

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 Se	rvice Contacts	
Branch	Contact Information	Submit Claim by Fax	Submit Claim by E-mail	Submit Claim by Postal Mail
Army 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	(800) 770-9968	t-sgli@usmc.mil	HQ, Marine Corps Attn: WWR-TSGLI 1998 Hill Avenue Quantico, VA 22134
Navy 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) 847-3887	casualty.arpc1@us.af.mil	HQ, ARPC/DPTTB Building 390 MS68 18420 E. Silver Creek Ave. Buckley AFB, CO 80011
Air National Guard	Phone: (240) 612-9151		usaf.jbanafw.ngb-a1.mbx. a1ps@mail.mil	NGB/A1PS, TSGLI Program Manager 3500 Fetchet Ave. 2nd Floor Joint Base Andrews, MD 20762-5157
Coast Guard	Phone: (202) 795-6647 Website: www.uscg.mil/psc/psd/fs/TSGLI.asp	(202) 372-8488/8323	ARL-PF-CGPSC-PSDFS- COMPENSATION@uscg.mil	Commander (CG) Personnel Service Center (PSC) Attn: Casualty Chief, PSC-PSD-FS-Casualty U.S. Coast Guard STOP 7200 2700 Martin Luther King Jr Ave SE Washington, DC 20593-7200
Public Health Service	Phone: (240) 276-8799	(240) 276-8817 or (240) 453-6030	compensationbranch@psc.hhs.gov	PHS Compensation Branch 1101 Wootton Parkway Suite: 100 Rockville, MD 20852
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



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 http://www.benefits.va.gov/insurance/tsgli_schedule_Schedule.asp. 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.

GL.2005.261 Ed. 2/2018

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 eliqible 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.

^{*} The Bank of New York Mellon is the Administrator 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 The Bank of New York Mellon. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). The Bank of New York Mellon is not a Prudential Financial company.



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raumatic njury	Information About Your Loss Is the loss you are claiming the result of any of the following:	
nformation	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 a 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 if you are eligible.	Office to find out
	Tell us about your traumatic Injury 1. Were you covered under Servicemembers Group Life Insurance (SGLI) at the time of the injury?	☐ Yes ☐ No
	2. In the box below, please describe your injury and give the date, time and location where it occurre	ed. You must also submi

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Payment Option 2 -Electronic funds Transfer his option can be elected by member igner data power of thorough of a count. Payment Option 3 - Check A check will be assued to the service nember, over of attorney or military trustee on selected the service nember. Pay TO THE OBDER OF PAY TO THE ORDER OF Sample Check Somption Sample Check Somption Som	he claim.		Customer XYZ		Check No. 1246	
Electronic unds Transfer his option can be elected by member s, if applicable, the juardian, power of attorney or military trustee. Payment Option 3 - Check and account. Payment Option 3 - Check assed to the service member's pank account. Payment Option 3 - Check assed to the service member, guardian, power of attorney or military trustee on ember for the reservice member. Payment Option 3 - Check 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 Pay To THE Sample Check 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 Apartment (if any) In or receive this counseling, check the box below. I vould 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 decises.	Dowmont Ontion 2		XYZ Street			
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for TSGLI recipionts For more information on this benefit, visit http://www.benefits.va.gov/insurance/bfcs.asp.	Payment Option 3 – Check A check will be ssued to the service member, guardian, power of attorney or military trustee on pehalf of the service member.	Important: If yo when requestin Mailing Address for Pa	u are a guardian, powing a check. syment - No P.O. Boxes ing, check the box below receive financial couns	State State State	Apartment (if any) ZIP Code	

* 8 7 3 2 6 0 6 *

for TSGLI recipients.

