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

TSGLI Appeal Request Form

Please submit your appeal 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**
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/DPWCS 550 C Street West Joint Base San Antonio-Randolph, TX 781 50
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) 612-9173 or (240) 612-9072		usaf,jbanafw.ngb-al mbx.a1ps@mail.mil	NOB/AI PS, 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	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: (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

TSGLI APPEAL REQUEST FORM

Instructions

Use this form when filing an appeal for previously denied benefits under the Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program. Requests must be submitted to your branch's TSGLI office or Appeal office within one year of a claim's denial date. Please review your previous decision letter for instructions on where to submit your appeal and whether this form is required.

If you are submitting a new claim or claiming losses that were not previously reviewed, an Application for TSGLI Benefits (SGLV-8600) needs to be completed.

Who Makes the Decision on My Appeal?

Your branch of service TSGLI office, or its higher appeal authority, will make the decision on your appeal based upon the information provided on this form and any supporting documentation you provide. They will then forward their decision to the Office of Servicemembers' Group Life Insurance (OSGLI) for appropriate action.

1. First Name | MI | Last Name

2. SSN (last 4 digits) | Date of Birth (MM DD YYYY)

3. Address: Street or P.O. Box

City | State | ZIP Code

4. Phone Number | Email Address

5. Date of traumatic event/injury (MM DD YYYY) | Location

6. List losses from TSGLI Schedule of Losses that are being appealed.

Third Party Authorization

☐ (Optional) I authorize the following person to speak with OSGLI or the Branch of Service about my claim (this can be a spouse, parent, friend or another person who is helping you with your claim).

First Name | MI | Last Name

Guardian, Power of Attorney or Military Trustee Information

Important Note: Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay processing of your appeal.

Complete this section ONLY if a guardian, power of attorney or military trustee will receive payment on behalf of the member.

First Name | MI | Last Name

Mailing Address (number and street) | Apartment (if any)

City | State | ZIP Code

Telephone Number | Fax Number

7. Reason for appeal: Please check the box(es) that explain the reason(s) for your appeal. After each selected reason please provide a brief description of any new supporting evidence (Example: specific page number(s) in medical records, date(s) of medical records, police report, supporting statements etc.).

NOTE: To avoid delays in the review process, please highlight any new and material evidence within medical records and submit only the new evidence/documentation that supports the appeal. There is no need to resubmit all previously submitted documents as they will be considered when your appeal is reviewed.

To support my appeal, I am providing new evidence or documentation to support: (check all that apply):

☐ SGLI coverage was in effect at the time of the traumatic event.
Description of new evidence:_____
_____

☐ New medical evidence to support my loss.
Description of new evidence:_____
_____

☐ My loss occurred within 730 days of the traumatic event.
Description of new evidence:_____
_____

☐ My loss was not due to a physical or mental illness.
Description of new evidence:_____
_____

☐ My loss was the direct result of a traumatic event.
Description of new evidence:_____
_____

☐ My traumatic injury was not willfully caused by my own actions.
Description of new evidence:_____
_____

☐ I was not committing or attempting to commit a felony when my traumatic injury occurred.
Description of new evidence:_____
_____

☐ I did not willfully use an illegal or controlled substance leading up to my traumatic injury.
Description of new evidence:_____
_____

☐ My loss was not the result of a medical or surgical procedure.
Description of new evidence:_____
_____

☐ My loss was not the result of an attempted suicide.
Description of new evidence:_____
_____

☐ Other (reason is not listed above):
Description of new evidence:_____
_____

8. Please provide any additional supporting details to be considered when your appeal is reviewed.

Has your bank account information changed since your last claim was submitted or do you want to change your payment option method? ☐ Yes (If approved, your branch of service will contact you for updated payment information) ☐ No

X _____
Signature

Date Signed

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