

# 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.

	TSGLI Branch of Service Contacts				
Branch	Contact Information	Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail	
<b>Army</b> All Components	Phone: (800) 237-1336 Website: www.hrc.army.mil/TAGD/TSGLI	(502) 613-4513	usarmy.knox.hrc.mbx.tagd-tsgli-claims @mail.mil	US Army Human Resources Command 1600 Spearhead Division Avenue, Dept 420 PDR-C (TSGLI) Fort Knox, KY 40122-5402	
Marine Corps All Components	Phone: (877) 216-0825 or (703) 432-9277 Website: www.woundedwarriorregiment.org	(888) 858-2315	t-sgli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 1998 Hill Avenue Quantico, VA 22134	
<b>Navy</b> All Components	Phone: (866) 827-5672 (option 2) Website: www.public.navy.mil/bupers-npc/support/casualty/Pages/TSGLI.aspx	(901) 874-2265	MILL_TSGLI@navy.mil	Commander, Navy Personnel Command Attn: PERS-13 5720 Integrity Drive Millington, TN 38055-1300	
Air Force Active Duty	Phone: (800) 433-0048	(210) 565-6271	afpc.casualty@us.af.mil	AFPC/DPFCS 550 C Street West Joint Base San Antonio-Randolph, TX 78150	
Air Force Reserves	Phone: (800) 525-0102	(720) 847-3895	casualty.arpc@arpc.denver.af.mil	HQ, ARPC/DPTTE Building 390 MS68 18420 E. Silver Creek Ave. Buckley AFB, CO 80011	
Air National Guard	Phone: (240) 612-9140		ngb.a1ps@ang.af.mil	NCOIC, Customer Operations NGB/A1PS 3500 Fetchet Ave. 2nd Floor Joint Base Andrews, MD 20762	
Coast Guard	Phone: (703) 872-6638 Website: www.uscg.mil/psc/psd/fs/TSGLI.asp	(703) 872-6634	ARL-PF-CGPSC-PSDFS- COMPENSATION@uscg.mil	Commander (PSD FS) U.S. Coast Guard Personnel Service Center 4200 Wilson Blvd., Suite 1100, MAIL STOP 7200 Arlington, VA 20598-7200	
Public Health Services	Phone: (301) 427-3280	(301) 427-3431 or (301) 427-3432	compensationbranch@psc.hhs.gov	PHS Compensation Branch 8455 Colesville Rd, Rm 935 Silver Spring, MD 20910	
NOAA Corps	Phone: (301) 713-3444	(301) 713-4140	Director.cpc@noaa.gov	U.S. Dept. of Commerce NOAA/OMAO/CPC 8403 Colesville Rd, Suite 500 Silver Spring, MD 20910	



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# **GENERAL INFORMATION**

The Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program 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 may also be eligible for a TSGLI payment, regardless of where their injury occurred or whether they had SGLI coverage at the time of their injury. 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** 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 7) 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.	must forward Parts A & B, along with medical records that document the member's injury and resulting loss, 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 and any supporting medical documentation you provide. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.

\* 8 7 3 2 6 0 2 \*

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### 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 beneficiary's name with a draft book. The beneficiary can write drafts for any amount up to the full amount of the proceeds. There are no monthly service fees or per draft charges and additional drafts can be ordered at no cost, but fees apply for some special services including returned drafts, stop payment orders and copies of statements/drafts.
- 4) The funds in your Alliance Account are available immediately. Use the drafts to access the account anytime you wish. You can write a draft to yourself (which you can cash or deposit at your own bank) or write a draft 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 drafts 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, power of attorney or military trustee on behalf of the member.

