

TEXAS VETERANS COMMISSION

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**CLAIMS REPRESENTATION AND  
COUNSELING MANUAL**



**JULY 2009**

## FOREWORD

The Texas Veterans Commission Claims Representation and Counseling Directorate is pleased to present you this 2008 Claims Representation and Counseling Manual.

The purpose of this manual is to provide state Veterans Counselors and Veterans County Service Officers information that covers veterans benefits, rights, privileges and services over which the Department of Veterans Affairs or the State of Texas has jurisdiction. The Commission is aware that the success of its claims program depends upon the success of its Veterans Counselors and Veterans County Service Officers. Their success, in turn, is dependent upon their knowledge and understanding of the rights and benefits due the veteran and their family. This manual is designed to assist our advocates in obtaining knowledge and understanding, and is to be used as a ready reference only, in obtaining the solution to the many problems with which they are confronted.

The Claims Representation and Counseling Manual also contains agency procedures for interviewing, appeals, special claims, helpful contacts and how to complete every VA form that Veterans County Service Officers use routinely. This manual was prepared solely for convenient reference purposes and does not have the effect of law. Although diligent effort has been made to ensure its accuracy, any conflict between its contents or any regulation, the latter is, of course, controlling. I encourage you to use this manual diligently.

The Texas Veterans Commission continues to improve communications among our Texas family of Veterans Counselors and Veterans County Service Officers through the use of every state of the art technology that is available. You have that commitment from the Texas Veterans Commission. We are keeping you informed with up-to-date information via email or fax, as well as with our training conferences. Providing you with the most recent information and changes will make you more effective in your efforts to provide assistance to our Texas Veterans, their families and survivors.

The Texas Veterans Commission's Claims Representation and Counseling program garnered the distinction as the most effective of the seven most populous states. We achieve this mark of excellence through the coordinated effort of the Commission and the Veterans County Service Officers, coupled with marketing and outreach services. Together we take great pride in Texas being the best of the best advocates for veterans. Please remember TVC now has three programs; the other two being Veterans Employment and Veterans Education. If you encounter a veteran needing either of those services, please feel free to contact the appropriate office on behalf of the veteran as well as make the contact information available to him/her.

Thank you for your dedication, compassion and continued commitment to serving our veterans and their families in the great State of Texas.

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**Part I  
Service Officers Guide**



**JULY 2009**

# PART I

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# CHAPTER 1

## INTERVIEWING

### Initial Interview

The first contact and interview the Service Officer has with the veteran or dependent is of great importance, both to the claimant and to our office. The Service Officer should, by his manner and conversation, inspire friendliness, and by his familiarity with the rights and benefits to which the veteran is entitled, he should gain the veteran's or dependent's confidence. He should discuss these subjects in a straightforward, authoritative manner.

The Service Officer should be careful, however, to make no promises to obtain benefits, or otherwise obligate his office in a manner that might cause embarrassment. This applies particularly to requests made of the Service Officer to give information regarding Acts of Congress on which regulations have not been issued. Be careful not to over estimate the benefits to be granted. Answer questions only in general terms, pointing out that until regulations are issued by the administering agency, you cannot give definite information. Complete and file applications for claimants regardless of your opinion in the matter, leaving decisions to the Department of Veterans Affairs.

In the first interview, in order for the veteran to clearly understand the rights and benefits to which he may be entitled, to insure his claim being correctly filed and all evidence necessary is of record, or is available, the following is suggested:

Listen to the veteran's own "story" sympathetically. Advise the veteran of his rights and benefits, and file the proper claim. Advise him to have his discharge recorded at his own courthouse. Inform him as to his employment or re-employment rights, and his readjustment allowances. Advise him regarding his insurance - how to make payments, how to convert, how to change his beneficiary, and how to reinstate. Tell him of his opportunity for making loans, and of his hospitalization and dental care privileges.

Veterans should be encouraged to safeguard dependency documents, such as marriage certificates, divorce decrees, and birth certificates. Generally, VA does not require a copy of these documents unless conflicting information has been submitted by the veteran.

When initiating a claim of any nature administered by Department of Veterans Affairs or where our services are desired to follow up an initial claim, the Service Officer should secure VA Form 21-22.

Try to convince the veteran of your sincere interest in his behalf. Never allow yourself to look upon the veteran as a mere "case number" - make each case a personal matter. Extend proper assistance to all in the preparation and prosecution of claims, and always show the utmost courtesy.

## CHAPTER 2

### GENERAL INFORMATION

#### **Claims Service: Texas Veterans Commission**

The Texas Veterans Commission has Veterans Assistance Counselors at each of the Department of Veterans Affairs Regional Offices to assist in the handling of veterans' claims with the Adjudication Division and other divisions of the Department of Veterans Affairs handling the claim; and to advise the veteran regarding any benefits to which he might be entitled and to assist the veteran with filing any claim with the Department of Veterans Affairs Regional Offices, Central Office, Washington, D.C., or Insurance Offices of Veterans Affairs.

#### **Making of Claims**

In making claims, the veteran should first contact a Veterans Counselor to obtain information regarding his claim or hospitalization. If it is the veteran's first contact, there will be no file on that particular claimant in the Veteran Counselor's office. It is, therefore, necessary and important that if claimants (whether ex-servicemen or women, or their dependents) have received letters pertaining to their claim from the Department of Veterans Affairs, from Congressmen, or from the Armed Services, such letter should be shown to the Veterans Counselor.

#### **Filling Out Forms**

Filling out forms for the Federal Government is a procedure that requires painstaking care if all questions are to be answered fully and correctly. Leave no question unanswered. If the correct information cannot be given, state "Unknown" or other applicable words or phrases which will indicate that the question has been considered. Where financial status (income), date of birth, marriage, or divorce is stated incorrectly, or where the answer to one question cannot be reconciled with another, the claim is usually delayed at the Department of Veterans Affairs pending correction or clarification.

#### **Documents for Evidence**

Copies of marriage certificates and divorce records should be secured from the Clerk of the Court where the marriage certificate was issued or the divorce was granted. Copies of public documents may be obtained free of charge when they are to be used for DVA claim purposes. Birth certificates and death certificates may be obtained from the State Department of Health, Bureau of Vital Statistics, Austin, Texas, or from the County Clerk in each County. TVC Form 14 may be used in requesting copies of public documents. These forms may be obtained from the headquarters office of the Texas Veterans Commission. A veteran is also entitled (by state law) to a copy of his/her private physician records for the purpose of evidence in a VA claim.

## CHAPTER 3

### POWER OF ATTORNEY - VA FORM 21-22

#### Appointment of Service Organization as Claimant's Representative

A veteran or his dependent is entitled to the services of the Texas Veterans Commission and all Service Officers of recognized organizations. These services may be obtained by the veteran or dependent executing a VA Form 21-22, designating any recognized organization which has been given the authority to represent veterans.

#### Recognized Organizations

Chapter 59 of Title 38, U.S.C., contains the requirements for recognition of organizations. Under that Title, the American Red Cross, Disabled American Veterans, American Legion, United Spanish War Veterans, Veterans of Foreign Wars, and other such organizations approved by the Secretary of the Department of Veterans Affairs, may be recognized in the presentation of claims under the laws administered by DVA when the proper officers thereof make application for recognition on the form prescribed (21-22) and furnished by DVA, and as a part of such application, agree and certify that neither the organization nor its representatives will charge or accept any fee or gratuity whatsoever for service rendered a claimant.

#### Accredited Representative

Recognized organizations shall file with the Department of Veterans Affairs on the prescribed form (21-22) furnished by the Department of Veterans Affairs the name of any person whom they desire recognized as an accredited representative thereof. In recommending a person for recognition as a representative, the organization, through its appropriate officer, shall certify to the following:

- That the designee is a citizen of the United States, of good character and reputation, is qualified by ability and experience to present claims, and that he is a member in good standing, or a full-time, paid employee of the organization.
- Whether accredited to any other recognized organization, if so, the name or names thereof;
- That he is not employed in any civil or military department or agency of the United States, and whether he was so employed within the past two years;
- If a veteran, the nature of his discharge or separation from active service.

#### DVA Policy in Extending Accreditation to Representatives

Generally, DVA accreditation will be extended only to those representatives located at Central Office, District or Regional Offices, or centers having Regional Office activities. All correspondence, contacts, etc., will be conducted with accredited representatives at Central Office, District or Regional Offices, or centers having Regional Office activities. Such representatives will in turn make necessary contact in connection with the presentation of the claim, subject to the governing rules and

regulations. The accredited representative may, under certain conditions, furnish certain information from the claimant's folder to the County Service Officer to enable the latter to give effective assistance in developing the claim.

