



# Prudential

Office of Servicemembers'  
Group Life Insurance

## SERVICEMEMBERS' GROUP LIFE INSURANCE TRAUMATIC INJURY PROTECTION PROGRAM (TSGLI)

Administered by the Office of Servicemembers' Group Life Insurance

### Application for TSGLI Benefits

Please submit your completed claim to your branch of service below.

<b>TSGLI Branch of Service Contacts</b>				
<b>Branch</b>	<b>Contact Information</b>	<b>Submit Claim by Fax</b>	<b>Submit Claim by E-mail</b>	<b>Submit Claim by Postal Mail</b>
<b>Army</b> All Components	Phone: (800) 237-1336 Website: <a href="http://www.tsqli.army.mil">www.tsqli.army.mil</a>	(866) 275-0684	<a href="mailto:tsqli@conus.army.mil">tsqli@conus.army.mil</a>	Army Human Resources Command Traumatic SGLI (TSGLI) 1600 Spearhead Division Avenue Room 2-1-021 Ft. Knox, KY 40122
<b>Marine Corps</b> All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: <a href="https://www.woundedwarriorregiment.org/WWR.aspx">https://www.woundedwarriorregiment.org/WWR.aspx</a>	(888) 858-2315	<a href="mailto:t-sqli@usmc.mil">t-sqli@usmc.mil</a>	HQ, Marine Corps Attn: WWR-TSGLI 3280 Russell Road Quantico, VA 22134
<b>Navy</b> All Components	Phone: (800) 368-3202 / 901-874-2501 DSN 882 Website: <a href="http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/TSGLI">www.npc.navy.mil/CommandSupport/CasualtyAssistance/TSGLI</a>	(901) 874-2265	<a href="mailto:MILL_TSGLI@navy.mil">MILL_TSGLI@navy.mil</a>	Navy Personnel Command Attn: PERS-62 5720 Integrity Drive Millington, TN 38055-6200
<b>Air Force</b> Active Duty	Phone: (800) 433-0048 Website: <a href="mailto:ask.afpc.randolph.af.mil">ask.afpc.randolph.af.mil</a>	(210) 565-2348	<a href="mailto:afpc.casualty@randolph.af.mil">afpc.casualty@randolph.af.mil</a>	AFPC/DPWC 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716
<b>Air Force Reserves</b>	Phone: (800) 525-0102	(303) 676-6255	<a href="mailto:afpc.dppedl@arpc.denver.af.mil">afpc.dppedl@arpc.denver.af.mil</a>	HQ, ARPC/DPPE 6760 E Irvington Place, #4000 Denver, CO 80280-4000
<b>Air National Guard</b>	Phone: (703) 607-5093	(703) 607-0033	<a href="mailto:ngb.a1ps@ang.af.mil">ngb.a1ps@ang.af.mil</a>	NCOIC, Customer Operations Air National Guard Bureau 1411 Jefferson Davis Hwy Suite 10718 Arlington, VA 22202
<b>Coast Guard</b>	202-493-1931 or 202-493-1935 <a href="http://www.uscg.mil/hq/g-w/g-wp/g-wpm/g-wpm-2/sgli.htm">www.uscg.mil/hq/g-w/g-wp/g-wpm/g-wpm-2/sgli.htm</a>	202-493-1939	<a href="mailto:ARL-PF-CGPSC-PSDFS-COMPENSATION@uscg.mil">ARL-PF-CGPSC-PSDFS-COMPENSATION@uscg.mil</a>	Commander (PSD FS - Casualty) U.S. Coast Guard Personnel Service Center 4200 Wilson Blvd., Suite 1100, MAIL STOP 7200 Arlington, VA 20598-7200
<b>Public Health Services</b>	Phone: (301) 594-2963	(301) 594-2973 or (800) 733-1303	<a href="mailto:compensationbranch@psc.hhs.gov">compensationbranch@psc.hhs.gov</a>	PHS Compensation Branch Parklawn Building 5600 Fishers Lane, Rm 4-50 Rockville, MD 20857
<b>NOAA Corps</b>	Phone: (301) 713-3444	(301) 713-4140	<a href="mailto:Director.cpc@noaa.gov">Director.cpc@noaa.gov</a>	U.S. Dept. of Commerce, NOAA 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910



