	\$ 46.80	\$ 92.40	\$ 182.40
\$ 150,000	\$ 12.00	\$ 35.10	\$ 69.30	\$ 136.80
\$ 100,000	\$ 8.00	\$ 23.40	\$ 46.20	\$ 91.20
\$ 50,000	\$ 4.00	\$ 11.70	\$ 23.10	\$ 45.60

### Age 30-34

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$400,000	\$ 44.00	\$128.70	\$254.10	\$ 501.60
\$350,000	\$ 38.50	\$112.61	\$222.34	\$ 438.90
\$ 300,000	\$ 33.00	\$ 96.53	\$190.58	\$ 376.20
\$ 250,000	\$ 27.50	\$ 80.44	\$158.81	\$ 313.50
\$ 200,000	\$ 22.00	\$ 64.35	\$127.05	\$ 250.80
\$ 150,000	\$ 16.50	\$ 48.26	\$ 95.29	\$ 188.10
\$ 100,000	\$ 11.00	\$ 32.18	\$ 63.53	\$ 125.40
\$ 50,000	\$ 5.50	\$ 16.09	\$ 31.76	\$ 62.70

### Age 35-39

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$400,000	\$ 56.00	\$163.80	\$323.40	\$ 638.40
\$350,000	\$ 49.00	\$143.33	\$282.98	\$ 558.60
\$ 300,000	\$ 56.00	\$163.80	\$242.55	\$ 478.80
\$ 250,000	\$ 35.00	\$102.38	\$202.13	\$ 399.00
\$ 200,000	\$ 28.00	\$ 81.90	\$161.70	\$ 319.20
\$ 150,000	\$ 21.00	\$ 61.43	\$121.28	\$ 239.40
\$ 100,000	\$ 14.00	\$ 40.95	\$ 80.85	\$ 159.60
\$ 50,000	\$ 7.00	\$ 20.48	\$ 40.43	\$ 79.80

### Age 40-44

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 76.00	\$222.30	\$ 438.90	\$ 866.40
\$ 350,000	\$ 66.50	\$194.51	\$ 384.04	\$ 758.10
\$ 300,000	\$ 57.00	\$166.73	\$ 329.18	\$ 649.80
\$ 250,000	\$ 47.50	\$138.94	\$ 274.31	\$ 541.50
\$ 200,000	\$ 38.00	\$111.15	\$ 219.45	\$ 433.20
\$ 150,000	\$ 28.50	\$ 83.36	\$ 164.59	\$ 324.90
\$ 100,000	\$ 19.00	\$ 55.58	\$ 109.73	\$ 216.60
\$ 50,000	\$ 9.50	\$ 27.79	\$ 54.86	\$ 108.30

### Age 45-49

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$400,000	\$100.00	\$292.50	\$577.50	\$1,140.00
\$ 350,000	\$ 87.50	\$255.94	\$505.31	\$ 997.50
\$ 300,000	\$ 75.00	\$219.38	\$433.13	\$ 855.00
\$ 250,000	\$ 62.50	\$182.81	\$360.94	\$ 712.50
\$ 200,000	\$ 50.00	\$146.25	\$288.75	\$ 570.00
\$ 150,000	\$ 37.50	\$109.69	\$216.56	\$ 427.50
\$ 100,000	\$ 25.00	\$ 73.13	\$144.38	\$ 285.00
\$ 50,000	\$ 12.50	\$ 36.56	\$ 72.19	\$ 142.50

### Age 50-54

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$160.00	\$468.00	\$ 924.00	\$1,824.00
\$ 350,000	\$140.00	\$409.50	\$ 808.50	\$1,596.00
\$ 300,000	\$120.00	\$351.00	\$ 693.00	\$1,368.00
\$ 250,000	\$100.00	\$292.50	\$ 577.50	\$1,140.00
\$ 200,000	\$ 80.00	\$234.00	\$ 462.00	\$ 912.00
\$ 150,000	\$ 60.00	\$175.50	\$ 346.50	\$ 684.00
\$ 100,000	\$ 40.00	\$117.00	\$ 231.00	\$ 456.00
\$ 50,000	\$ 20.00	\$ 58.50	\$ 115.50	\$ 228.00