### **Executing Power of Attorney and the Authority Which it Gives**

Before an organization may be recognized in an individual claim, the claimant must execute VA Form 21-22, naming a recognized organization as his representative, which gives authority to any accredited representative of that organization to review his file. This power of attorney must be submitted to the DVA office concerned to be filed in the claimant's folder. Thus, any accredited representative of that organization may inspect the file upon the condition that the information contained therein will not be disclosed to anyone unless the claimant further authorizes such disclosure.

The power of attorney must be signed by the claimant, or by the guardian, if any, or, in case of an incompetent without guardian, by wife, parent, or other near relative (if interests are not adverse), or Manager of hospital in which veteran is maintained. An organization which has filed a power of attorney in the case of a veteran shall, in the event of death of the veteran, and if the organization so desires, be recognized for a reasonable period thereafter to enable the new claimant or claimants to execute a new power of attorney or to state that none is desired.

Upon receipt of the power of attorney, the organization named therein shall be recognized as the sole agency for the presentation of the claim covered thereby, and no other organization, agent, or attorney shall be recognized in the presentation of that claim or any phase thereof. The power of attorney given by the claimant may be revoked by him at any time and a subsequent power of attorney substituted, designating another organization, agent or attorney. A newly executed power of attorney constitutes revocation of any existing power of attorney. Likewise, a power of attorney may be revoked by the organization named therein.

### **Importance of Power of Attorney - Form 21-22**

The Form 21-22 is very essential in the work of a Service Officer. If the claimant does not execute and submit this form to the Department of Veterans Affairs designating one of the recognized organizations as his representative, the Service Officer cannot represent the claimant before the Department of Veterans Affairs. It is to the claimant's distinct advantage to designate a representative who is trained and experienced in handling such claims to give personal attention to his claim.

### **DVA's Procedure for Processing Form 21-22**

When a Form 21-22 is received by the Department of Veterans Affairs, the Administrative Division will acknowledge its receipt by sending to the organization designated thereon, an acknowledgment of receipt of the form.

If there is a prior Form 21-22 in the file, in favor of a different organization, the receipt of a new Form 21-22 automatically revokes the power of attorney granted the first organization, and notice of such revocation will be furnished that organization.

## Changing Power of Attorney

The power of attorney given by a claimant may be revoked by him at any time. Submission of a new Form 21-22, on which is designated a different organization, is an automatic revocation of the power of attorney granted the first organization.

## Power of Attorney for Insurance Purposes

VA Form 21-22, "Appointment of Service Organization as Claimant's Representative", contains the following statement, found in the center of the page: "I hereby appoint the above-named service organization as my representative to present my claim for benefits from the Department of Veterans Affairs based on the service of the above-named veteran. I ratify all that the above-named representative shall lawfully do or cause to be done based on this appointment."

If a veteran has Government insurance in force, and becomes disabled, he may be eligible for disability waiver of premiums. He may wish to file a claim for this benefit. He may also have in effect a Total Disability Income Provision clause, which provides monthly disability insurance benefits when total disability has existed for six months or more.

If an insured veteran makes application for disability waiver of premiums on his Government insurance, he should also appoint a Service Organization to represent him in his insurance claim. The VA Form 21-22 is used for this purpose. This same form is also used by a beneficiary when making claim for insurance following the death of the insured veteran.

Under DVA Regulation, the accredited representatives of the various veterans organizations stationed in the Department of Veterans Affairs Insurance Centers are permitted to review insurance folders and records at their desks. Whenever a Service Officer writes to one of the accredited representatives located in the DVA insurance offices in St. Paul, Minnesota, or Philadelphia, Pennsylvania, making an inquiry concerning insurance status, it is necessary that one of the following items be furnished:

- A power of attorney (VA Form 21-22) for insurance purposes, or
- A copy of the power of attorney which is in the claims file, or
- A Form 119 from the DVA Contact Division certifying that the service organization holds a valid power of attorney.

If one of the items mentioned above is furnished, the accredited representative will be permitted to review the records and obtain the desired information.

# CHAPTER 4

## DISABILITY COMPENSATION

### Part 1

#### DEFINITION OF TERMS AND METHOD OF SERVICE-CONNECTING DISABILITIES

##### Definition of Terms

*COMPENSATION:* The term "compensation" means a monthly payment made by the Department of Veterans Affairs to a veteran because of service-connected disability, or to a widow, child, or parent of a veteran because of the service-connected death of the veteran.

*PENSION:* The term "pension" means a monthly payment made by the V.A. to a veteran because of service, age, or nonservice-connected disability, or to a widow or child of a veteran because of the nonservice-connected death of the veteran.

*SERVICE-CONNECTED:* The term "service-connected" means, with respect to disability or death, that such disability was incurred or aggravated, or that the death resulted from a disability incurred or aggravated in line of duty in the active military, naval or air service.

*NONSERVICE-CONNECTED:* The term "nonservice-connected" means, with respect to disability or death, that such disability was not incurred or aggravated, or that the death did not result from a disability incurred or aggravated in line of duty in the active military, naval or air service.

*DISCHARGE OR RELEASE:* The term "discharge or release" includes discharge or retirement from the active military naval or air service.

##### Service-Connected Disabilities

From the above definitions it is noted that a service-connected disability is one which was incurred or aggravated in line of duty in the active military, naval, or air service. A disability may be either:

- service-connected by direct incurrence;
- service-connected by aggravation of a pre-existing disability; or
- service-connected by presumption for certain chronic and tropical diseases becoming manifest to a degree of 10% or more with certain time limits following discharge.

Service-connected by direct incurrence means that a disease, injury, wound, etc., was actually incurred while the person was on active duty, or injuries were incurred while proceeding directly to or returning directly from active duty training or inactive duty training during a period of war or service rendered on or after January 1, 1947. Common examples of direct incurrence are conditions resulting from wounds or injuries such as gunshot wounds, shrapnel wounds, accidents, and diseases leaving residual disability. Service-connection by aggravation may be allowed in the case of a person who had a condition prior to entering service which became worse (aggravated) as a result of such person's active service. An example might be an old knee injury which was not found sufficiently disabling on induction examination to cause the person's rejection, but which became worse as a result of the person's active service.

For the purposes of determining entitlement to disability compensation, every veteran shall be deemed to have been in good health when accepted for service, except as to defects or disorders noted at the time of the examination, or where clear and unmistakable evidence demonstrates that the injury or disease existed before acceptance and was not aggravated by such service.

### **Service-Connection by Presumption After Discharge**

Title 38, Code of Federal Regulations, Subsection 3.307, provides for service-connection of certain chronic and tropical diseases which become manifest to a degree of 10% or more within specified time limits after discharge or separation from service. In order to receive benefits under this section, the veteran must have served at least 90 days during wartime, or since December 31, 1946, and must have received a discharge other than dishonorable. Service-connection will not be granted under this section if there is affirmative evidence to the contrary; nor if there is evidence to establish that an intercurrent injury or disease, which is the recognized cause of such chronic disease, has been suffered between the date of discharge and the onset of the chronic disease; nor if the disability is due to the person's willful misconduct.

### **Chronic and Tropical Diseases Which May Be Service- Connected Under the presumptive Provisions of the Law**

As stated above, service-connection of certain chronic and tropical diseases may be granted if they are shown to exist to a degree of 10% or more within a specified time following the separation from service. Service-connection under this provision is restricted to the diseases listed below. The disease must have become manifest to a degree of 10% or more within one year from discharge or separation in every case other than where exceptions are shown in parentheses.

- Anemia, primary
- Arteriosclerosis
- Arthritis
- Atrophy, progressive muscular

- Brain hemorrhage
- Brain thrombosis
- Bronchiectasis
- Calculi of the kidney, bladder or gall bladder

Cardiovascular-renal disease, including hypertension

(This term applies to combination involvements of the type of arteriosclerosis, nephritis, and organic heart disease, and since hypertension is an early symptom long preceding the development of those diseases in their obvious forms, a disabling hypertension within the one-year period will be given the same benefit of service-connection as any of the chronic diseases listed.)