## GENERAL INFORMATION

The Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program is a rider to Service member's Group Life Insurance (SGLI). The TSGLI rider provides for payment to service members who are severely injured (on or off duty) as the result of a traumatic event and suffer a loss that qualifies for payment under TSGLI. TSGLI is designed to help traumatically injured service members and their families with financial burdens associated with recovering from a severe injury. TSGLI payments range from \$25,000 to \$100,000 based on the qualifying loss suffered.

### WHO IS ELIGIBLE?

Effective December 1, 2005, all service members who are insured under SGLI and ...

- experience a **traumatic event**
- that results in a **traumatic injury**
- which is listed as a **qualifying loss**

are eligible to receive a TSGLI payment. Service members who were severely injured between October 7, 2001, and November 30, 2005, in the theaters of operation for Operation Enduring Freedom or Operation Iraqi Freedom may also be eligible for a TSGLI payment. Members should contact their branch of service for more information.

#### What is a Traumatic Event?

A traumatic event is the application of external force, violence, chemical, biological, or radiological weapons, accidental ingestion of a contaminated substance, or exposure to the elements that causes damage to your body.

#### What is a Traumatic Injury?

A traumatic injury is the physical damage to your body that results from a traumatic event.

#### What is a Qualifying Loss?

A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses, which lists all covered losses and payment amounts. You may view the complete Schedule of Losses and other TSGLI information at [www.insurance.va.gov/sgliSite/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI.htm) Your branch of service TSGLI office will determine whether your injury is a qualifying loss for TSGLI purposes.

### HOW TO FILE A TSGLI CLAIM

Filing a TSGLI claim is a three-step process in which the service member [or guardian, power of attorney or military trustee] and a medical professional must complete and submit the appropriate parts of the TSGLI Claim Form as follows:

Step 1	Step 2	Step 3
The service member [or guardian, power of attorney or military trustee]...	The medical professional...	The medical professional OR the service member [or guardian, power of attorney or military trustee]...
must complete Part A (pages 3 through 6) of the form and give it to a medical professional to complete Part B. Note: If a guardian or power of attorney completes Part A, they must include copies of letters of guardianship, letters of conservatorship, power of attorney, or durable power of attorney (if appropriate).	must complete Part B (pages 7 through 12).	must forward Parts A & B to the member's branch of service TSGLI office listed on the front cover of this form.

## COMPLETING THE FORM

Instructions on completing the TSGLI Claim Form are included in each section. When completing the form, the service member, guardian, power of attorney or military trustee **must** complete the service member's Social Security number on each page of the form. If you have questions about completing the form or if the member is deceased, please contact the branch of service TSGLI office listed on the front cover of this form.

### CLAIM DECISION AND PAYMENT

#### Who Makes the Decision on My Claim?

Your branch of service TSGLI office will make the decision on your claim based upon the information in Parts A and B of the TSGLI Claim Form. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.



### Who Will Receive the TSGLI Payment?

Payment will be made directly to the member. If the member is incompetent, payment will be made under the appropriate letters of guardianship/ conservatorship or a power of attorney to the guardian, power of attorney or military trustee on the member's behalf. If the member dies after qualifying for payment, the payment will be made to the member's current listed SGLI beneficiary(ies). The member must survive for seven days (168 hours) from the date of the traumatic event to be eligible for TSGLI.

