



LAWYERS SERVING WARRIORS®

A project of the National Veterans Legal Services Program (NVLSLP) providing veterans free legal assistance.



Application for Free Legal Assistance with a Claim for Servicemembers' Group Life Insurance Traumatic Injury Protection Program (TSGLI)

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with a claim for TSGLI. Filling out this application does not guarantee you legal representation through our project. Lawyers Serving Warriors® first needs to review your records and analyze your case. We are not able to take every case. But we do guarantee that you will never be charged any legal fees by Lawyers Serving Warriors® or by any of our volunteer attorneys. It will take us some time to decide whether we can provide you legal representation. Therefore, it is important for you to understand that you are responsible for meeting any deadlines that may apply to your case.

In addition to this application form, please provide us with the following: (1) a completed Privacy Act waiver and SF180, (2) all previous TSGLI applications and decisions, and (3) any other relevant records you may have, including medical records from the time of your injury. (Please provide handwritten signatures that clearly show your full first and last name)

Confidentiality: Lawyers Serving Warriors® will not disclose the information you provide us, or the records you authorize us to obtain, to anyone who is neither an employee nor an agent of Lawyers Serving Warriors®.

National Veterans Legal Services Program, Attn: LSW
1100 Wilson Blvd, Suite 900, Arlington, VA 22209
Email: lsw.intake@nvlsp.org **Fax:** 202-223-9199
SECTION I

Name: st/Fl st. /

Date of birth: _____ Social Security #: _____
(MM/DD/YYYY)

Permanent mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Alternate contact's name: _____ Relationship: _____

Alternate contact's phone: _____ Alternate contact's email: _____

SECTION II

Military branch of service: _____ Rank/grade at discharge: _____
Put "N/A" if still in service.

MOS/AFSC/Rating title (i.e. infantry or 11B): _____

Date of traumatic injury: _____ Location of traumatic injury: _____
(MM/DD/YYYY)

Please provide a brief description of your traumatic injury:

Were you covered by Servicemembers' Group Life Insurance (SGLI) at the time of your injury? Yes No Unsure

If filing a new claim, do you have a medical professional willing to certify your application? Yes No

If yes, please provide their name and contact information:



TSGLI benefits cover scheduled losses directly resulting from a traumatic injury. Please indicate which scheduled losses you believe you are eligible for.

Loss of sight	<input type="checkbox"/>	Facial Reconstruction of:	<input type="checkbox"/>	
Loss of hearing	<input type="checkbox"/>		• Jaw	<input type="checkbox"/>
Loss of speech	<input type="checkbox"/>		• Nose	<input type="checkbox"/>
Quadriplegia	<input type="checkbox"/>		• Lips	<input type="checkbox"/>
Hemiplegia	<input type="checkbox"/>		• Eyes	<input type="checkbox"/>
Uniplegia	<input type="checkbox"/>	• Facial Tissue	<input type="checkbox"/>	
Burns covering:		Coma from traumatic injury and/or traumatic brain injury resulting in inability to independently perform at least two activities of daily living (ADLs) for at least 15 days.		
<ul style="list-style-type: none"> • 20% of the body and face <input type="radio"/> • 20% of the face only <input type="radio"/> 		In-patient hospitalization for 15 consecutive days as a result of:		
Amputation of:		<ul style="list-style-type: none"> • Traumatic brain injury <input type="radio"/> • Other traumatic injury <input type="radio"/> 		
<ul style="list-style-type: none"> • Hand <input type="radio"/> • Four fingers <input type="radio"/> • Thumb <input type="radio"/> • Foot <input type="radio"/> • All toes on one foot <input type="radio"/> • Four toes on one foot <input type="radio"/> • Big toe <input type="radio"/> 		Traumatic injury resulting in inability to independently perform at least two of the following ADLs:		
Limb salvage of:		<ul style="list-style-type: none"> • Bathing <input type="checkbox"/> • Continence <input type="checkbox"/> • Dressing <input type="checkbox"/> • Eating <input type="checkbox"/> • Toileting <input type="checkbox"/> • Transferring <input type="checkbox"/> 		
<ul style="list-style-type: none"> • Arm <input type="checkbox"/> • Leg <input type="checkbox"/> 		Please indicate how many consecutive days you were unable to independently perform ADLs.		
If you are seeking limb salvage benefits, please list each relevant surgery in Section V of this form.		<ul style="list-style-type: none"> • 30 days <input type="radio"/> • 60 days <input type="radio"/> • 90 days <input type="radio"/> • 120 days <input type="radio"/> 		
		Genitourinary loss <input type="checkbox"/>		

On which date/dates did you suffer a scheduled loss? _____
(MM/DD/YYYY)

Have you been treated for your injury by a civilian provider? If so, please provide their name and contact information:

SECTION IV

Have you previously applied for TSGLI? Yes No I have an application currently pending

If yes, please tell us more information about your previous application(s):

Date of decision (mm/dd/yyyy)	Outcome (granted or denied)



SECTION V

Please briefly explain why you are eligible for TSGLI benefits. Detailed information assists us in assessing your request for help.

SIGNATURE

By completing this application, I am applying for services provided by Lawyers Serving Warriors®. Lawyers Serving Warriors® will treat information I provide through this application and any records collected regarding me during the evaluation process as confidential information. This information is for Lawyers Serving Warriors® to assess whether or not the project can provide me with free legal representation. I understand that my information will only be viewed by project staff or volunteer attorneys and their staff. I understand that I will **not** be charged a fee by Lawyers Serving Warriors® or the volunteer attorneys. I also understand that Lawyers Serving Warriors® is not able to take every case and filling out this application does not guarantee that I will receive services from Lawyers Serving Warriors®.

Print name

Signature

Date (MM/DD/YYYY)