- Cirrhosis of the liver
- Coccidioidomycosis
- Diabetes mellitus
- Encephalitis lethargica residuals
- Endocarditis  
(This term is intended to cover all forms of valvular heart disease.)
- Endocrinopathies
- Epilepsies
- Hodgkin's disease
- Leprosy (presumptive period - years) (Hansen's Disease)
- Leukemia
- Lupus Erythematosus, systemic
- Myasthenia Gravis
- Myelitis
- Myocarditis
- Nephritis
- Other organic diseases of the nervous system
- Osteitis deformans (Paget's disease)

- Osteomalacia
- Palsy, Bulbar
- Paralysis agitans
- Psychoses  
(Presumptive period is 1 year for compensation purposes; 2 years for purposes of hospitalization and medical care.)
- Purpura idiopathic, hemorrhagic
- Raynaud's disease
- Sarcoidosis
- Scleroderma
- Sclerosis, amyotrophic lateral
- Sclerosis, Multiple (Presumptive period - 7 years)
- Syringomyelia
- Thromboangitis obliterans (Buerger's disease)
- Tuberculosis, active (Presumptive period - 3 years)
- Tumors, malignant, or of the brain (or spinal cord or peripheral nerves)
- Ulcers, peptic (gastric or duodenal)

The one, two, three, or seven-year presumptive period will begin on the day following separation from active wartime service, or following peacetime service on or after January 1, 1947.

Presumptive service connection for tuberculous disease; wartime and service on or after January 1, 1947.

(a) Pulmonary tuberculosis.

- (1) Evidence of activity on comparative study of X-ray films showing pulmonary tuberculosis within the 3-year presumptive period will be taken as establishing service connection for active pulmonary tuberculosis subsequently diagnosed by approved methods but service connection and evaluation may be assigned only from the date of such diagnosis or other evidence of clinical activity.

(2) A notation of inactive tuberculosis of the reinfection type at induction or enlistment definitely prevents the grant of service connection for active tuberculosis, regardless of the fact that it was shown within the appropriate presumptive period.

(b) Pleurisy with effusion without obvious cause. Pleurisy with effusion with evidence of diagnostic studies ruling out obvious nontuberculous causes will qualify as active tuberculosis. The requirements for presumptive service connection will be the same as those for tuberculous pleurisy.

(c) Tuberculous pleurisy and endobronchial tuberculosis. Tuberculous pleurisy and endobronchial tuberculosis fall within the category of pulmonary tuberculosis for the purpose of service connection on a presumptive basis. Either will be held incurred in service when initially manifested within 36 months after the veteran's separation from service as determined under §3.307(a)(2).

(d) Military tuberculosis. Service connection for military tuberculosis involving the lungs is to be determined in the same manner as for other active pulmonary tuberculosis.

Any veteran of World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War who developed an active psychosis:

- within two years after discharge or release from the active military, naval, or air service, and
- before July 26, 1949, in the case of a veteran of World War II, before February 1, 1957, in the case of a veteran of the Korean conflict, before May 8, 1977, in the case of a Vietnam era veteran, or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War, shall be deemed to have incurred such disability in the active military, naval, or air service.

Service-connection will be granted for gastric or duodenal ulcer if proper diagnosis is within the presumptive period following discharge. Evidence to establish service-connection for an ulcer should include laboratory findings, including all available reports of gastrointestinal X-ray series.

The service-connection of tropical diseases under Section 312, Title 38, U.S. Code, is restricted to the following:

Amebiasis	Loiasis	Yaws
Blackwater fever	Malaria	Yellow fever
Cholera	Onchocerciasis	Resultant Disorder
Dracontiasis	Oroya fever	or Diseases originating
Dysentery	Pinta	because of therapy
Filariasis	Plaque	administered in connection
Leishmaniasis	Schistosomiasis	with such diseases,
		(including Kala-azer) or as a
		preventative thereof

## Diseases Associated with Exposure to Certain Herbicide Agents for Veterans Who Served in the Republic of Vietnam During the Vietnam Era.

*CHLORACNE*: If manifested to a degree of 10 percent or more within one year after the last date veteran performed active service in Vietnam.

*ACUTE/SUBACUTE PERIPHERAL NEUROPATHY*: The term acute and subacute peripheral neuropathy means transient peripheral neuropathy that appears within weeks or months of exposure to an herbicide agent and resolves within two years of the date of onset.

*PORPHYRIA CUTANEA TARDA*: If manifested to a degree of 10 percent or more within one year after the last date veteran performed active service in Vietnam.

The following disabilities are subject to service connection if manifested to a degree of 10 percent any time after Vietnam service.

*NON-HODGKIN'S LYMPHOMA*:

*SOFT-TISSUE SARCOMA*: (Except osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma)

*DIABETES MELLITUS, TYPE 2*:

*HODGKIN'S DISEASE*

*CHRONIC LYMPHOCYTIC LEUKEMIA*

*MULTIPLE MYELOMA*

*PROSTATE CANCER*

*RESPIRATORY CANCERS* (cancer of the lung, bronchus, larynx, or trachea)

*PRIMARY AL (AMYLOIDOSIS)*

## Service-Connection for Radiogenic Diseases for Veterans Exposed to Ionizing Radiation under 38 CFR 3.311

*LEUKEMIA*: (Other than chronic lymphocytic leukemia).

Cancer of the Thyroid	Multiple Myelomas
Cancer of the Breast	Lymphomas (except Hodgkin's Disease)
Cancer of the Pharynx	Cancer of the Bile Ducts
Cancer of the Esophagus	Cancer of the Gall Bladder
Cancer of the Stomach	Primary Liver Cancer (except if cirrhosis or Hepatitis B is indicated)
Cancer of the Small Intestine	Cancer of the Urinary Tract
Cancer of the Pancreas	Bronchiolo-alveolar carcinoma
Cancer of the Salivary Gland	Cancer of the Brain
Cancer of the Bone	Cancer of the Lung
Cancer of the Colon	Skin cancer
Cancer of the Ovary	Urinary bladder cancer
Kidney cancer	Non-malignant thyroid nodular disease
Posterior subcapsular cataracts	Cancer of the rectum
Parathyroid adenoma	Prostate cancer
Tumors of the brain/central nervous system	
Any other cancer	

The presumptive period for radiogenic diseases manifested to a degree of 10 percent or more is anytime after participation in the radiation-risk activity, with the exception of bone cancer, which is 30 years from the last date on which the veteran participated in a radiation risk activity. Posterior subcapsular cataracts must become manifest 6 months or more after exposure. Some diseases specified must become manifest 5 years or more after exposure.

Please refer to Title 38, Code of Federal Regulations, Subsections 3.309d to 3.311 for additional requirements and for specific information concerning what constitutes a "radiation exposed veteran" and the evidence necessary for a proper claim.

### **Compensation for certain disabilities due to undiagnosed illnesses and for Diseases Associated with Exposure to Environmental Hazards while serving in the Persian Gulf during the Gulf Wars**

Diagnosed disabilities:

- Chronic fatigue syndrome
- Fibromyalgia
- Irritable bowel syndrome
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)

Signs or symptoms which may be manifestations of undiagnosed illness or medically unexplained chronic multi-symptom illness include, but are not limited to:

- Fatigue
- Signs or symptoms involving skin
- Headache
- Muscle pain
  
- Joint pain
- Neurologic signs and symptoms
- Neuropsychological signs or symptoms
- Signs or symptoms involving the respiratory system (upper or lower)
- Sleep disturbances
- Gastrointestinal signs or symptoms
- Cardiovascular signs or symptoms
- Abnormal weight loss
- Menstrual disorders.

The term *Persian Gulf veteran* means a veteran who served on active military, naval, or air service in the Southwest Asia theater of operations during the Persian Gulf War. The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

The "Gulf War" began on August 2, 1990. Since an end of the conflict has not been declared by Congress, everyone who has service in the Southwest Asia theater since August 2, 1990 may qualify.

Please refer to Title 38, Code of Federal Regulations, Sub-section 3.317 for requirements and for specific information

### **Evidence for Presumptive Service-Connection**

The general provision pertaining to evidence, apply in all cases where presumptive service-connection is for consideration. In obtaining medical evidence to prove the service origin of a disease, it is not as important to furnish the diagnosis made by the physician as it is to state each and every symptom, both subjective and objective, with which the veteran was afflicted. "Subjective symptoms" are those of which the patient is aware but which may not be apparent to the physician. Pain is a subjective symptom. "Objective symptoms" are those which may be found or verified by the physician. The Department of Veterans Affairs will require a complete statement showing the tests made, if any, and the signs and symptoms which may support a diagnosis, as well as the corresponding dates thereof. Lay evidence should describe the material and relevant facts as to the veteran's disability observed by the person making the statement.