PART A - Member's	Claim Information and Authorization (cont'd) - to be completed by the member, guardian, power	r of attorney or military trustee.
Service member's Social Se	ocurity Number	
6 Signature	X	
	Signature of service member, guardian, power of attorney or military trustee Date Signed (MM DD YYYY)	Description of Authority to
	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)	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

ce member's Social Secu	ity Number	
Authorization for Release of Information to Branch of Service and Office of Servicemembers' Group Life Insurance The member, guardian, power of attorney, or military trustee must complete and sign this section. Failure to complete this	Member must complete and sign the HIPAA release below: I authorize any health plan, physician, health care professional, hospital, clinic, labor examiner or other health care provider that has provided treatment, payment or serv First Name MI Last Name Date of Birth (MM DD YYYY) or on my behalf ("My Providers") to disclose my entire medical record for me or my concerning me to the Branch of Service and Office of Servicemembers' Group Life In and representatives. This also includes information on the diagnosis and treatment of and tobacco, but excludes psychotherapy notes. OSGLI is an administrative unit created Group Life Insurance Program. OSGLI administers the TSGLI program on behalf of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided the provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations, any insurance company, employer, or other page 1.5 missing provided treatment of the lauthorize all non-health organizations.	lependents and any other health information surance (OSGLI) and its agents, employees, of mental illness and the use of alcohol, drugs by Prudential to administer the Servicemember the Department of Veterans Affairs.
section will delay payment of claim	information, data or records relating to credit, financial, earnings, travel, activities or Unless limits* are shown below, this form pertains to all of the records listed above.	, ,
This authorization is intended to comply with the HIPAA Privacy Rule.	By my signature below, I acknowledge that any agreements I have made to restrict r this authorization and I instruct My Providers to release and disclose my entire medi. This information is to be disclosed under this Authorization so that my Branch of Ser and determine or fulfill responsibility for coverage and provision of benefits, 2) admir 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 signa except to the extent that state law imposes a shorter duration. A copy of this author that I have the right to revoke this authorization in writing, at any time, by sending a 80 Livingston Avenue, Roseland, NJ 07068. I understand that a revocation is not effe has relied on this Authorization or to the extent that OSGLI has a legal right to conte contest the policy itself. I understand that any information that is disclosed pursuant no longer covered by federal rules governing privacy and confidentiality of health inf I understand that if I refuse to sign this authorization to release my complete medic my claim for benefits and may not be able to make any benefit payments. I understa a copy of this authorization. *Limits, if any:	cal record without restriction. vice and OSGLI may: 1) administer claims nister coverage, and 3) conduct other legally ture below, while the coverage is in force, ization is as valid as the original. I understand written request for revocation to OSGLI at: ective to the extent that any of My Providers st a claim under an insurance policy or to to this authorization may be redisclosed and ormation. al record, OSGLI may not be able to process
	NOTE: This release authorizes the branch of service and OSGLI to look at medical records.	You may also be asked to provide these documen
Signature The member, guardian, sower of attorney or	X Signature of service member, guardian, power of attorney or military trustee	Description of Authority to
military trustee must sign here.	Date Signed (MM DD YYYY)	act on behalf of the member (Guardian, POA, etc.)

PART B - Medical Pro acting within the scope	fessional's Statement - to be completed by a med of his/her practice.	lical professional who is a licensed	d practitioner of the healing arts
Service member's Social Secu	rrity Number		
Patient Information	Patient's First Name Date of Injury (MM DD YYYY) If patient is deceased, please provide: Date of Death (MM DD YYYY) Time of Death Cause of Death	MI Patient's Last Name	
Qualifying Losses Suffered	Inpatient hospitalization is defined as: "Being hospitalized Definition of a hospital – A hospital that is accredited as a h	•	•
by Patient Instructions: Please check the box next to each loss the patient has experienced and fill in any additional information requested. Omitted information, such as sight or hearing measurements, will delay processing of the claim. Patient's loss MUST meet the definition of loss given.	Accreditation of Healthcare Organizations. This includes Combathospital does not include a nursing home. Neither does it incluconvalescence, rest, nursing care or for the aged; or (2) furnishe or (3) is for residential or domiciliary living; or (4) is mainly a sci Was the member hospitalized as an inpatient for at least 15 co Reason for Inpatient Hospitalization — Please give the Traumatic Brain Injury Other Traumatic Longest Period of Inpatient Hospitalization — Please give the patient was hospitalized as an inpatient. The count of consecut to the hospital (if applicable), includes the day of admission, counted transported Date of admittance Name and location of hospital (if more than one hospital, lies).	de an institution, or part of one, which: (1) as mainly homelike or Custodial Care, or tropological care, or t	is used mainly as a place for aining in the routines of daily living; No s hospitalized. gest period of consecutive days the when the injured member is transported m one hospital to another, and includes
	Loss of Sight is defined as: Visual acuity in at least one eye of 20/200 or less (worse) with corrective lenses OR, Visual acuity in at least one eye of greater (better) than 20/200 with corrective lenses and a visual field of 20 degrees or less OR, Anatomical loss of eye. Loss of sight must be expected to be permanent OR must have lasted at least 120 days	Loss of Sight Loss of sight in left eye or anatomical loss of left eye Loss of sight in right eye or anatomical loss of right eye Visual Acuity and Field Best corrected visual acuity Visual Field (degrees)	Date of onset/loss Left Eye Right Eye
	Loss of Speech is defined as: An organic loss of speech (lost the ability to express oneself, both by voice and by whisper, through normal organs for speech). If a member uses an artificial appliance, such as a voice box, to simulate speech, he/she is still considered to have suffered an organic loss of speech and is eligible for a TSGLI benefit.	Loss of Speech Loss of speech	Date of onset



