

## MGIB/VEAP Reimbursement Request

\_\_\_\_\_  
(Beneficiary Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
Date

VA Regional Office  
Post Office Box 66830  
St. Louis, MO 63166-6830

To Whom It May Concern:

\_\_\_\_\_ died while serving on active duty with the  
(Sailor's Rank, Name and Last 4)  
U. S. Navy on \_\_\_\_\_.  
(Date of Death)

The above named Sailor participated in the Montgomery GI Bill Program/Veterans Education Assistance Program (VEAP). I am submitting this letter as a claim for payment of the death benefits equal to the amount the Sailor contributed, less benefits paid. A DD Form 1300, Report of Casualty, is provided for your review.

I am aware that it will take approximately 60 days to process this claim and that payment will be made to the beneficiary designated to receive the Servicemembers' Group Life Insurance proceeds.

Please direct any questions or correspondence to me at the above address.

Sincerely,

\_\_\_\_\_  
(Beneficiary Signature)

Enclosure: DD Form 1300

**Fax to: 314-552-9707**