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<sup>\*</sup>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. Draft clearing and processing support is provided by UMB Bank, N.A. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc. and UMB Bank, N.A. are not Prudential Financial companies.

ce member's Social Secu	Jrity Number
Service member	Service member's First Name MI Service member's Last Name
Information	
The service member, guardian, power of	Date of Birth (MM DD YYYY) Gender Marital Status
attorney or military	Male Married Divorced Single Widowed
trustee MUST fill in member's Social	Branch of Service at time of injury  Female  Rank/Grade
Security number at the	Army PHS Marines Active Duty Reserves
top of each page.	Navy Air Force NOAA National Guard Coast Guard The Note No.
Important Note: Contact information	Address of Record (number and street)  Apt. (if any)  Telephone Number
must be completed. Incomplete information	
will delay payment of	City State ZIP Code
your claim.	
	E-mail Address
	Unit (at time of injury)
	Third Party (Optional) I authorize the following person to speak with OSGLI or the Branch of Service about my
	<b>Authorization</b> Authorization claim (this can be a spouse, parent, friend or another person who is helping you with your claim).
	First Name MI Last Name
Guardian,	Complete this section ONLY if a guardian, power of attorney or military trustee will receive payment on behalf of the members.
Power of Attorney or	First Name MI Last Name
Military Trustee	
Information	Mailing Address (number and street)  Apartment (if any)
Important Note:	
Please include copies of the letters	City State ZIP Code
of guardianship,	
conservatorship, or Power of Attorney, etc.	Telephone Number Fax Number
with this form. Failure to include this	
documentation will	
delay payment of the claim.	
Traumatic	Initiation that Our life for TOOLL Promote
Injury	Injuries that Qualify for TSGLI Payment In order to qualify for the TSGLI benefit, you must have experienced a <b>traumatic event</b> that resulted in a <b>traumatic injury</b>
Information	that is listed as a <b>qualifying loss</b> on the TSGLI Schedule of Losses.
	Definitions:  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.
	<b>Traumatic Injury</b> — A traumatic injury is the physical damage to your body that resulted from a traumatic event (illness or disease is not covered).
	<b>Qualifying Loss</b> — A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses. You may view the complete Schedule of Losses at <b>www.insurance.va.gov</b> .

\* 8 7 3 2 6 0 4

ART A - Member's	's Claim Information and Authorization (cont'd) - to be completed by the member, guardian, power of attorney or military trusted		
vice member's Social Se	urity Number		
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	
illorillation	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)?		
	If you answered yes to any of the questions above, you are not eligible for a TSGLI payment and should not file a clair	n.	
	<b>If you are not sure</b> whether your loss is a result of one of the items above, please contact your Branch of Service TS eligible.	GLI Office to find out if you	
	Traumatic Injury Information		

	urity Number				
Payment	Please choose one	of the three payment opti	ons below:		
Options	Payment Opti	on 1 - Prudential's Alliar	ice Account®		
Please choose one		niling address below (street			
of the three payment		g Address for Payment - No P.0		Apartment, Ward or	Room (if any)
options by checking the appropriate box Apartment, Apar		Their mone, Ward or	noon (n uny)		
and filling in the					
requested information.	City		State Z	P Code	
Payment Option 1					
– Prudential's					
Alliance Account		:0 FL 4 : F L	T ( /FFT)		
An interest-bearing account will be		ion 2 - Electronic Funds	Transter (EFT) Ir banking information below		
established in the	, ,		•		
name of the member, who can access the	Bank Routing Number	Bank Accoun	nt inumber		Checking
money using the draft					Savings
book. A guardian,	Bank Name			Bank Phone Number	
power of attorney,					
or military trustee may sign Alliance					
Account® drafts	First Name		MI Last Nan	ne	
on behalf of the					
member if proof of appointment is					
submitted with					٦
the claim.		Customer's Name Street Address			The bank acco
Payment Option 2		City, State, Zip	0 1 01 1	Check No. 1234	<b>number</b> varies i
– Electronic Funds Transfer			Sample Check		length and may
This option can be	The bank routing	PAY TO THE			contain dashes of spaces. The III-
selected by member	number is always	ORDER OF		\$	symbol indicates
or, if applicable, the guardian, power of	9 digits and			Dollars	the end of the
attorney or military	appears between	Bank Name			account number.
trustee. Payment	the symbols	Street Address City, State, Zip			
will be made to the service member's	<u></u>	1 223207349	00123012201234ıı <b>•</b>	1234	
bank account.	-	Bank Routing Number	Bank Account Number	Check Number (not need	e <b>4)</b>
Payment Option 3 –	•	Dunk mouting reampor	Dunk Account Number	Ondok Humbor (not nood)	ou,
Check	Payment Opti	ion 3 - Check			
A check will be issued to the service			ttorney or military trustee yo	u must complete the informa	tion below
member, guardian,	when requesting		, , ,	,	
power of attorney or	Mailing Address for Payr	nent - No P.O. Boyes		Apartment (if any)	
military trustee on behalf of the service	Walling Address for Fayl	IICHT NOT.O. BOXCS		Apartment (ii arry)	
member.					
	City		State Z	IP Code	
P <sup>*</sup>					
Financial	To receive this counseling	g, check the box below.			
Financial Counseling		g, check the box below. eceive financial counseling	with my TSGLI benefit.		
	I would like to re	eceive financial counseling	after receiving your insurance m	oney and before making any ma	jor financial decision

