

TSGLI Claims Checklist

___ **Claim Form:** Obtain a TSGLI [claim form](#). Please note that as of September, 2006, the claim form has changed. If you are using an old claim form, you may want to download a new one. TSGLI claim forms can be downloaded at www.tsqli.army.mil. You can also request one by e-mailing TSGLI@conus.army.mil or calling 1-800-237-1336.

___ **Claim Form Part A:** Make sure you have completed Part A of the TSGLI Claim Form in its entirety.

___ Provide **all** requested information.

___ Sign and date **both pages** of the form.

___ **Claim Form Part B:** This part must be completed by a healthcare provider who can provide details on the injury and its affect on activities of daily life (ADL).

___ **Background Documentation:** Provide all applicable background documentation around your injury. Your healthcare provider or counselor may be able to assist you with this. Documents that might be applicable include:

- Occupational/Physical Therapy Report (ADL Documentation)
- Neurological Reports (TBI/ADL Documentation)
- OR Report (amputation)
- Hearing Test Results (for hearing loss)
- Eye Test Results (for sight loss)
- Speech Test Results (for speech loss)
- Patient Discharge Summaries
- Medical Summary and/or History
- Patient Movement Request
- Radiographic Reports (X-Ray, MRI, Ultrasound, etc.)
- Accident Report
- Line of Duty (LOD)
- Medical/Physical Evaluation Board (MEB/PEB)
- Other diagnostic test results (e.g., lab reports, etc.)
- Other pertinent documents demonstrating injury type and duration of ADL loss

If none of the above documents are available, provide Proof of Date and Location of Injury.

___ **Submit Claim:** The claim form can be submitted one of three ways—fax 1-866-275-0684; e-mail TSGLI@conus.army.mil; or send via Postal Delivery to:

Department of the Army
Attention: Traumatic SGLI (TSGLI)
200 Stovall Street
Alexandria, VA 22332-0470

___ *(Optional)* Include an e-mail address if you would like an acknowledgement when the form is received.