### How the TSGLI Payment Will be Made?

If your branch of service TSGLI office approves your claim, OSGLI will make the TSGLI benefit payment. There are three payment methods used for TSGLI benefits: Prudential's Alliance Account®\*, Electronic Funds Transfer (EFT), or check. If you do not choose a payment option, OSGLI will make the payment through Prudential's Alliance Account®

#### 1. Prudential's Alliance Account®\* —

- 1) 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.
- 2) The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.
- 3) An Alliance Account is an interest bearing draft account established in the beneficiaries 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.
- 4) **The funds in your Alliance Account are available immediately.** Simply use the enclosed drafts ("checks") to access the account anytime you wish. You can write a check to yourself (which you can cash or deposit at your own bank) or write a check to another person or to any business as you need your funds.
- 5) Alliance Account funds are part of Prudential's General Account and are backed by the financial strength of The Prudential Insurance Company of America which has been in business and serving its customers for over 130 years. The Alliance Account is not a bank account or a bank product, and therefore, is not FDIC insured.
- 6) Accountholders cannot make deposits into an Alliance Account. Only eligible payments from other Prudential insurance policies or contracts may be added to the Alliance Account.

**Note:** A service member's legal guardian, military trustee, or power of attorney (POA) may choose the Alliance Account payment option as long as they submit proof of that appointment (i.e. the appropriate documentation) with the claim. The guardian, military trustee, or POA will not have their name added to the account, but will be able to sign Alliance Account checks on behalf of the member.

2. **Electronic Funds Transfer (EFT)** — Your bank account will be electronically credited with the TSGLI payment amount. Depending on your bank, payments will be credited three to five days from the date the payment is authorized.

3. **Check Payment** — A check will be issued to the service member, guardian or the power of attorney or military trustee on behalf of the member.

\* Open Solutions, Inc. is the Service Provider 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. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.





**PART A - Member's Claim Information and Authorization (cont'd)** - to be completed by the member, guardian, power of attorney or military trustee.

Service member's Social Security Number

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**3 Traumatic Injury Information**

**Information About Your Loss**

Is the loss you are claiming the result of any of the following:

- a. an intentionally self-inflicted injury or an attempt to inflict such injury?  Yes  No
- b. use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor?  Yes  No
- c. the medical or surgical treatment of an illness or disease?  Yes  No
- d. a traumatic injury sustained while committing or attempting to commit a felony?  Yes  No
- e. a physical or mental illness or disease (not including illness or disease caused by a wound infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated substance)?  Yes  No

**If you answered yes...**

to any of the questions above, you are not eligible for TSGLI payment and should not file a claim.

**If you are not sure...**

whether your loss is a result of one of the items above, please contact your Branch of Service TSGLI Office to find out if you are eligible.

**Tell us about your traumatic injury**

In the box below, please describe your injury and give the date, time and location where it occurred.

**Traumatic Injury Information**



**PART A - Member's Claim Information and Authorization (cont'd)** - to be completed by the member, guardian, power of attorney or military trustee.

Service member's Social Security Number

**4**

**Payment Options**

Please choose one of the three payment options by checking the appropriate box and filling in the requested information.

**Payment Option 1 – Prudential's Alliance Account**

An interest-bearing account will be established in the name of the member, who can access the money using the draft book ("checkbook"). A guardian, power of attorney, or military trustee may sign Alliance Account® checks on behalf of the member if proof of appointment is submitted with the claim.

**Payment Option 2 – Electronic Funds Transfer**

Payment will be made to the bank account indicated. This option can be selected by member or, if applicable, the guardian, power of attorney or military trustee.

**Payment Option 3 – Check**

A check will be issued to the service member, guardian, power of attorney or military trustee on behalf of the service member.

Please choose one of the three payment options below:

**Payment Option 1 - Prudential's Alliance Account®** To have the payment made through Prudential's Alliance Account, fill in the mailing address below (street address only, no PO boxes.)

Service member's Mailing Address for Payment - No P.O. Boxes

Apartment, Ward or Room (if any)

City State ZIP Code

**Payment Option 2 - Electronic Funds Transfer (EFT)** To have the payment made by EFT, fill in your banking information below. A sample check is provided to help you locate the bank routing and bank account numbers. **Please print clearly.**

Bank Routing Number Bank Account Number  Checking  Savings

Bank Name Bank Phone Number

First Name MI Last Name

The **bank routing number** is always 9 digits and appears between the **⦿** symbols

Sample Check

Customer's Name  
Street Address  
City, State, Zip

Check No. 1234

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Bank Name  
Street Address  
City, State, Zip

⦿ 223207349 ⦿      001230122012341⦿      1234

**Bank Routing Number      Bank Account Number      Check Number (not needed)**

The **bank account number** varies in length and may contain dashes or spaces. The **⦿** symbol indicates the end of the account number.