\* 8 7 3 2 6 0 6 \*

PART A - Member	's Claim Information and Authorization (cont'd) - to be completed by the member, guardian, power	er of attorney or military trustee.
Service member's Social	Security Number	
6 Signature	X	
	Signature of service member, guardian, power of attorney or military trustee Date (MM DD YYYY)	Description of Authority to
	WARNING: Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to	act on behalf of the member

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

rvice member's Social Secur	ty Number	
Authorization for Release of Information to Branch	Member must complete and sign the HIPAA release below:  I authorize any health plan, physician, health care professional, hospital, clinic, laborator examiner or other health care provider that has provided treatment, payment or services	
HIPAA Privacy Rule.	Date of Birth (MM DD YYYY)  or on my behalf ("My Providers") to disclose my entire medical record for me or my dependence concerning me to the Branch of Service and Office of Servicemembers' Group Life Insurance representatives. This also includes information on the diagnosis and treatment of mental ill tobacco, but excludes psychotherapy notes. OSGLI is an administrative unit created by Prud Group Life Insurance Program. OSGLI administers the TSGLI program on behalf of the Depa I authorize all non-health organizations, any insurance company, employer, or other perso information, data or records relating to credit, financial, earnings, travel, activities or employers are shown below, this form pertains to all of the records listed above.  By my signature below, I acknowledge that any agreements I have made to restrict my providers and determine or fulfill responsibility for coverage and provision of benefits, 2) administer permissible activities that relate to any coverage I have applied for with OSGLI.  This authorization shall remain in force for 24 months following the date of my signature except to the extent that state law imposes a shorter duration. A copy of this authorization that I have the right to revoke this authorization in writing, at any time, by sending a writ 80 Livingston Avenue, Roseland, NJ 07068. I understand that a revocation is not effective has relied on this Authorization or to the extent that OSGLI has a legal right to contest a contest the policy itself. I understand that any information that is disclosed pursuant to the longer covered by federal rules governing privacy and confidentiality of health information to the late of the sum of the sum of the sum of the sum of the late information that is disclosed pursuant to the longer covered by federal rules governing privacy and confidentiality of health information.	e (OSGLI) and its agents, employees, and lness and the use of alcohol, drugs, and lential to administer the Servicemembers' rtment of Veterans Affairs.  on or institutions to provide any ployment history to OSGLI.  rotected health information do not apply all record without restriction.  and OSGLI may: 1) administer claims er coverage, and 3) conduct other legally below, while the coverage is in force, on is as valid as the original. I understant ten request for revocation to OSGLI at: e to the extent that any of My Providers claim under an insurance policy or to his authorization may be redisclosed and
	I understand that if I refuse to sign this authorization to release my complete medical recomy claim for benefits and may not be able to make any benefit payments. I understand the acopy of this authorization.  Limits, if any:  NOTE: This release authorizes the branch of service and OSGLI to look at medical records. You may	nat I have the right to request and receive
Signature The member, guardian, power of attorney or military trustee must sign here.	X Signature of service member, guardian, power of attorney or military trustee  Date (MM DD YYYY)	Description of Authority to act on behalf of the member (Guardian, POA, etc.)

