

## TSGLI Tutorial

Now let's begin the tutorial on how to fill out the claim form for TSGLI benefits. To obtain a claim form you can download it from our website at [www.hrc.army.mil/TAGD/TSGLI](http://www.hrc.army.mil/TAGD/TSGLI); click on the "downloads" tab, then click on "TSGLI Claim Form" to obtain the PDF file.

You will notice on the first sheet of the claim form are the addresses for the different branches of service. NOTE: If sending to the ARMY, our address has changed. The new address is:

### **DEPARTMENT OF THE ARMY**

U.S. Army Human Resources Command  
ATTN; AHRC-PDR-C, Dept 420  
1600 Spearhead Division Avenue  
Fort Knox, KY 40122

If submitting claims via email, the address has changed as well. The new address to submit your completed form to is: [tsgli.claims@conus.army.mil](mailto:tsgli.claims@conus.army.mil).

Moving on to page one of the claim form. This is the general information of the TSGLI program and benefits, that I discussed in the briefing prior to the tutorial. It covers who is eligible, what constitutes a traumatic event, what is a traumatic injury, what is a qualifying loss, and the steps to file your TSGLI claim.

Page 2 discusses 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. Page 2 also goes in depth on claim decision and payment, such as: Who Makes the Decision on My Claim?, Who Will Receive the TSGLI Payment?, and How the TSGLI Payment Will be Made? It also lists the Respondent Burden Information, the Privacy Act Notice, and 1980A information.

Page 3, Part A - Member's Claim Information and Authorization - to be completed by the member, guardian, power of attorney or military trustee. Section 1. is the Service Member Information. Important Note: Contact information must be completed. Incomplete information will delay payment of your claim.

First fill in Service member's First Name, Middle initial, and Last Name. Next is the date of birth: month, day, and year. Please select your gender next. Marital status: married, divorced, single, or widowed. You will be asked to fill in your branch of service, component and rank/grade. Note: If you are in the National Guard or Reserves; you must also check this box, even if you are currently mobilized. As an Example, if you are a mobilized Reservist. You will check both the Army and Reserve boxes. The last part of number 1 Part A, is your address, telephone number, email address, and unit at the time of injury. There is also a third party authorization, which is optional, but this authorizes another person to speak with the Office of Servicemembers Group Life Insurance (OSGLI) or the branch of service about your claim.

Part A- section 2 is for Guardian, Power of Attorney or Military Trustee Information. Please include copies of the letters of guardianship, conservatorship, or Power of Attorney, etc. with this form. Failure to include this documentation will delay payment of the claim. Complete this section ONLY if a guardian, power of attorney or military trustee will receive payment on behalf of the member. This information includes the person's name, address, and phone numbers.

Part A- section 3 goes over the Traumatic Injury Information such as: Injuries that Qualify for TSGLI Payment In order to qualify for the TSGLI benefit, you must have experienced a traumatic event that resulted in a traumatic injury that is listed as a qualifying loss 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.

**Traumatic Injury** — A traumatic injury is the physical damage to your body that resulted from a traumatic event (illness or disease is not covered).

**Qualifying Loss** — A qualifying loss is a traumatic injury that is listed on the TSGLI Schedule of Losses.

Page 4 - Part A- section 3 continued requires more information about your loss. You will see a list of 5 questions that you must answer yes or no to. Please check the appropriate box that applies to you. If you answered yes to any of the questions, 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.

Next you will see a large box with instructions to: Tell us about your traumatic Injury In the box provided, please describe your injury and give the date, time and location where it occurred.

Page 5 - Part A- section 4 is 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® (for member ONLY)** To have the payment made through Prudential's Alliance Account, fill in the mailing address below (street address only, no PO boxes.) Prudential's Alliance Account is an interest-bearing account that will be established in the name of the member, who can access the money using the checkbook.

**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. 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 (for guardian, power of attorney or military trustee ONLY) To have the payment made by check, fill in the guardian or power of attorney mailing address below. A check will be issued to the guardian, power of attorney or military trustee on behalf of the service member.

Page 6 - Part A- section 6 – Signature and date. Member, guardian, or power of attorney must sign here. 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.)

Page 7 - Part A- section 6- Member must complete and sign the HIPAA release. 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 section will delay payment of claim. This authorization is intended to comply with the HIPAA Privacy Rule.

Page 8 - Part B- Now we are on the portion of the claim that is for the Medical Professional's Statement - to be completed by a medical professional who is a licensed practitioner of the healing arts acting within the scope of his/her practice.

Page 8- Part B- section 1-The medical professional will enter the patient's name, date of injury and other personal information.

Page 8- Part B- section 2- Hospitalization Information- The medical professional will enter information regarding the reason for hospitalization, how long you were hospitalized, and the name and location of the hospital.

Page 8– 12 Part B- section 3- The medical professional will enter information about the Qualifying Losses Suffered by Patient. This will include information about sight, speech, hearing, burns, coma, facial reconstruction, amputation of hand, fingers foot, and toes, limb salvage, paralysis, and genitourinary system losses.

Page 12-Part B- section 3 continued- on page 12 the medical professional will put in information regarding Inability to Independently Perform Activities of Daily Living, otherwise known as ADL's. To be eligible for TSGLI you must need assistance to perform at least two of the six ADL's, which are: Eating, Bathing, Dressing, Toileting, Transferring, and Continence.

Page 14-Part B- section 4- Other Information- The medical professional will enter other pertinent information regarding your losses and how they occurred.

Page 14-Part B- section 5- Medical Professional's Comments- The medical professional will Use this block to provide any additional information about the patient's injuries.

Page 15-Part B- section 6 - Medical Professional's Information-the medical professional will enter their personal information such as name, address, phone, fax, email, and medical specialty.

Page 15-Part B- section 7 – the medical professional will sign and date this section stating if they have or have not observed the patient's losses.

To properly adjudicate your claim we must have supporting documentation. Please send medical documentation that will support your claim. Such documentation could include: attending physician reports, nurses notes, occupational/physical therapy reports, patient discharge summaries, etc. The medical documentation needs to focus on the traumatic injuries sustained from a qualifying event.

In Addition, as previously stated, please make sure that the service members Social Security number is on the top of every page of the application. That the service member or representative signed the form and that the Medical Professional signed and checked that they observed the patients loss or have not observed the patients loss.

This is extremely important because the medical professional's statement is based upon THEIR examination of the patient, and/or, a review of pertinent medical evidence. The medical professional is attesting to the fact that they understand that either they or the patient may be asked to provide supporting documentation to validate eligibility under the law. AND, that any intentionally false statement in the claim or willful misrepresentation relative thereto, is subject to punishment under United States Code 18, paragraph 1001.

Your TSGLI claim form is now complete and ready to be submitted! If you have any questions about any parts of this claim form, please call Traumatic Servicemembers' Group Life Insurance at 1-800-237-1336.