### **Effective Dates of Evaluations and Awards**

Where service-connection is granted under the presumptive provisions of the law and regulations, the effective date of evaluation of disability will be in accordance with the facts as explained in basic eligibility requirements in this chapter. However, in no event will the effective date of evaluation be prior to the effective date of the legislation under which service-connection is allowed. The effective dates of awards of compensation will coincide with the effective dates of evaluations of disability, provided that no award of compensation for active or inactive tuberculosis will be in order for any period prior to the date of diagnosis of the active disease by approved methods, including physical examination.

### **Service-Connection for Prisoners of War**

Public Law 97-37, approved August 14, 1981, provides that veterans who were prisoners of war for 30 days or longer may be given special consideration for service-connection of certain disabilities. This law also amended the definition of the term "former prisoners of war" to include persons who, during active service during a period other than wartime, are held under circumstances that are comparable to internment during wartime. An example of such peacetime internment would be when the crew members of the U.S.S. Pueblo were held by the North Korean government. Another would be the military personnel who were held captive by the Iranian government for more than one year.

Previous laws authorized DVA to grant service-connection for certain disabilities when held in prisoner of war status for six months or longer. This provision has been reduced to POW status for 30 days or longer, and pertains specifically to disabilities incurred as a result of malnutrition, such as avitaminosis; beriberi (including beriberi heart disease); chronic dysentery; helminthiasis; optic atrophy associated with malnutrition; pellagra, and other conditions related to nutritional deficiency; peptic ulcer disease; peripheral neuropathy except where directly related to infectious cases.

Public Law 97-37, effective October 1, 1981, provides service-connection for former prisoners of war held captive 30 days or more for psychosis and any of the anxiety states, including post-traumatic stress neurosis. The term "anxiety states" or "anxiety neurosis" refers in the law to disabilities which are listed in the book "Diagnostic and Statistical Manual of Mental Disorders," published by the American Psychiatric Association. The law provides that if subsequent editions of that manual changes the category headings for these particular type of disabilities, then DVA ratings will be based

on the new definitions. This new law will grant a presumption for service-connected benefits for most mental conditions attributable to former POWs who were interned for 30 days or longer, unless evidence plainly indicates the disabilities were caused by other traumatic experiences that occurred since release from military service.

Public Law 99-576, effective October 18, 1986, authorizes DVA to award service-connection for two additional disabilities for veterans who were prisoners of war for 30 days or longer. These two disabilities are post-traumatic osteoarthritis and organic residuals of frostbite. The organic residuals of frostbite may be service-connected if the veteran was interned in climatic conditions consistent with the occurrence of frostbite.

The presumption of association is made for seven conditions regardless of the length of captivity:

- Psychosis
- Dysthymic disorder, or depressive neurosis
- Post-traumatic osteoarthritis
- Any of the Anxiety States
- Cold Injury
- Stroke and complications
- Heart Disease and complications

If a former POW was interned for 30 days or more, the following additional diseases are presumed to be service-connected:

- Avitaminosis
- Chronic Dysentery
- Helminthiasis
- Malnutrition, including associated Optic Atrophy deficiency
- Peptic Ulcer Disease
- Beriberi
- Cirrhosis of the Liver
- Irritable Bowel Syndrome
- Pellagra and any other nutritional deficiency
- Peripheral Neuropathy, except where directly related to infectious causes

# CHAPTER 4

## DISABILITY COMPENSATION

### Part 2

#### COMPENSATION TO VETERANS FOR SERVICE-CONNECTED DISABILITIES

##### Compensation for Service-Connected Disability

Compensation is defined by statute as that monetary benefit paid by the U.S. Department of Veterans Affairs to veterans because of disability resulting from diseases or injuries incurred in or aggravated by active military, naval or air service. Compensation under 38 USC 1151 may also be awarded in certain cases where disability results from training, hospitalization, medical or surgical treatment, physical examination, or vocational rehabilitation. A person receiving military retirement pay who is eligible for compensation may receive such compensation by filing waiver of his retirement pay, which is included on the VA Form 21-526, Veteran's Application for Compensation or Pension.

##### Who May Be Entitled

Generally speaking, any person not dishonorably discharged from a period of active service, who is suffering from a service-incurred or aggravated disability, may be entitled to compensation. Included are officers and enlisted who served in the Regular Army, Navy, Air Force, Marine Corps, and Coast Guard; inducted under the Selective Service System; officers, warrant officers, and enlisted service members of the Army of the United States called or ordered into active service for extended military service in excess of thirty days; officers, warrant officers and enlisted service members of the National Guard called or ordered into active service of the United States; reserve officers, warrant officers, and enlisted service members of the Army, Navy, Air Force, Marine Corps, or Coast Guard, called by the Federal government for active service in excess of thirty days; commissioned officers of the Public Health Service and members of the coast and Geodetic Survey, under certain conditions; cadets and midshipmen of the military and naval academies; persons rendered disabled after having been provisionally accepted for service but prior to their final acceptance or rejection; commissioned officers in the National Oceanic and Atmospheric Administration; former members of Women's Air Force Service Pilots (WASPS) who served during World War II, and former members of any other similarly situated group which rendered service to the Armed Forces of the United States.

##### Basic Eligibility Requirements

The basic compensation requirements for veterans are:

- Validity of enlistment must be shown before entitlement to compensation may be established. Generally, an enlistment is considered to be valid except in those instances where the enlistment was accepted by the service department based upon a fraudulent statement of the person entering service. The fact that a person received an other than honorable discharge does not necessarily invalidate his enlistment. If a veteran has two periods of service, one of

which was entirely valid and the other was determined to have been based on an invalid enlistment, the period of service wherein the invalid enlistment occurred would not necessarily have any effect upon entitlement to compensation where such entitlement is shown based upon the valid period of service.

- Disability must have been directly or presumptively incurred in active wartime service or active service on or after January 1, 1947, or there must have been aggravation of a pre-existing disability. In other words, "service-connection" of the disability must be established. Whereas, service-connection connotes many factors, generally and fundamentally it means establishment (to the satisfaction of VA) of the incurrence of injury or disease or aggravation of a pre-existing injury or disease resulting in disability coincidentally with the period of active military or naval service. This is done by the presentation to VA of affirmative facts showing the inception or aggravation of an injury or disease during active service or through the operation of statutory or regulatory presumptions. When, after VA has carefully considered all available information, a reasonable doubt arises regarding service-connection, such doubt will be resolved in favor of the veteran. Particular consideration is accorded combat duty and other hardships of service.
- Disability must have been incurred in line of duty, and must not be due to willful misconduct. For the purposes of establishing entitlement to disability compensation, the Department of Veterans Affairs' regulations provide that the residuals of venereal disease are not to be considered the result of willful misconduct. Consideration of service-connection for residuals of venereal disease as having been incurred in service requires that the initial infection must have occurred during active military service. Increase in military service of manifestations of venereal disease will usually be held due to natural progress, unless the facts of record indicate the increase was precipitated by trauma or by the conditions of the veteran's service, in which event service-connection may be established by way of aggravation. Medical principles pertaining to the incubation period and its relation to the course of the disease will be considered when time of incurrence of venereal disease prior to or after entry into service is at issue. In the issue of service-connection, the question of whether the veteran or serviceman complied with service regulations and directives for reporting the disease and undergoing treatment became immaterial effective November 14, 1972.

Pursuant to Sec. 105, Title 38, U.S. Code, every disease or injury incurred without willful misconduct on the part of the service person while in confinement under sentence of a court-martial or a civil court, will be deemed by VA to have been incurred in line of duty unless disability was the result of a material interference with performance of military duty or unless the court-martial sentence involved an unremitted dishonorable discharge, or in the case of officers, separation under similar conditions, or the sentence of the civil court involved conviction of a felony, as defined by the laws of the jurisdiction where the person was convicted.

In cases where a determination is required as to whether disability was incurred while "avoiding duty by absenting himself without leave materially interfering with the performance of military duties," VA must give consideration to the evidence, including the report of the service department, as to the fact and extent of the interference with performance of duty. Generally, it is to be concluded that material interference does not result from brief absence for a period during which no specific duty assignment was made or would have been made if the person had not been absent without leave, unless a specific duty assignment was avoided by absence without leave.