	urity Number					
Qualifying	Loss of hearing is defined as:	Loss of Hearing Date of onset				
Losses Suffered by	Average hearing threshold sensitivity for air conduction of at least 80 decibels. Hearing Acuity must be measured at	Loss of hearing in left ear				
Patient (cont'd)	500 Hz, 1000 Hz and 2000 Hz to calculate the average hearing threshold. Loss of hearing must be clinically stable and unlikely to improve.	Loss of hearing in right ear				
		Hearing Acuity Left Ear Right Ear Average Hearing Acuity (measured				
		without amplification device) db				
	Burns are defined as:	Burns				
	2nd degree (partial thickness) or worse burns over 20% of the body including the face and head OR 20% of the face only.	2nd degree or worse burns to the body including face and head				
	Note: Percentage may be measured using	2nd degree or worse burns to the face only				
	the Rule of Nines or any other acceptable alternative.	Percentage of body affected Percentage of face affected %				
	Coma is defined as:	Coma				
	Coma with brain injury measured at a Glasgow Coma Score of 8 or less that lasts for 15, 30, 60 or 90 consecutive days.	Coma				
	Number of days includes the date the coma began and the	Date of onset Date of recovery				
	date the member recovered from the coma.					
		OR Check here if coma is ongoing				
	Glasgow score at 15 days Glasgow score at 30 days	Glasgow score at 60 days Glasgow score at 90 days				
Important:	Facial Reconstruction is defined as:	Facial Reconstruction				
Facial Reconstruction:	Reconstructive surgery to correct traumatic avulsions of the face or jaw that cause discontinuity defects, specifically	Upper or lower jaw 50% of left zygomatic				
If the patient is	surgery to correct discontinuity loss of the following:	50% of cartilaginous nose 50% of right zygomatic				
undergoing facial reconstruction, a	■ upper or lower jaw	50% of upper lip 50% of left mandibular				
surgeon MUST	50% or more of the cartilaginous nose50% or more of the upper or lower lip	50% of lower lip 50% of right mandibular				
certify this section by checking the box,	■ 30% or more of the apper or lower mp	30% of left periorbital 50% of left infraorbital				
printing his/her name and signing on the	 tissue in 50% or more of any of the following facial subunits: forehead, temple, zygomatic, mandibular, 	30% of right periorbital 50% of right infraorbital				
appropriate line.	infraorbital or chin.	50% of left temple 50% of chin				
		50% of right temple 50% of forehead				
	Certification of Surgeon					
	Date of first surgery					
		Forehead				
	Name of Surgeon	Temple				
	V	Periorbita				
	X Signature of Surgeon	Zygomati				
	Date Signed (MM DD YYYY)	Upper lip				
		Mandibular Lower lip				