in the scope of his/her	practice.		
ice member's Social Secu	urity Number		
Patient	Patient's First Name	MI F	Patient's Last Name
Information			
	Date of Injury (MM DD YYYY)		
	If patient is deceased, please pro	vide:	
	Date of Death (MM DD YYYY)	Time of Death	
	Cause of Death		
Inpatient	Reason for Inpatient Hospital	ization – Please give the predominan	t reason the patient was hospitalized.
Hospitalization	Traumatic Brain Injury	Other Traumatic Injury	
Information			d ending dates for the longest period of consecutive days the
Please complete this section for ALL patients.			pitalization days begins when the injured member is transpor subsequent transfers from one hospital to another, and inclu
	Date transported	Date of admittance to first hospital	Date of discharge from last hospital OR Check I
			if still hospita
	Name and location of hospital (if	more than one hospital, list all)	
	•	•	Hospital Accreditation Program of the Joint Commission on tals, Air Force Theater Hospitals and Navy Hospital Ships.
		for the aged; or (2) furnishes mainly homelil	, or part of one, which: (1) is used mainly as a place for ke or Custodial Care, or training in the routines of daily living
Qualifying Losses Suffered	Inpatient Hospitalization Inpatient hospitalization for at	east 15 consecutive days	Inpatient hospitalization of at least 15 consecutive days as defined above.
by Patient	Loss of Sight	Date of onset/loss	Loss of Sight is defined as:
Instructions: Please check the	Loss of sight in left eye or anatomical loss of left eye		<ul> <li>Visual acuity in at least one eye of 20/200 or less (worse) with corrective lenses OR,</li> </ul>
box next to each loss the patient has experienced and fill	Loss of sight in right eye or anatomical loss of right eye		■ Visual acuity in at least one eye of greater (better) than 20/200 with corrective lenses and a visual
in any additional information	Visual Acuity and Field	Left Eye Right Eye	field of 20 degrees or less OR,
requested. Omitted information, such	Best corrected visual acuity		<ul> <li>Anatomical loss of eye. Loss of sight must be expe to be permanent OR must have lasted at least 120</li> </ul>
as sight or hearing measurements, will	Visual Field (degrees)		
delay payment of the claim.	Loss of Speech	Date of onset	Loss of Speech is defined as:
Patient's loss MUST meet the definition of loss given.	Loss of speech		An organic loss of speech (lost the ability to express one both by voice and by whisper, through normal organs for speech). If a member uses an artificial appliance, such a voice box, to simulate speech, he/she is still considered have suffered an organic loss of speech and is eligible f TSGLI benefit.

	rity Number		
Qualifying	Loss of Hearing	Date of onset	Loss of hearing is defined as:
Losses Suffered by	Loss of hearing in left ear		Average hearing threshold sensitivity for air conduction of at least 80 decibels. Hearing Acuity must be measured at 500 Hz, 1000 Hz and 2000 Hz to calculate the average
Patient (cont'd)	Loss of hearing in right ear		hearing threshold. Loss of hearing must be clinically stable and unlikely to improve.
	Hearing Acuity	Left Ear Right Ear	
	Average Hearing Acuity (measured without amplification device)	db db	
	Burns		Burns are defined as:
	2nd degree or worse burns to t 2nd degree or worse burns to t	he body including face and head	2nd degree (partial thickness) or worse burns over 20% of t body including the face and head OR 20% of the face only.
	Percentage of body affected %	Percentage of face affected %	Note: Percentage may be measured using the Rule of Nines or any other acceptable alternative.
	Coma Coma		Coma is defined as: Coma with brain injury measured at a Glasgow Coma Score
	Date of onset	Data of recovery	of 8 or less that lasts for 15, 30, 60 or 90 consecutive days.
	Date of officer	Date of recovery	Number of days includes the date the coma began and the date the member recovered from the coma.
	OR Check here if coma is ongo Glasgow score at 15 days		w score at 60 days Glasgow score at 90 days
Important:	Facial Reconstruction		Facial Reconstruction is defined as:
Facial Reconstruction:	Upper or lower jaw	50% of left zygomatic	Reconstructive surgery to correct traumatic avulsions of the face or jaw that cause discontinuity defects, specifically surgery to correct discontinuity loss of the following:
If the patient is undergoing facial	50% of upper lip	50% of left mandibular	upper or lower jaw
reconstruction, a surgeon MUST	50% of lower lip	50% of right mandibular	■ 50% or more of the cartilaginous nose
certify this section			■ 50% or more of the upper or lower lip
by checking the box, printing his/her name		50% of left infraorbital	<ul> <li>30% or more of the periorbital</li> <li>tissue in 50% or more of any of the following facial</li> </ul>
and signing on the	30% of right periorbital	50% of right infraorbital	subunits: forehead, temple, zygomatic, mandibular,
appropriate line.	50% of left temple	50% of chin  50% of forehead	infraorbital or chin.
	Certification of Surgeon		
	Date of first surgery		Forehea
	Name of Surgeon	-	
			Periorbit
	X Signature of Surgeon		Zygomal Infraorbi Upper lip
	Date of Injury (MM DD YYYY)		Lower lip
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	]	Mandibular Chin