- Separation from service must have been under other than dishonorable conditions.

- Application for compensation must be made on the prescribed form, VA Form 21-526, "Veteran's Application for Compensation or Pension." As indicated by the title, VA Form 21-526 may be used in claiming either compensation or pension, or for claiming both benefits simultaneously. If a veteran is claiming compensation, and is not alleging total disability because of un-employability, then he does not need to complete that portion of the form pertaining to employment and income. If he is claiming pension only, then he will not be required to provide information relative to treatment during service, but he will have to provide information on his income and net worth. A serviceman or woman may apply for compensation at the time he or she is being processed for release from active duty.

The veteran may also file a claim electronically using the VA's VONAPP, or VA Online Application, found at [www.va.gov](http://www.va.gov).

### **Effective Dates of Award**

If claim has been filed within one year following date of discharge, the effective date of an award of compensation will be:

- The first day of the month following the date of which entitlement is established, which is generally the day following discharge or release from service.

If claim was not filed within the one year period following date of discharge, the effective date of an award of compensation will be:

- The first day of the month following the date on which entitlement is established.

### **Rates of Compensation**

The basic rates of compensation are paid for service-connected disabilities ranging in degree from 10% to 100%, in multiples of ten. In addition to the basic rates, extra allowances are paid for dependents when the veteran's disability is rated at 30% or more. The rates of compensation and the additional allowances for dependents will vary.

### **Effects of Imprisonment on Receipt of Compensation**

Effective sixty-one days after imprisonment compensation payments to persons convicted of a felony will be reduced as follows:

- In the case of an incarcerated veteran with a service-connected disability rating of 20 percent or more the rate payable will be the 10 percent rate.
- In the case of an incarcerated veteran with a service-connected disability rated less than 20 percent or an incarcerated surviving spouse, parent or child, the reduced payment will be one-half of the rate payable for a 10 percent disability.
- The reduction is not applicable to any period which the person is participating in a work-release program or is residing in a halfway house.

- Compensation withheld may be apportioned among eligible dependents or survivors. No apportionment may be made to any person who is incarcerated for conviction of a felony.
- Payment of reduced compensation applies to persons incarcerated for conviction of a felony committed after October 7, 1980, and to persons who, while incarcerated for a felony conviction, are awarded compensation, DIC or death compensation on or after October 7, 1980.
- A total rating (100%) based on individual un-employability may not be assigned during any period in which the veteran is incarcerated for conviction of a felony.

### **Favored Tax Status**

Compensation payments are not subject to income tax. The ability of a veteran to hold employment and produce income generally does not adversely affect entitlement to compensation, other than concerning the question of un-employability.

### **Other Benefits Used on Entitlement to Compensation**

The veteran with a service-connected disability requiring treatment may, upon proper application, obtain the needed treatment on an outpatient basis from a local, "home-town", physician at government expense. If his disability would warrant their use, he may obtain, at government expense, certain orthopedic or prosthetic appliances. He may receive a course of vocational rehabilitation. He is given a priority for admission to VA hospital. At his death, his dependents may receive certain benefits, even though his death was not necessarily due to his service-connected disability. These and other benefits to which veterans with compensable service-connected disabilities are entitled, will be discussed in the chapters to follow. They are mentioned now to emphasize once again the importance of compensation as a veteran's benefit.

### **Change of Address: Forwarding of Government Checks**

Any VA payee receiving monthly benefit checks who changes his mailing address should immediately notify VA on Form 572, "Request for Change of Address". Such payee should also file with his Post Office a regular change of address notice so that any checks addressed to the old address may be forwarded to the new address. If a veteran's new address is served by a different VA Regional Office, and if he desires his records transferred to the new Regional Office, specific request for such transfer should be made on Form 572. (NOTE: Request for change of address on insurance records should be made on VA Form 29-889).

### **Concurrent Retirement and Disability Payments**

Concurrent Retirement and Disability Payments (CRDP) restores retired pay on a graduated 10-year schedule for retirees with a 50 to 90 percent VA-rated disability. Concurrent retirement payments increase 10 percent per year through 2013. Veterans rated 100% disabled by VA are entitled to full CRDP

without being phased in. Veterans receiving benefits at the 100% rate due to individual unemployability are entitled to full CRDP in 2009.

To qualify, veterans must also meet all three of the following criteria:

- Have 20 or more years on active duty, or a reservist age 60 or older with 20 or more credible years.
- Be in a retired status.
- Be receiving retired pay (must be offset by VA payments).

Retirees do not need to apply for this benefit. Payment is coordinated between VA and the Department of Defense (DOD).

### **Combat-Related Special Compensation**

Combat-Related Special Compensation (CRSC) provides tax-free monthly payments to eligible retired veterans with combat-related injuries. With CRSC, veterans can receive both their full military retirement pay and their VA disability compensation, if the injury is combat-related.

Retired veterans with combat-related injuries must meet all of the following criteria to apply for CRSC:

- Active, Reserve, or medically retired with 20 years of creditable service.
- Receiving military retired pay.
- Have a 10% or greater VA-rated injury.
- Military retired pay is reduced by VA disability payments (VA Waiver).

In addition, veterans must be able to provide documentary evidence that their injuries were a result of one of the following:

- Training that simulates war (e.g., exercise, field training)
- Hazardous duty (e.g., flight, diving, parachute duty)
- An instrumentality of war (e.g. combat vehicles, weapons, Agent Orange)
- Armed conflict (e.g. gunshot wounds, Purple Heart)

For information, visit <http://www.dod.mil/prhome/mppcrsc.html>, or call the toll free phone number for the veteran's branch of service: (Army) 1-866-281-3254; (Air Force) 1-800-616-3775; (Navy) 1-877-366-2772. The Army has its own Web site at <https://www.hrc.army.mil/site/crsc/index.html> and email at [crsc.info@us.army.mil](mailto:crsc.info@us.army.mil).

# CHAPTER 4

## DISABILITY COMPENSATION

### Part 3

#### SPECIAL RATES OF COMPENSATION PAYABLE FOR CERTAIN CONDITIONS NOT COVERED BY THE BASIC COMPENSATION

##### Purpose and Scope of the Law

Rates of compensation for certain conditions cannot be adequately covered by the basic 10% to 100% evaluations generally paid. Rates for these special cases are provided for by Title 38, U.S. Code, Section 314, subsections (k) through (s). These special rates are commonly referred to as "statutory awards." The maximum rate of compensation payable in any one case is also set forth in these sections of the law.

##### Definitions and General Provisions for Administering Benefits under Subsections (k) through (p)

- Anatomical loss is defined as the surgical removal or loss through trauma (injury) to the particular part of the body.
- Loss of use of a hand or a foot is held to exist when no effective function remains other than which would be equally well served by an amputation stump.
- Loss of use of an eye, or blindness, having only light perception, is held to exist when there is inability to recognize test letters at one foot and objects, hand movements, or counting fingers cannot be accomplished at three feet.
- "Permanently bedridden" means that the veteran is suffering from a condition which requires him to remain in bed.
- Helplessness may be defined as the inability of a person to perform the ordinary functions of daily existence without assistance.

##### Special Compensation Provided by Subsection (k)

If the veteran, as a result of service-connected disability, has suffered the anatomical loss or loss of use of one or more creative organs (to include breast(s) for female veterans), or one foot, or one hand, or both buttocks, or blindness of one eye, or has suffered complete organic aphonia with constant inability to communicate by speech, or deafness of both ears, the rate of compensation will be increased per month for each such loss or loss of use, independent of any other compensation being paid. The increased rate is prescribed by law and has a maximum allowable amount.

### Special Compensation Provided by Subsection (l) through (o)

It is acknowledged that certain service-incurred disabilities cannot be adequately compensated by the assignment of the basic 100% rate and the above cited subsections provide special rates for these conditions. It should be remembered that these special rates are paid in lieu of the basic 100% rate. The rate provided by subsection (o) is the maximum rate which cannot be exceeded in any one case. However, allowances for dependents are payable in addition to the rates provided in subsections (l) through (t). The special conditions which meet the requirements for these special rates are as follows:

(l) If the veteran, as the result of a service-connected disability, has suffered the anatomical loss, or loss of use of both hands, or both feet, or one hand and one foot, or is blind in both eyes with 20/200 visual acuity or less, or is permanently bedridden, or is so helpless as to be in need of regular aid and attendance, the monthly compensation shall be the current rate as set by law.