### Age 55-59

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$400,000	\$280.00	\$819.00	\$1,617.00	\$3,192.00
\$ 350,000	\$245.00	\$716.63	\$1,414.88	\$2,793.00
\$ 300,000	\$210.00	\$614.25	\$1,212.75	\$2,394.00
\$ 250,000	\$175.00	\$511.88	\$1,010.63	\$1,995.00
\$ 200,000	\$140.00	\$409.50	\$ 808.50	\$1,596.00
\$ 150,000	\$105.00	\$307.13	\$ 606.38	\$1,197.00
\$ 100,000	\$ 70.00	\$204.75	\$ 404.25	\$ 798.00
\$ 50,000	\$ 35.00	\$102.38	\$ 202.13	\$ 399.00

### Age 60-64

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$450.00	\$1,316.25	\$2,598.75	\$5,130.00
\$ 350,000	\$393.75	\$1,151.72	\$2,273.91	\$4,488.75
\$ 300,000	\$337.50	\$ 987.19	\$1,949.06	\$3,847.50
\$ 250,000	\$281.25	\$ 822.66	\$1,624.22	\$3,206.25
\$ 200,000	\$225.00	\$ 658.13	\$1,299.38	\$2,565.00
\$ 150,000	\$168.75	\$ 493.59	\$ 974.53	\$1,923.75
\$ 100,000	\$112.50	\$ 329.06	\$ 649.69	\$1,282.50
\$ 50,000	\$ 56.25	\$ 164.53	\$ 324.84	\$ 641.25

### Age 65-69

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$400,000	\$600.00	\$1,755.00	\$3,465.00	\$6,840.00
\$ 350,000	\$525.00	\$1,535.63	\$3,031.88	\$5,985.00
\$ 300,000	\$450.00	\$1,316.25	\$2,598.75	\$5,130.00
\$ 250,000	\$375.00	\$1,096.88	\$2,165.63	\$4,275.00
\$ 200,000	\$300.00	\$ 877.50	\$1,732.50	\$3,420.00
\$ 150,000	\$225.00	\$ 658.13	\$1,299.38	\$2,565.00
\$ 100,000	\$150.00	\$ 438.75	\$ 866.25	\$1,710.00
\$ 50,000	\$ 75.00	\$ 219.38	\$ 433.13	\$ 855.00

### Age 70-74

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$ 400,000	\$ 900.00	\$2,632.50	\$5,197.50	\$10,260.00
\$ 350,000	\$ 787.50	\$2,303.44	\$4,547.81	\$ 8,977.50
\$ 300,000	\$ 675.00	\$1,974.38	\$3,898.13	\$ 7,695.00
\$ 250,000	\$ 562.50	\$1,645.31	\$3,248.44	\$ 6,412.50
\$ 200,000	\$ 450.00	\$1,316.25	\$2,598.75	\$ 5,130.00
\$ 150,000	\$ 337.50	\$ 987.19	\$1,949.06	\$ 3,847.50
\$ 100,000	\$ 225.00	\$ 658.13	\$1,299.38	\$ 2,565.00
\$ 50,000	\$ 112.50	\$ 329.06	\$ 649.69	\$ 1,282.50