Qualifying .osses	Amputation is: the severance or removal of a limb or genital organ or p. traumatic injury, or surgical removal that is required for the treatment of		ling both severance due to a		
Suffered by Patient (cont'd)	Amputation of Hand is defined as:	Amputation of Hand	Date of amputation		
aueni (cont u)	Amputation of hand at or above the wrist	Amputation of left hand			
	Above the wrist means closer to the body.				
		Amputation of right hand			
	Amputation of Fingers is defined as:	Amputation of Fingers	Date of amputation		
	Amputation of four fingers on the same hand (not including the thumb) at or above the	Amputation of 4 fingers/ left hand			
	metacarpophalangeal joint OR, Metacarpo-	Amputation of 4 fingers/ right hand			
	the metacarpophalangeal joint.	Amputation of left thumb			
	Above the metacarpophalangeal joint means closer to the body.	Amputation of right thumb			
	Amputation of Foot is defined as:	Amputation of Foot	Date of amputation		
	Amputation of foot at or above the ankle OR,	Amputation of left foot			
	Amputation of all toes (including the big toe) on the same foot at or above the metatarsophalangeal joint.	Amputation of right foot			
	Above the ankle and above the metatarsophalangeal joint means closer to the body.				
	Amputation of Toes is defined as:	Amputation of Toes	Date of amputation		
	■ Amputation of four toes on one foot at or above the metatarsophalangeal joint Metatarsophalangeal	Amputation of 4 toes/ left foot			
	(not including the big toe) OR,	Amputation of 4 toes/ right foot			
	Amputation of big toe at or above the metatarsophalangeal joint.	Amputation of big toe/ left foot			
	Above the metatarsophalangeal joint means closer to the body.	Amputation of big toe/ right foot			
mportant:	Limb Salvage is defined as:	Limb Salvage	Date of first surgery		
imb Salvage: the patient is	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	Salvage of left arm			
ndergoing limb alvage, a surgeon /IUST certify this	grafts, bone resection, reconstructive, and plastic surgeries and often occur over a period of months or years.	Salvage of left leg			
ection by printing is/her name and	Submit operative report for each surgery.	Salvage of right arm			
igning on the ppropriate line.		Salvage of right leg			
	Certification of Surgeon	Additional Comments			
	I certify that the patient is undergoing limb salvage surgery as defined in column to the right.	n the			
	Name of Surgeon				
	Specialty				
	T. Control of the con				
		Date Signed (MM DD YYY	ν)		

PART B - Medical Professional's Statement (cont'd) to be completed by a medical professional who is a licensed practitioner of the

Qualifying	Paralysis is defined as:	Paralysis	Date of onset
Losses Suffered by Patient (cont'd)	Complete paralysis due to damage to the spinal cord or associated nerves, or to the brain. A limb is defined as an arm or a leg with all its parts. Paralysis must fall into one	Quadriplegia	
	of the four categories listed below:	Paraplegia	
	 Quadriplegia - paralysis of all four limbs Paraplegia - paralysis of both lower limbs 	Hemiplegia	
	 Hemiplegia - paralysis of the upper and lower limbs on 		
	one side of the body	Uniplegia	
	■ Uniplegia - paralysis of one limb		
	Anatomical loss of the penis is defined as:	Genitourinary System Losses	
	Amputation of the glans penis or any portion of the shaft of the penis above the glans penis or damage to the glans penis	Anatomical loss	Date of loss or amputation
	or shaft of the penis that requires reconstructive surgery.	of the penis	
	Above the glans penis means closer to the body.		
	Permanent loss of use of the penis is defined as:	Permanent loss of use of the penis	Date of loss
	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 lifetime of the member.	dee of the period	
	Anatomical loss of one testicle is defined as:	Anatomical loss of	Date of loss or amputation
	The amputation of, or damage to, one testicle that requires testicular salvage, reconstructive surgery, or both.	one testicle	
	Anatomical loss of both testicle(s) is defined as:	Anatomical loss of both testicles	Date of loss or amputation
	The amputation of, or damage to, both testicles that requires testicular salvage, reconstructive surgery, or both.	Dour testicles	
	Permanent loss of use of both testicles is defined as:	Permanent loss of use of both testicles	Date of loss
	Damage to both testicles resulting in the need for hormonal replacement therapy that is medically required and reasonably certain to continue throughout the lifetime of the member.	use of potit festicles	
	Anatomical loss of the vulva is defined as:	Anatomical loss of the vulva	Date of loss or amputation
	The complete or partial amputation of the vulva or damage to the vulva that requires reconstructive surgery.	ille vuiva	
	Anatomical loss of the uterus is defined as:	Anatomical loss of the uterus	Date of loss or amputation
	The complete or partial amputation of the uterus or damage to the uterus that requires reconstructive surgery.	— the delas	
	Anatomical loss of the vaginal canal is defined as:	Anatomical loss of the vaginal canal	Date of loss or amputation
	The complete or partial amputation of the vaginal canal or damage to the vaginal canal that requires reconstructive surgery.	une vaginai canai	
	Permanent loss of use of the vulva is defined as:	Permanent loss of	Date of loss
	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.	use of the vulva	
	Permanent loss of use of the vaginal canal is defined as:	Permanent loss of use	Date of loss
	Damage to the vaginal canal that results in complete loss of the ability to perform sexual intercourse that is reasonably cartain to continue throughout the lifetime of the member	of the vaginal canal	