vice member's Social Sec	curity Number		
Qualifying Losses	Amputation is: the severance or removal of a limb or genital organ or part of a limb or genital organ, including both severance due to a traumatic injury, or surgical removal that is required for the treatment of a traumatic injury.		
Suffered by Patient (cont'd)	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  Above the wrist means closer to the body.
	Amputation of Fingers	Date of amputation	Amputation of Fingers is defined as:
	Amputation of 4 fingers/ left hand		<ul> <li>Amputation of four fingers on the same hand (not including the thumb) at or above the metacarpophalangeal joint OR,</li> </ul>
	Amputation of 4 fingers/ right hand		<ul> <li>Amputation of thumb at or above the metacarpophalangeal joint.</li> </ul>
	Amputation of left thumb  Amputation of right thumb		Above the metacarpophalangeal joint means closer to the body.
	Amputation of Foot	Date of amputation	Amputation of Foot is defined as:
	Amputation of left foot		<ul><li>Amputation of foot at or above the ankle OR,</li><li>Amputation of all toes (including the big toe) on the</li></ul>
	Amputation of right foot		same foot at or above the metatarsophalangeal joint.  Above the ankle and above the metatarsophalangeal joint means closer to the body.
	Amputation of Toes	Date of amputation	Amputation of Toes is defined as:
	Amputation of 4 toes/ left foot		<ul> <li>Amputation of four toes on one foot at or above the metatarsophalangeal joint (not including the big toe)</li> </ul>
	Amputation of 4 toes/ right foot		OR,  Amputation of big toe at or above the
	Amputation of big toe/ left foot		metatarsophalangeal joint.  Above the metatarsophalangeal joint means closer to the body.
	Amputation of big toe/ right foot		
Important:	Limb Salvage	Date of first surgery	Limb Salvage is defined as:
Limb Salvage: If the patient is	Salvage of left arm		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 skir
undergoing limb salvage, a surgeon MUST certify this	Salvage of left leg		grafts, bone resection, reconstructive, and plastic surgeries and often occur over a period of months or years.
section by printing his/her name and signing on the	Salvage of right arm		Submit operative report for each surgery.
appropriate line.	Salvage of right leg		
	Certification of Surgeon		Additional Comments
	I certify that the patient is undergoi column to the right. Name of Surgeon	ng limb salvage surgery as defined in the	
	Specialty		
			Date (MM DD YYYY)
	X Signature of Surgoon		
	Signature of Surgeon		