(m) If the veteran, as the result of a service-connected disability, has suffered the anatomical loss or loss of use of two extremities at a level, or with complications, preventing natural elbow or knee action with prosthesis in place, or has suffered blindness in both eyes having only light perception, or has suffered blindness in both eyes rendering him so helpless as to be in need of regular aid and attendance, the monthly compensation shall be the current rate as set by law.

(n) If the veteran, as the result of a service-connected disability, has suffered the anatomical loss of two extremities so near the shoulder or hip as to prevent the use of a prosthetic appliance, or has suffered the anatomical loss of both eyes, the monthly compensation shall be the current rate as set by law.

(o) If the veteran, as the result of a service-connected disability, has suffered disabilities which would entitle him to two or more of the rates provided in one or more of the subsections (l) through (n), no condition being considered twice in the determination or has suffered total deafness in combination with total blindness with 5/200 visual acuity or less, the monthly compensation shall be the current rate as set by law.

The veteran qualifies for the increased rate if he has suffered any two of the conditions listed in subsections (l) through (n), no condition being considered twice. For example, if he has suffered loss or loss of use of both hands and both feet he qualifies for the increased rate; however, if he has suffered loss of both hands and such loss has rendered him so helpless as to be in need of regular aid and attendance he would not qualify for the increased rate since the loss of both hands would be considered twice in the determination.

### Special Compensation Provided by Subsection (p)

Realizing that there might be still other disabilities or combinations of disabilities not covered by subsections (l) through (n), the Congress added subsection (p) providing as follows:

(p) (1) If disabilities exceed the requirements of any of the rates prescribed, the Administrator of Veterans Affairs may authorize the next higher rate or an intermediate rate, as prescribed by current law

- (2) Blindness in both eyes (with 5/200 visual acuity or less) together with:
- (a) Bilateral deafness rated at 40 percent or more disabling, and where the impairment of either or both ears is service-connected, the next higher rate is payable, as prescribed by current law, or;
  - (b) Service-connected total deafness of one ear the next intermediate rate is payable, but in no event to exceed the maximum rate as prescribed by law.

Subsection (p) of Title 38, United States Code, Veterans Benefits, is provided to enable the Department of Veterans Affairs to pay the appropriate monthly amount of disability compensation in each service-connected case.

This particular subsection is designed to allow the Department of Veterans Affairs to combine several different disabilities together, thus entitling a veteran to a much larger payment of compensation than would ever be payable under the regular 100% rating. As an example, when a veteran has suffered the loss or loss of use of one hand or one foot, along with the loss or loss of use of another extremity so near the shoulder or hip as to prevent the use of any prosthetic appliance, he is considered to be totally disabled. Through the application of the law and subsection (p) of Title 38, U.S. Code, the VA can authorize compensation payments which will be considerably more than would the regular 100% rate.

Current laws state that when the requirements for any of the rates provided in subsections (l) through (n) or for any of the intermediate rates are met, and there is additional disability independently ratable at 50% or more, the compensation will be increased to the next higher rate. Likewise, when the requirements for any of the rates provided in subsections (l) through (n) or for any intermediate rates are met, and there is additional disability independently ratable at 100%, the compensation will be increased to the next higher rate.

The application of subsection (p) to the service-connected veteran who has suffered severe disabilities will in every case mean a monthly payment of a larger amount than would ever be paid under the regular 100% rate. When a veteran has such severe disabilities which are service-connected, and in most cases render him unemployable, he should be compensated at a rate which will enable him to care for himself and any dependents he might have.

### **Special Compensation Provided by Subsection (q)**

A veteran who, prior to August 19, 1968, was rated as having arrested tuberculosis which was service-connected, is entitled to a statutory payment of \$67 per month. This award is not payable in combination with any other VA payment, as the law merely states that such a veteran shall not be paid less than \$67 per month. Public Law 90-493, approved August 19, 1968, repealed the provisions for any new awards for arrested tuberculosis. Those persons who were entitled to such an award on that date were allowed to continue receiving it, but no new awards can be made.

### **Aid and Attendance Allowance - Subsection (r)**

If a veteran is entitled to compensation under (o), or to the maximum rate under (p), and is in need of regular aid and attendance, he shall receive a special monthly allowance in addition to the (o) or (p) rate.

- If such veteran in need of aid and attendance is also in need of a higher level of care by a qualified health care specialist, and such care would be sufficient for the veteran to remain at home, he shall receive a higher special amount.

### **Special Compensation Provided by Subsection (s)**

If a veteran has a service-connected disability rated as total, and has additional service-connected disability or disabilities independently ratable at 60% or more, or by reason of his service-connected disabilities, is permanently housebound, then the veteran is entitled to additional compensation. The purposes of this subsection, the requirement of "permanently housebound" will be met when the veteran is substantially confined to his house, or his ward or clinical area (if institutionalized), or to the immediate premises, due to service-connected disabilities which are expected to remain throughout his lifetime.

### **Annual Clothing Allowance for Certain Veterans**

Public Law 92-328, effective August 1, 1972, authorized by VA to pay an annual clothing allowance to service-connected veterans who must use artificial limbs, crutches, braces, etc. This allowance is paid automatically to those whose eligibility has been established, and checks are mailed on or about August 1 of each year. If a veteran, because of his service-connected disabilities, feels that he is eligible, a letter over his signature to the VA Medical Center, Prosthetics Department will service as a claim. If a veteran is an amputee, he should be entitled to the clothing allowance. The annual payment can also be made to veterans who must use ileostomy or colostomy devices or for veterans who use creams for service connected skin conditions that may stain clothing.

### **Aid and Attendance Allowance for Spouse of Veteran**

Public Law 94-433, effective October 1, 1976, provided for an aid and attendance allowance to be paid to certain veterans when their spouses are shown to be in need of the regular aid and attendance of another person. The aid and attendance allowance is available to the veteran who is rated 30% or more by the VA because of service-connected disabilities.

Entitlement to the aid and attendance allowance for a spouse will be established in the same manner as for veterans themselves, and for widows and dependent parents. If the spouse is a patient in an established nursing home, entitlement to the allowance may be determined by the VA upon receipt of a statement from the administrator. If the spouse is not in a nursing home, then the VA requires a medical statement signed by a practicing physician, showing sufficient disabilities to justify aid and attendance. The compensation rate indicates the amounts per month, depending upon the veteran's disability rating.

Current rate schedules for all above additional rates are available at [www.va.gov](http://www.va.gov).

# CHAPTER 4

## DISABILITY COMPENSATION

### Part 4

#### BENEFITS UNDER 38 U.S.C. 1151(A) FOR ADDITIONAL DISABILITY OR DEATH DUE TO HOSPITAL CARE, MEDICAL OR SURGICAL TREATMENT, EXAMINATION, TRAINING AND REHABILITATION SERVICES, OR COMPENSATED WORK THERAPY PROGRAM

##### General

With respect to claims alleging disability or death due to compensated work therapy, this section applies to claims that were pending before VA on November 1, 2000, or that were received by VA after that date. The effective date of benefits shall not be earlier than November 1, 2000. To determine whether a veteran has an additional disability, VA compares the veteran's condition immediately before the beginning of the hospital care, medical or surgical treatment, examination, training and rehabilitation services, or compensated work therapy (CWT) program upon which the claim is based to the veteran's condition after such care, treatment, examination, services, or program has stopped. VA considers each involved body part or system separately.

Claims based on additional disability or death due to hospital care, medical or surgical treatment, or examination must meet the causation requirements. Claims based on additional disability or death due to training and rehabilitation services or compensated work therapy program must also meet the causation requirements. To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's additional disability or death. Merely showing that a veteran received care, treatment, or examination and that the veteran has an additional disability or died does not establish cause. Hospital care, medical or surgical treatment, or examination cannot cause the continuance or natural progress of a disease or injury for which the care, treatment, or examination was furnished unless VA's failure to timely diagnose and properly treat the disease or injury proximately caused the continuance or natural progress. The provision of training and rehabilitation services or CWT program cannot cause the continuance or natural progress of a disease or injury for which the services were provided. Additional disability or death caused by a veteran's failure to follow properly given medical instructions is not caused by hospital care, medical or surgical treatment, or examination. The proximate cause of disability or death is the action or event that directly caused the disability or death, as distinguished from a remote contributing cause.