### Age 75 and over

Coverage Amount	Monthly	Quarterly	Semi-Annually	Annually
\$400,000	\$1,800.00	\$5,265.00	\$10,395.00	\$20,520.00
\$ 350,000	\$1,575.00	\$4,606.88	\$ 9,095.63	\$17,955.00
\$ 300,000	\$1,350.00	\$3,948.75	\$ 7,796.25	\$15,390.00
\$ 250,000	\$1,125.00	\$3,290.63	\$ 6,496.88	\$12,825.00
\$ 200,000	\$ 900.00	\$2,632.50	\$ 5,197.50	\$10,260.00
\$ 150,000	\$ 675.00	\$1,974.38	\$ 3,898.13	\$ 7,695.00
\$ 100,000	\$ 450.00	\$1,316.25	\$ 2,598.75	\$ 5,130.00
\$ 50,000	\$ 225.00	\$ 658.13	\$ 1,299.38	\$ 2,565.00



**5. Beneficiary(ies) and Benefit Payment Options**

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

<p><b>Principal Beneficiary</b></p> <p>1</p> <p>Last _____ First _____ MI _____ Social Security Number (if known) _____</p> <p>No. _____ Street _____ City _____ State _____ Zip _____</p>	<p><b>Relationship To You</b></p>	<p><b>Share to Beneficiary*</b> (Use %, \$ amount, or fractions)</p>	<p><b>Payment Option</b> (Lump sum or 36 equal monthly installments)</p>
<p><b>Principal Beneficiary</b></p> <p>2</p> <p>Last _____ First _____ MI _____ Social Security Number (if known) _____</p> <p>No. _____ Street _____ City _____ State _____ Zip _____</p>	<p><b>Relationship To You</b></p>	<p><b>Share to Beneficiary*</b> (Use %, \$ amount, or fractions)</p>	<p><b>Payment Option</b> (Lump sum or 36 equal monthly installments)</p>
<p><b>Contingent Beneficiary</b></p> <p>1</p> <p>Last _____ First _____ MI _____ Social Security Number (if known) _____</p> <p>No. _____ Street _____ City _____ State _____ Zip _____</p>	<p><b>Relationship To You</b></p>	<p><b>Share to Beneficiary*</b> (Use %, \$ amount, or fractions)</p>	<p><b>Payment Option</b> (Lump sum or 36 equal monthly installments)</p>
<p><b>Contingent Beneficiary</b></p> <p>2</p> <p>Last _____ First _____ MI _____ Social Security Number (if known) _____</p> <p>No. _____ Street _____ City _____ State _____ Zip _____</p>	<p><b>Relationship To You</b></p>	<p><b>Share to Beneficiary*</b> (Use %, \$ amount, or fractions)</p>	<p><b>Payment Option</b> (Lump sum or 36 equal monthly installments)</p>
<p><b>Contingent Beneficiary</b></p> <p>3</p> <p>Last _____ First _____ MI _____ Social Security Number (if known) _____</p> <p>No. _____ Street _____ City _____ State _____ Zip _____</p>	<p><b>Relationship To You</b></p>	<p><b>Share to Beneficiary*</b> (Use %, \$ amount, or fractions)</p>	<p><b>Payment Option</b> (Lump sum or 36 equal monthly installments)</p>
<p><b>Contingent Beneficiary</b></p> <p>4</p> <p>Last _____ First _____ MI _____ Social Security Number (if known) _____</p> <p>No. _____ Street _____ City _____ State _____ Zip _____</p>	<p><b>Relationship To You</b></p>	<p><b>Share to Beneficiary*</b> (Use %, \$ amount, or fractions)</p>	<p><b>Payment Option</b> (Lump sum or 36 equal monthly installments)</p>

\*If more than one principal or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

**NOTE:** SGLI remains in effect for 120 days after separation. The beneficiary designation above becomes effective when VGLI coverage becomes effective. Initial this box if you wish this designation to change your SGLI beneficiary designation immediately.

\_\_\_\_\_  
Initials

**Applicant Signature**

I understand that I cannot have combined SGLI and VGLI coverage for more than \$400,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Social Security Number of Applicant

\_\_\_\_\_  
Signature of Applicant (Do not print. Sign in ink.)

\_\_\_\_\_  
Date

**PENALTY:** The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine, imprisonment, or both.