Department of Veterans Affairs

APPLICATION FOR PROTECTION OF COMMERCIAL LIFE INSURANCE POLICY

(Servicemembers Civil Relief Act, Public Law 108-189)

INSTRUCTIONS: To apply for protection of a commercial life insurance policy, complete a separate application for each policy to be protected, make 2 copies of each application and submit as follows: Original application - mail to the insurance company; Copy - mail to: Department of Veterans Affairs, Chief, Insurance Actuarial Staff (290B3), P.O. Box 42954, Philadelphia, PA 19101; You should keep the second copy for your records. See the back of this form for additional instructions and important information.

PRIVACY ACT INFORMATION: No request for protection of a commercial life insurance policy may be processed unless a completed application has been received (Servicemembers Civil Relief Act, Public Law 108-189). The information provided, on a voluntary basis, will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. The responses which are submitted may be disclosed as permitted by law outside the Department of Veterans Affairs.

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1. PERSONAL INFORMATION	
A. NAME OF INSURED SERVICEMEMBER (First, Middle, Last)	B. DATE OF BIRTH
C. HOME ADDRESS (No. and street or rural route, city, P.O., State and ZIP Code)	D. SOCIAL SECURITY NUMBER
2. SERVICE INFORMATION	<u>.</u>
A. DATE OF ENTRY ON PRESENT TOUR OF ACTIVE DUTY B. GRADE, RANK OR RATING	C. BRANCH OF SERVICE
3. INSURANCE INFORMATION	
A. NAME AND ADDRESS OF INSURANCE COMPANY B. POLICY NUMBER	
C. FACE AMOUNT OF INSURANCE	
INSURANCE PAID PERMIUM	REMIUM PAYMENT FREQUENCY MONTHLY QUARTERLY SEMIANNUALLY ANNUALLY
H. IS THERE A LOAN ON THIS POLICY?	
I. HAS THIS POLICY BEEN ASSIGNED TO ANYONE OTHER THAN THE INSURED? ☐ YES ☐ NO	
J. YOU APPLIED TO HAVE ANOTHER POLICY PROTECTED UNDER THE SCRA? YES NO (If "Yes," complete sections K and L below for each policy)	
K. NAME OF INSURANCE COMPANY(IES) L. POLICY FACE AMOUNT(S)	
4. CERTIFICATION OF MILITARY SERVICE	
A. HOW ARE YOU CERTIFYING THAT THE INSURED IS ON ACTIVE MILITARY DUTY? I HAVE ATTACHED A COPY OF THE INSURED'S ACTIVE DUTY ORDERS I AM CERTIFYING BY OFFICIAL SIGNATURE (If you selected this option, please have the appropriate official complete sections b and c below)	
See the instructions on the back of this form for a list of officials who may certify active duty service.	
The undersigned does hereby certify that the insured is on active duty in the military service of the United States	
B. SIGNATURE, TITLE AND ORGANIZATION OF CERTIFYING OFFICIAL (C. DATE SIGNED
5. SIGNATURE	
The application must be signed by either the insured OR the insured's beneficiary OR the insured's de	0
	3. DATE SIGNED
OR	
C. SIGNATURE OF INSURED'S BENEFICIARY OR DESIGNEE INSURED'S NAME for	D. DATE SIGNED
If you are the insured's designee, please attach a copy of the document authorizing you to act on the insured's be	ehalf.
VA FORM EXISTING STOCKS OF VA FORM 20.380 SEP 1076	

Important Information and Instructions for Completing the Form

The Department of Veterans Affairs administers the life insurance provisions of the SCRA

Information About Insurance Protection under the Servicemembers' Civil Relief Act (SCRA)

What policies are eligible for protection under SCRA? Policies eligible for protection under SCRA include: any individual contract of life insurance on a whole life, endowment, universal, or term plan or any annuity that provides a death benefit. Group insurance policies such as Servicemembers' Group Life Insurance (SGLI) are not eligible.

What is the maximum amount eligible for protection? The maximum amount is \$250,000 or the maximum amount of SGLI, whichever is greater.

Is a policy above the maximum amount eligible for protection? Yes. An insured may submit any policy although VA will only guarantee premiums for coverage that does not exceed the maximum amount.

What are the benefits of SCRA? VA guarantees that policies protected by SCRA will not lapse or terminate while the insured is on active duty and for two years following separation from service. VA does not pay premiums during the insured's period of military service but simply guarantees that the premiums will be paid at the end of the insured's period of active duty. The insured is not required to pay premiums, policy loans or interest, but may choose to do so at any time. The insured may also change the beneficiary designation at any time.

Are there limitations under SCRA? SCRA will not protect policies that require an additional premium or limit or restrict coverage due to military service. The insured may not receive dividends, take a loan or surrender the policy for cash without approval of VA. Dividends and other monetary benefits will be credited to the policy when SCRA protection expires. If the insured dies during the protected period, the insurer will deduct any unpaid premiums and interest due from the settlement amount.

Instructions for Completing the Application

Section 1. Personal Information

- a. Name of Insured
- b. Date of Birth
- c. Home Address
- d. Social Security Number

Section 2. Service Information

- a. Date of Entry on Present Tour of Active Duty
- b. Grade, Rank or Rating
- c. Branch of Service

Section 3. Insurance Information

- a. Name and address of Insurance Company: Enter the name and address of the insurance company that holds the policy to be protected.
- b. Policy Number: Enter the policy number. Please complete a separate form for each policy.
- c. Face Amount of Insurance
- d. Effective Date of Insurance: Enter the policy effective date. This date must be at least 180 days before the date the insured entered into active duty.
- e. Due Date of Last Premium Paid
- f. Due Date of Next Premium
- g. Premium Payment Frequency: check the box that indicates how often premiums are billed to this policy.
- h through j: Check Yes or No.

If you have applied for SCRA protection of other policies, complete sections K and L.

- k. Name of Insurance Company(ies)
- 1. Face Amount of Policy(ies).

Section 4. Certification of Military Service

a. How are you certifying that the insured is on active military duty?

Active military service can be certified by either:

- attaching a copy of the insured's active duty orders, OR
- having the appropriate official sign the application.
- b and c. Signature, Title and Organization of Certifying Official and Date Signed: If active duty orders are not attached, have the appropriate official complete these sections. Officials authorized to certify active service are as follows:
 - The insured's commanding officer; OR
 - A commissioned officer of equal or higher rank than the insured; OR
 - The person who has custody of the insured's service record.

Section 5. Signature

This application must be signed by either:

- the insured; OR
- the insured's beneficiary; OR
- the insured's designee.

Complete sections a and b OR c and d as appropriate.

a and b: Signature of the Insured and Date Signed

c and d: Signature of Beneficiary or Designee and Date Signed: the beneficiary or designee must sign in both their name and the name of the insured (e.g., Jane Smith for John Smith).

NOTE: If you are the insured's designee, you must attach a copy of the document allowing you to act on the insured's behalf (e.g. Power of Attorney).