ervice member's Social Sec	urity Number		
3 Qualifying	Paralysis	Date of onset	Paralysis is defined as:
Losses Suffered by	Quadriplegia		Complete paralysis due to damage to the spinal cord or associated nerves, or to the brain. A limb is defined as a arm or a leg with all its parts. Paralysis must fall into or
Patient (cont'd)	Paraplegia		of the four categories listed below:
	Hemiplegia		■ Quadriplegia - paralysis of all four limbs
			<ul> <li>Paraplegia - paralysis of both lower limbs</li> <li>Hemiplegia - paralysis of the upper and lower limbs or</li> </ul>
	Uniplegia		one side of the body
			■ Uniplegia - paralysis of one limb
	Genitourinary System Losses		
	Anatomical loss	Date of loss or amputation	Anatomical loss of the penis is defined as:
	of the penis		Amputation of the glans penis or any portion of the shaft of the penis above the glans penis or damage to the glans pen or shaft of the penis that requires reconstructive surgery.  Above the glans penis means closer to the body.
	Permanent loss of	Date of loss	Permanent loss of use of the penis is defined as:
	use of the penis		Damage to the glans penis or shaft of the penis that results
			in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetim of the member.
	Anatomical loss of	Date of loss or amputation	Anatomical loss of one testicle is defined as:
	one testicle		The amputation of, or damage to, one testicle that requires testicular salvage, reconstructive surgery, or both.
	Anatomical loss of	Date of loss or amputation	Anatomical loss of both testicle(s) is defined as:
	both testicles		The amputation of, or damage to, both testicles that require testicular salvage, reconstructive surgery, or both.
	Permanent loss of	Date of loss	Permanent loss of use of both testicles is defined as:
	use of both testicles		Damage to both testicles resulting in the need for hormonal replacement therapy that is medically required and reasonal certain to continue throughout the lifetime of the member.
	Anatomical loss of	Date of loss or amputation	Anatomical loss of the vulva is defined as:
	the vulva		The complete or partial amputation of the vulva or damage to the vulva that requires reconstructive surgery.
	Anatomical loss of	Date of loss or amputation	Anatomical loss of the uterus is defined as:
	the uterus		The complete or partial amputation of the uterus or damage to the uterus that requires reconstructive surgery.
	Anatomical loss of	Date of loss or amputation	Anatomical loss of the vaginal canal is defined as:
	the vaginal canal		The complete or partial amputation of the vaginal canal or damage to the vaginal canal that requires reconstructive surgery.
	Permanent loss of	Date of loss	Permanent loss of use of the vulva is defined as:
	use of the vulva		Damage to the vulva that results in complete loss of the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.
	Permanent loss of use	Date of loss	Permanent loss of use of the vaginal canal is defined a
	of the vaginal canal		Damage to the vaginal canal that results in complete loss or the ability to perform sexual intercourse that is reasonably certain to continue throughout the lifetime of the member.



	urity Number		
Qualifying	Anatomical loss of	Date of loss or amputation	Anatomical loss of the ovary is defined as:
Losses Suffered by	one ovary		The amputation of one ovary or damage to one ovary that requires ovarian salvage, reconstructive surgery, or both.
Patient (cont'd)	Anatomical loss of	Date of loss or amputation	Anatomical loss of both ovaries is defined as:
	both ovaries		The amputation of both ovaries or damage to both ovaries tha requires ovarian salvage, reconstructive surgery, or both.
	Permanent loss of	Date of loss	Permanent loss of use of both ovaries is defined as:
	use of both ovaries		Damage to both ovaries resulting in the need for hormonal replacement therapy that is medically required and reasonably certain to continue throughout the lifetime of the member.
	Total and permanent loss of urinary system function	Date of loss	Total and permanent loss of urinary system function is defined as:
			Damage to the urethra, ureter(s), both kidneys, bladder, or urethral sphincter muscle(s) that requires urinary diversion and/or hemodialysis, either of which is reasonably certain to continue throughout the lifetime of the member.
information may delay payment of claim.	without which the patient would be leading.  What is the predominant reason  Traumatic Brain Injury	ructed because of cognitive impairment),	