To establish that carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing hospital care, medical or surgical treatment, or examination proximately caused a veteran's additional disability or death, it must be shown that the hospital care, medical or surgical treatment, or examination caused the veteran's additional disability or death; and

- VA failed to exercise the degree of care that would be expected of a reasonable health care provider; or
- VA furnished the hospital care, medical or surgical treatment, or examination without the veteran's or, in appropriate cases, the veteran's representative's informed consent.

Whether the proximate cause of a veteran's additional disability or death was an event not reasonably foreseeable is in each claim to be determined based on what a reasonable health care provider would have foreseen. The event need not be completely unforeseeable or unimaginable but must be one that a reasonable health care provider would not have considered to be an ordinary risk of the treatment provided. In determining whether an event was reasonably foreseeable, VA will consider whether the risk of that event was the type of risk that a reasonable health care provider would have disclosed in connection with the informed consent procedures. To establish that the provision of training and rehabilitation services or a CWT program proximately caused a veteran's additional disability or death, it must be shown that the veteran's participation in an essential activity or function of the training, services, or CWT program provided or authorized by VA proximately caused the disability or death. The veteran must have been participating in such training, services, or CWT program provided or authorized by VA as part of an approved rehabilitation program under 38 U.S.C. chapter 31 or as part of a CWT program under 38 U.S.C. 1718. It need not be shown that VA approved that specific activity or function, as long as the activity or function is generally accepted as being a necessary component of the training, services, or CWT program that VA provided or authorized.

### **Application**

A properly completed and executed Form 21-526, "Application for Compensation," or any communication from or action by a claimant or his duly authorized representative which clearly indicates an intent to apply for the foregoing benefits, when received by the Department of Veterans Affairs will be considered an application for compensation for injury resulting from vocational rehabilitation, hospitalization, medical or surgical treatment, or examination. The claim should be phrased as follows, "This is a claim for compensation under 38 USC 1151 for ...". The disability as well as the date and place of the event should be specified. The veteran may also file a malpractice (tort) claim for monetary damages, usually in lieu of VA compensation. This type of claim is filed directly with the VA Medical Center.

# CHAPTER 4

## DISABILITY COMPENSATION

### Part 5

#### GULF WAR ON TERRORISM (GWOT), OPERATION ENDURING FREEDOM (OEF)/OPERATION IRAQI FREEDOM (OIF) CLAIMS

“There is no higher priority for any VA employee, whether serving in the field or in Headquarters, than ensuring that we are timely meeting the needs of those seriously injured in OIF/OEF. Our success requires the full attention of every employee and vigilant oversight by our leaders and OIF coordinators throughout the organization. In addition to the seriously injured OIF/OEF veterans, VA will provide priority processing of all OIF/OEF veterans’ disability claims.”

Admiral Daniel L. Cooper  
Under Secretary of Veterans Affairs for Benefits

The above statement has been implemented and made policy at all VA Regional Offices throughout this great country of ours. It is our responsibility as Veterans Service Officers to ensure that the VA follows the above requirements and our OIF/OEF Veterans are not forgotten.

#### Compensation Claims Procedures

The Philadelphia Regional Office and Insurance Center will perform centralized processing for Dependency and Indemnity Compensation (DIC) claims and local Regional Offices will provide the required outreach services for surviving spouses and dependents. The goal of the VA is to have the benefits awarded within 48 hours from the time of receipt of the claim.

All other claims, the VA’s goal is to have benefits paid to the veteran within 30 days from the date of claim (if the service member has been discharged from the military). Service members may receive medical treatment at a VA Department of Defense medical facility for several months before actual separation from military service. No claim can be completed until the member is separated from the service. If the claim is within one year of separation than the effective date of the claim will be the day following the date of separation.

We as Service Officers must ensure that we inform the VA in writing that the case is OEF/OIF and should be treated and marked accordingly as such. It is always the responsibility for the VA to attempt to obtain the members Service Treatment Records, but if the member has a copy, make another copy to send with the claim to save the veteran time in development that the VA would have to do to process their claim.

#### Service-Connected Disability Compensation Program

VBA's computer systems do not contain any data that would allow us to attribute veterans' disabilities to a specific period of service or deployment. We are therefore only able to identify GWOT veterans who filed disability compensation claim at some point either prior to or following their GWOT deployment. We are not able to identify which of these veterans filed a claim for disabilities incurred during their actual overseas GWOT deployment.

Many veterans file disability compensation claims for more than one condition. Disabilities are evaluated according to VA regulations, and the extent of the disability is expressed as a percentage from zero to 100 percent disabling, in increments of 10 percent. Veterans with more than one service-connected disability receive a combined disability rating.

The most frequent Service-Connected disabilities for GWOT Veterans (Both Active Duty and Reserve/Guard):

- Tinnitus
- Lumbosacral or cervical strain
- Defective Hearing
- Post Traumatic Stress Disorder
- Limit Motion of the Ankle
- Limited motion of the leg
- Degenerative arthritis of the spine
- Arthritis, due to trauma, substantiated by x-ray findings

## **OEF/OIF Points of Contact**

### **Waco Regional Office**

OEF/OIF Manager, Tom Morley, 254-299-9002

OEF/OIF Coordinator/ Case Manager, Lloyd Coffman, 254-299-9008

Assistant OEF/OIF Coordinator, Ralph Calhoun, 254-299-9101

Outreach Coordinator, Reginald Palmer, 254-299-9700

Joint Services Research Center Coordinator, Jeanette Robnett, 254-299-9115

Casualty Assistance Officer (CAO), Richard Nance, Primary, 254-299-9787

VR&E OEF/OIF Case Coordinator, Daniela Kendall, 254-299-9823

VR&E OEF/OIF Alternate Case Coordinator, Anthony Wood, 254-299-9828

### **Houston Regional Office**

Larry Meador, 713-383-2460, OEF/OIF Manager

Quinton Marshal, 713-383-2394, VSR OEF/OIF Coordinator

Darlene Cooper, 210-699-5037, VSR OEF/OIF Coordinator in San Antonio

Lisa Haggerty (Alt.), 210-699-5040, VRS in San Antonio

Allen Culver (Alt.), 713-383-2399, VSR in Houston

A list of all OEF/OIF Managers, OEF/OIF Coordinators, and Alternate Coordinators is posted on the Office of Field Operations (OFO) website (<http://vbaw.vba.va.gov/BL/20/201/foindex.htm>). If a change is required, notify OFO at the following mailbox: VAVCAWAS/CO/OFO

### **Temple VAMC**

Elizabeth Yonkey, 254-743-1806, Supervisor of C&P Clerk (Handles all C&Ps)

Michael Husted, 254-288-6474 ext. 256 (cell 254-534-4342), OEF/OIF Combat Veteran Case Manager (social worker VHA/DoD Liaison with Fort Hood)  
Douglas Weeks, Program Manager, 254-743-1813

### **El Paso**

Bertha Griffith, 915-564-6100 ext. 7983, Supervisor of Special Exams Unit (Handles all C&Ps)  
Christina Flores, 915-564-6100 ext. 6609, OEF/OIF Program Manager (gets treatment for OEF/OIF vets)  
Emily Horstman, 915-564-6100 ext. 7987, OEF/OIF Transition Patient Advocate (hand carries SI vets through the VHA system)

### **Big Spring VAMC**

Nancy Vega, 432-263-7361 ext. 4885, Supervisor of C&P Exam Unit  
Jennifer Ramirez, 432-263-7361 ext. 7144, OEF/OIF Combat Veteran Case Manager (see above)

### **Dallas VAMC**

Trinette Pichnon or Velda Reed, 214-857-1442, Lead Medical Support Assistant (handles all C&Ps)  
Capri Rice, 214-857-1393, OEF/OIF Program Manager

### **Amarillo VAMC**

Frankie Robertson, 806-355-9703 ext. (1)7674 or Gary Alsup, 806-355-9703 ext (1)7920, OEF/OIF Program & Case Manager  
Cindy Ward, 806-355-9703 ext. (1)7825 Business Office (handles all C&Ps)

### **Lubbock Outpatient Clinic**

Nancy Davis, 806-472-3400 ext. 3542, handles all C&Ps

### **Bonham Outpatient Clinic**

Amy Clark, 903-583-6533, OEF/OIF Program Manager

### **Shreveport VAMC**

Loretta Leavitt, 318-221-8411 Ext. 17057, OEF/OIF Program Manager  
Dr. Robert Fontenot, 318-221-8411 Ext. 17057, Alternate OEF/OIF Program Manager