**Payment Option 3 - Check (for guardian, power of attorney or military trustee ONLY)**

Important: If you are a guardian, power of attorney or military trustee you must complete the information below when requesting a check.

Mailing Address for Payment - No P.O. Boxes

City State ZIP Code

**5**

**Financial Counseling**

VA sponsors free financial counseling for TSGLI recipients.

To receive this counseling, check the box below.

**I would like to receive financial counseling with my TSGLI benefit.**

You should get financial counseling as soon as possible after receiving your insurance money and before making any major financial decisions. For more information on this benefit, visit [www.insurance.va.gov](http://www.insurance.va.gov).



**PART A - Member's Claim Information and Authorization (cont'd)** - to be completed by the member, guardian, power of attorney or military trustee.

Service member's Social Security Number

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**6**

**Signature**

Member, guardian,  
or power of attorney  
must sign here.

X

Signature of service member, guardian, power of attorney or military trustee      Date (MM DD YYYY)

**WARNING:** Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Description of Authority to  
act on behalf of the member  
(Guardian, POA, etc.)

Description of Authority: If the guardian, power of attorney or military trustee completes this section, they must also indicate their authority to act on behalf of the member (e.g. guardian, conservator, etc.)

**Member must complete and sign the HIPAA release on page 7**









**PART B - Medical Professional's Statement (cont'd)** to be completed by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her practice.

Service member's Social Security Number

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**3 Qualifying Losses Suffered by Patient (cont'd)**

**Amputation is:** the severance or removal of a limb or part of a limb, including both severance due to a traumatic injury, or surgical removal that is required for the treatment of a traumatic injury.

**Amputation of Hand**

- Amputation of left hand
- Amputation of right hand

Date of amputation


**Amputation of Hand is defined as:**

Amputation of hand at or above\* the wrist  
\*at or above: closer to the body

**Amputation of Fingers**

- Amputation of 4 fingers/ left hand
- Amputation of 4 fingers/ right hand
- Amputation of left thumb
- Amputation of right thumb

Date of amputation


**Amputation of Fingers is defined as:**

- Amputation of four fingers on the same hand (not including the thumb) at or above\* the metacarpophalangeal joint OR,
- Amputation of thumb at or above the metacarpophalangeal joint.

\*at or above: closer to the body

**Amputation of Foot**

- Amputation of left foot
- Amputation of right foot

Date of amputation


**Amputation of Foot is defined as:**

- Amputation of foot at or above the ankle OR,
- Amputation of all toes (including the big toe) on the same foot at or above the metatarsophalangeal joint.

\*at or above: closer to the body

**Amputation of Toes**

- Amputation of 4 toes/ left foot
- Amputation of 4 toes/ right foot
- Amputation of big toe/ left foot
- Amputation of big toe/ right foot

Date of amputation


**Amputation of Toes is defined as:**

- Amputation of four toes on one foot at or above the metatarsophalangeal joint (not including the big toe) OR,
- Amputation of big toe at or above the metatarsophalangeal joint.

\*at or above: closer to the body

**Important:**

**Limb Salvage:**  
If the patient is undergoing limb salvage, a surgeon MUST certify this section by printing his/her name and signing on the appropriate line.

**Limb Salvage**

- Salvage of left arm
- Salvage of left leg
- Salvage of right arm
- Salvage of right leg

Date of first surgery


**Limb Salvage is defined as:**

A series of operations designed to avoid amputation of an arm or a leg while at the same time maximizing the limb's functionality. The surgeries typically involve bone and skin grafts, bone resection, reconstructive, and plastic surgeries and often occur over a period of months or years.

**Certification of Surgeon**

I certify that the patient is undergoing limb salvage surgery as defined in the column to the right.

Name of Surgeon

X

Signature of Surgeon

Date (MM DD YYYY)

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Additional Comments