	rity Number								
_									
Qualifying	Anatomical loss of the ovary is defined as:	Anatomical loss of one ovary	Date of loss or amputation						
Losses Suffered by	The amputation of one ovary or damage to one ovary that requires ovarian salvage, reconstructive surgery, or both.	,							
Patient (cont'd)	Anatomical loss of both ovaries is defined as:	Anatomical loss of	Data of loss or amputation						
,	The amputation of both ovaries or damage to both ovaries that	Anatomical loss of both ovaries	Date of loss or amputation						
	requires ovarian salvage, reconstructive surgery, or both.								
	Permanent loss of use of both ovaries is defined as:	Permanent loss of	Date of loss						
	Damage to both ovaries resulting in the need for hormonal	use of both ovaries							
	replacement therapy that is medically required and reasonably certain to continue throughout the lifetime of the member.								
	<u> </u>	— T. I. I	D (1						
	Total and permanent loss of urinary system function is defined as:	Total and permanent loss of urinary system function	Date of loss						
	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.								
Description of Injury/	Inability to Independently Perform Activities of	Daily Living (ADL)							
Assistance Needed	Inability to Independently Perform ADL is defined as: Inability to independently perform at least two of six ADL (bathing	g. continence, dressing, eating, toileting a	nd transferring). Inability must last						
Please provide a	for at least 15 consecutive days for traumatic brain injury and at l								
description of the injury and	The patient is considered unable to perform an activity independently only if he or she REQUIRES assistance to perform the activity. If the								
descriptions of the	patient is able to perform the activity by using accommodating ed able to independently perform the activity without requiring assis		e, etc., the patient is considered						
assistance needed to	Requires Assistance is defined as:								
perform each ADL. Failure to provide this	physical assistance (hands-on),								
information may delay	■ stand-by assistance (within arm's reach),								
processing of claim.	■ verbal assistance (must be instructed because of cognitive in								
What is the predominant reason	without which the patient would be INCAPABLE of perform	ning the task.							
the patient is/was	What is the predominant reason the patient is/was unable	to independently perform ANI ?							
in a	Traumatic Brain Injury Other Traumatic Injury	to macpendently perform ADE:							
unable to	naamatio Brain injury	a parform activities of daily living							
independently	(Please describe injury and give reason(s) it resulted in inability to	J DELIGITI ACTIVITIES OF GAILY HYTHU.							
	(Please describe injury and give reason(s) it resulted in inability to	b perform activities of daily living.)							
independently perform ADL? Check the predominant reason	(Please describe injury and give reason(s) it resulted in inability to	o penonn activities of daily living.)							
independently perform ADL? Check the predominant reason the patient cannot	(Please describe injury and give reason(s) it resulted in inability to	o perioriii activities or dany living.)							
independently perform ADL? Check the predominant reason	(Please describe injury and give reason(s) it resulted in inability to	J perioriti activities of daily living.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	J perioriii activities or daily living.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and	(Please describe injury and give reason(s) it resulted in inability to	J periorii activities or dany living.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	a periorii activities or dany living.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	a periorii activities or dany living.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	J periorii activities or daily living.)							
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independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	J periorii activities or daily living.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	J PELIOTH ACTIVITIES OF GAITY INVING.)							
independently perform ADL? Check the predominant reason the patient cannot independently perform ADL and describe the injury in	(Please describe injury and give reason(s) it resulted in inability to	a periorii activities or daily living.)							

