



## INSURANCE INFORMATION

**PAPERWORK REDUCTION ACT INFORMATION:** Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to VA Clearance Officer (723), 810 Vermont Avenue NW, Washington DC 20420, and to the Office of Information and Regulatory Affairs, Paperwork Reduction Project (2900-0091), Office of Management and Budget, Washington DC 20503. **DO NOT** send applications to this address.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under authority of 38 U.S.C. 629. It is being collected to assist the VA to recover the cost of medical care from your insurer or other liable third party, and will be used for that purpose. The information you supply may be verified through a computer matching program and may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. These "routine uses" include disclosures: in response to court subpoenas; to epidemiological and other research facilities for research purposes; in connection with collection of amounts owed to the United States; to the Department of Justice for use in litigation; to other Federal agencies in connection with their employment determinations, investigations, or issuances of licenses or benefits; to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities; or in response to an official request from a criminal or civil law enforcement governmental agency charged with the protection of the public health or safety. Disclosure is voluntary, failure to furnish the information will have no adverse effect on any other VA benefit to which you may be entitled.

Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of 38 U.S.C., and is voluntary. Social Security numbers will be used in the administration of veterans' health benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by both 38 U.S.C. and the Privacy Act of 1974 (5 U.S.C. 552A) or, where required by another statute.

1. VETERAN'S NAME		2. SOCIAL SECURITY NUMBER	
3. HEALTH INSURANCE CARRIER (Insurer)		4. INSURER'S TELEPHONE NUMBER	
5. INSURER'S ADDRESS (Street, City, State, ZIP Code)			
6. INSURANCE POLICY NUMBER-INDIVIDUAL		7. GROUP POLICY NUMBER	
8. EFFECTIVE DATE OF POLICY		9. POLICY RENEWAL DATE	
10. INSURED'S NAME		11. RELATIONSHIP TO VETERAN	
12. INSURED'S EMPLOYER		13. EMPLOYER'S TELEPHONE NUMBER	
14. EMPLOYER'S ADDRESS (Street, City, State, ZIP Code)			
15. NAME OF INSURER'S LOCAL AGENT/ADJUSTER		16. AGENT'S TELEPHONE NUMBER	
17. AGENT'S ADDRESS (Street, City, State, ZIP Code)			
18. OTHER HEALTH INSURANCE CARRIER NAME		19. TELEPHONE NUMBER	
21. OTHER INSURER'S ADDRESS (Street, City, State, ZIP Code)			
20. INSURANCE POLICY NUMBER-INDIVIDUAL		22. GROUP POLICY NUMBER	
23. EFFECTIVE DATE OF POLICY		24. POLICY RENEWAL DATE	
25. INSURED'S NAME		26. RELATIONSHIP TO VETERAN	
27. INSURED'S EMPLOYER		28. EMPLOYER'S TELEPHONE NUMBER	
29. EMPLOYER'S ADDRESS (Street, City, State, ZIP Code)			
30. NAME OF INSURER'S LOCAL AGENT/ADJUSTER		31. AGENT'S TELEPHONE NUMBER	
32. AGENT'S ADDRESS (Street, City, State, ZIP Code)			