PART B - Medical Pro arts acting within the scop	ofessional's Statement (cont'd) to be completed by a medical profe be of his/her practice.	essional who is a licensed practitioner of the healing
Service member's Social Sec	urity Number	
3 Qualifying	Inability to Independently Perform Activities of Daily Livin	g (ADL) (cont'd)
Losses Suffered by Patient (cont'd) What is the predominant reason the patient is/was unable to independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in the box provided. Which ADL is the patient unable to perform? Check each ADL the patient cannot perform; AND; Fill in the dates inability began and ended or indicate inability is ongoing.	Unable to bathe independently  Start date  End date  OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	Patient is UNABLE to bathe independently if  He/she requires assistance from another person to bathe (including sponge bath) more than one part of the body or get in or out of the tub or shower.  Describe assistance needed:
	Unable to maintain continence independently  Start date  End date  OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	Patient is UNABLE to maintain continence independently if  He/she is partially or totally unable to control bowel and bladder function or requires assistance from another person to manage catheter or colostomy bag.  Describe assistance needed:
	Unable to dress independently Start date End date OR Check here if inability is ongoing Type of assistance required (check all that apply) physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	Patient is UNABLE to dress independently if  He/she requires assistance from another person to get and put on clothing, socks or shoes.  Describe assistance needed:
	Unable to eat independently  Start date  End date  OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	Patient is UNABLE to eat independently if  He/she requires assistance from another person to:  get food from plate to mouth OR,  take liquid nourishment from a straw or cup OR, he/she is fed intravenously or by a feeding tube  Describe assistance needed:

AKT B - Medical Prots ts acting within the scop	<b>ofessional's Statement (cont'd)</b> to be completed by a medical profes be of his/her practice.	ssional who is a licensed practitioner of the healing	
ervice member's Social Sec	urity Number		
Qualifying Losses	<b>Inability to Independently Perform Activities of Daily Living</b>	o Independently Perform Activities of Daily Living (ADL) (cont'd)	
Suffered by Patient (cont'd)	Unable to toilet independently Start date End date	Patient is UNABLE to toilet independently if  He/she must use a bedpan or urinal to toilet OR, he/she requires assistance from another person with any of the following: going to and from the toilet, getting on and off	
Require Assistance is defined as: physical assistance (hands-on), stand-by assistance (within arm's reach),	OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)  stand-by assistance (within arm's reach)	the toilet, cleaning self after toileting, getting clothing off and on.  Describe assistance needed:	
<ul> <li>verbal assistance (must be instructed because of cognitive impairment),</li> <li>without which the patient would be INCAPABLE of performing the task.</li> </ul>	Unable to transfer independently Start date End date  OR Check here if inability is ongoing  Type of assistance required (check all that apply)  physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	Patient is UNABLE to transfer independently if  He/she requires assistance from another person to move into rout of a bed or chair.  Describe assistance needed:	
Other Information	To your knowledge, were any of the losses indicated in Part B due to: a. an intentionally self-inflicted injury or an attempt to inflict such injury, b. use of an illegal or controlled substance that was not administered or consumed on the advice of a medical doctor, c. the medical or surgical treatment of an illness or disease, d. a physical or mental illness or disease (not including illness or disease caused by a pyogenic infection, a chemical, biological, or radiological weapon, or the accidental ingestion of a contaminated substance).  If yes, please explain below:		
Medical Professional's Comments	Use this block to provide any additional information about the patient's injuries. W complete and concise.	hen a narrative description is required, please be	

PART B - Medical Pr arts acting within the sco	rofessional's Statement (cont'd) to be completed by a medical professional who is a licensed practitioner of the healing
•	·
Service member's Social Sec	
5 Medical	Name of Medical Professional
Professional's	First Name MI Last Name
Information	
	Medical Professional's Address (number and street)  Suite
	City State ZIP Code
	Telephone Number Fax Number
	E-mail Address
	Specialty Medical Degree
7 Medical	
Wiedical	I have observed the patient's loss. I have not observed the patient's loss, but I have reviewed the patient's medical records
Professional's Signature	Is the patient capable of handling his/her own affairs?
orginature	This Medical Professional's Statement is based upon my examination of the patient, and/or, a review of pertinent medical
	evidence. I understand the patient and/or I may be asked to provide supporting documentation to validate eligibility under the law.
	Date (MM DD YYYY)
	χ
	Signature
	<b>WARNING</b> : Any intentionally 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)

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