e member's Social Secu	n the scope of his/her practice. rity Number		
Qualifying	Inability to Independently Perform Activities of Daily Living (ADL) (cont'd)		
Losses Suffered by Patient (cont'd) Which ADL is the	Patient is UNABLE to bathe independently if	Unable to bathe independently	
	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.	Start date End date	
patient unable to perform?	Describe assistance needed:	OR Check here if inability is ongoing	
Check each ADL		Type of assistance required (check all that apply)	
the patient cannot perform; AND;		physical assistance (hands-on) verbal assistance (must be instructed because of cognitive impairment)	
Fill in the dates inability began and		(within arm's reach)	
ended or indicate inability is ongoing.	Patient is UNABLE to maintain continence independently if	Unable to maintain continence independently Start date End date	
Require Assistance is defined as:	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:	OR Check here if inability is ongoing	
physical assistance	Social desictation recess.	Type of assistance required (check all that apply)	
(hands-on),		physical assistance (hands-on) verbal assistance (must be	
 stand-by assistance (within arm's reach), 		stand-by assistance instructed because of cognitive impairment)	
verbal assistance (must be			
instructed	Patient is UNABLE to dress independently if	☐ Unable to dress independently	
because of cognitive	He/she requires assistance from another person to get and	Start date End date	
impairment),	put on clothing, socks or shoes. Describe assistance needed:		
without which the patient would	Describe assistance needed.	OR Check here if inability is ongoing	
be INCAPABLE of performing		Type of assistance required (check all that apply)	
or perrorming the task.		physical assistance (hands-on) verbal assistance (must be	
		stand-by assistance instructed because of cognitive impairment)	
	Patient is UNABLE to eat independently if	Unable to eat independently	
	He/she requires assistance from another person to:	Start date End date	
	 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	OR Check here if inability is ongoing	
	Describe assistance needed:	Type of assistance required (check all that apply)	
		physical assistance (hands-on) verbal assistance (must be	
		stand-by assistance instructed because of	
		(within arm's reach) cognitive impairment)	

	urity Number		
Qualifying	Inability to Independently Perform Activities of Daily Living (ADL) (cont'd)		
Losses Suffered by	Patient is UNABLE to toilet independently if	Unable to toilet independently	
Patient (cont'd)	He/she must use a bedpan or urinal to toilet OR,	Start date End date	
	he/she requires assistance from another person with any of the following: going to and from the toilet, getting on and off the toilet, cleaning self after toileting, getting clothing off and on.	OR Check here if inability is ongoing	
	Describe assistance needed:	Type of assistance required (check all that apply)	
		physical assistance (hands-on) stand-by assistance (within arm's reach) verbal assistance (must be instructed because of cognitive impairment)	
	Patient is UNABLE to transfer independently if	Unable to transfer independently	
	He/she requires assistance from another person to move into or out of a bed or chair.	Start date End date	
	Describe assistance needed:		
	Describe assistance necess.	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	
		stand-by assistance cognitive impairment) (within arm's reach)	
Other Information	To your knowledge, were any of the losses indicated in Pa a. an intentionally self-inflicted injury or an attempt to inflict so b. use of an illegal or controlled substance that was not admin	uch injury,	
	c. the medical or surgical treatment of an illness or disease, d. a physical or mental illness or disease (not including illness weapon, or the accidental ingestion of a contaminated subs If yes, please explain below:	or disease caused by a pyogenic infection, a chemical, biological, or radiolog tance).	

rvice member's Social Sec	curity Number
Medical Professional's Information	Name of Medical Professional First Name MI Last Name
	Medical Professional's Address (number and street) Suite
	City State ZIP Code
	Telephone Number Fax Number
	E-mail Address
	Specialty Medical Degree
Medical Professional's	I have been directly involved in the patient's care for his/her loss.
Signature	I have not treated the patient for his/her loss but I have reviewed the patient's medical records.
	Is the patient capable of handling his/her own affairs?
	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)
	X

WARNING: 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)