### **Fort Hood**

Mike Smith, 254-288-8173, Darnall Army Community Hospital  
Lee Price, 254-288-5609, Casualty Assistance Officer

### **Fort Bliss**

Mary Ankor, 915-569-1013, William Beaumont Army Medical Center  
Mrs. Eason-Sawyer, 915-568-2903, Casualty Assistance Officer  
Mrs. Rushbrook, 915-568-3093  
Mrs. Montano, 915-568-6338

### **Dyess Air Force Base**

TSgt Michelle Lewis (NCVOIC), 325-696-4269 or 325-696-2205, Personnel Readiness Unit

### **Goodfellow Air Force Base**

TSgt Charmane Tatus, 325-654-3956, Personnel Readiness Unit

**Camp Mabry, Austin, Texas, Headquarters for Texas State National Guard**

Elizabeth Sutter, 512-633-1850, Transition Assistance Advisor

Eva Carwile, 512-963-2390, Transition Assistance Advisor

**Salt Lake City Regional Office, Benefits Delivery at Discharge (BDD)**

Nicole Gardiner, 801-326-2334, BDD Coach responsible for BDD claims received from Ft. Hood, El Paso and other out based sites under Waco RO's jurisdiction

## Other Useful Resources

If you do not have access to the Internet, or have further questions, contact NMFA at 1-800-260-0218.

National Military Family Association (NMFA)	<a href="http://www.nmfa.org">http://www.nmfa.org</a>
Texas Veterans Commission	<a href="http://www.tvc.state.tx.us/">http://www.tvc.state.tx.us/</a>
American Legion	<a href="http://www.legion.org/">http://www.legion.org/</a>
TRICARE	<a href="http://www.tricare.osd.mil/">http://www.tricare.osd.mil/</a>
Disabled American Veterans	<a href="http://www.dav.org/">http://www.dav.org/</a>
Department of Veterans Affairs	<a href="http://www.va.gov">http://www.va.gov</a>
Military OneSource	<a href="http://www.militaryonesource.com">http://www.militaryonesource.com</a> 1-800-342-9647
Veteran Center Readjustment Counseling and Bereavement Counseling	<a href="http://www.va.gov">http://www.va.gov</a>
The Military Coalition (TMC)	<a href="http://www.themilitarycoalition.org">http://www.themilitarycoalition.org</a>
National Center for PTSD (VA Sponsored Center for PTSD)	<a href="http://www.ncptsd.va.gov/">http://www.ncptsd.va.gov/</a>
Tragedy Assistance Program	<a href="http://www.taps.org/">http://www.taps.org/</a>
Veterans Service Organizations- Lists Organizations Chartered by Congress and/or Recognized by VA for Claim Representation	<a href="http://www1.va.gov/vso/index.cfm?template=view">http://www1.va.gov/vso/index.cfm?template=view</a>
Veterans of Foreign Wars	<a href="http://www.vfw.org/">http://www.vfw.org/</a>
United Spinal Association	<a href="http://www.unitedspinal.org/pages.php?catid=205">http://www.unitedspinal.org/pages.php?catid=205</a>
Veterans and Families	<a href="http://www.veteransandfamilies.org">http://www.veteransandfamilies.org</a>
Fisher House	<a href="http://www.fisherhouse.org">http://www.fisherhouse.org</a>
Military Order of the Purple Heart	<a href="http://www.purpleheart.org">http://www.purpleheart.org</a>

## CHAPTER 5

# OTHER BENEFITS BASED ON SPECIFIC SERVICE-CONNECTED DISABILITIES

### General

There are many benefits, other than compensation, available to veterans who have service-connected disabilities. In this chapter, general provisions, eligibility requirements, and other pertinent information regarding four of such benefits as follows:

- Automobiles and Other Conveyances for Amputee and Blind Veterans
- Prosthetic and Orthopedic Appliances
- Seeing-eye Dogs and Other Aids for Blind Veterans
- Specially Adapted Housing for Disabled Veterans

Service-connection of a specific disabling condition is required as a basis of entitlement to these benefits. Entitlement for an automobile can be established for any veteran, wartime or peacetime, who has a qualifying service-connected disability.

## AUTOMOBILES AND OTHER CONVEYANCES FOR DISABLED VETERAN

### General

Title 38, United States Code, Chapter 39, authorizes the Department of Veterans Affairs to provide financial assistance in purchasing an automobile or other conveyance to certain severely disabled veterans. The VA is authorized to pay a specific amount determined by law toward the purchase of an automobile or other conveyance. Current laws also provide this same assistance to certain qualified active duty personnel. VA is now authorized to pay for certain adaptive equipment in addition to the automobile allowance, equipment which will enable to disabled person to more safely operate the vehicle. Adaptive equipment is not authorized for more than two vehicles to any one veteran at one time. The VA may not reimburse a veteran for adaptive equipment more than two times during any four year period.

## Eligibility

To qualify for assistance in purchasing a conveyance, a veteran must be entitled to VA compensation for disabilities incurred in, or aggravated by, active duty, and resulting in:

- Loss or permanent loss of use of one or both feet;
- Loss or permanent loss of use of one or both hands;
- Complete loss of sight in both eyes, resulting in total blindness;
- Ankylosis, knee or hip.

## Choice of Conveyances

The law provides for payment if the seller from whom the disabled veteran is purchasing the automobile, or other conveyance, under a sales agreement between the seller and the veteran. The term "or other conveyances" has been interpreted to include a jeep, without trailer, new or used; station wagon, new or used; truck, new or used; and tractor, new or used. Application for automobiles, new or used, and for other conveyances as named above, will be processed in the VA regional office of jurisdiction. Applications requesting types of conveyances other than those named, will be forwarded by the regional office to the Central Office, Washington, D.C., for adjudication.

## Points Governing Purchasing of Conveyance

The right to receive Department of Veterans Affairs assistance in the purchase of a vehicle is subject to the following limitations:

- The money will not be paid to the veteran. The furnishing of the automobile or other conveyance will be accomplished by the VA through the payment to the seller from whom the veteran is purchasing the car under a sales agreement between the seller and the veteran.
- No part of the purchase price may be used for maintenance, repair, or replacement of any automobile or other conveyance.
- The allowance may include any amount which is to be paid as local or State taxes, license fees, etc.
- No veteran shall be authorized an allowance toward the purchase of an automobile or other conveyance until it is established to the satisfaction of the Department of Veterans Affairs, that such veteran will be able to operate the car or other conveyance in a manner consistent with his own safety and the safety of others and will be licensed to operate the vehicle by the

State of his residence or other proper licensing authority. However, a veteran who cannot qualify to operate a vehicle shall nevertheless be entitled to the payment on the purchase price of an automobile or other conveyance to be operated for him by another person, provided, of course, that the veteran meets the other eligibility requirements of the Act.

- No veteran may receive more than one automobile or other conveyance under the provisions of the law.

## **Making Application**

Application for automobiles or other conveyances will be made on VA Form 21-4502. The application should be submitted, in duplicate, to the VA office having custody of the veteran's record.

## **Deadline for Filing Claim**

Public Law 90-77, approved August 31, 1967, removed all time limitations for filing application for an automobile or other conveyance. Under present laws, any veteran who is shown by VA service-connected rating to have the loss or loss of use of one or more extremities, blind in both eyes, etc., and is otherwise eligible, may file his application for the automobile grant at any time.

Public Law 95-116, effective October 1, 1977, authorizes the VA to allow the automobile grant to any honorably discharged veteran who as a qualifying service-connected disability. This means that both wartime and peacetime veterans may qualify, providing they have established service-connection for one of the qualifying disabilities mentioned in the first paragraph.

Public Law 93-538, approved December 22, 1974, and effective February 1, 1975, removed all of the restrictive line-of-duty and/or direct-performance-of-duty requirements previously imposed upon veterans who were discharged on or after January 1, 1955. The same eligibility requirements now apply to all veterans with service during peacetime or wartime. The only requirement now is that a veteran must be rated service-connected for permanent loss or loss of use of one or both hands, one or both feet, or impairment of vision to both eyes to a prescribed degree.

Public Law 93-538 also established a driver-training program at all Department of Veterans Affairs hospitals and, where appropriate, at VA regional offices and other medical facilities of the agency. The purpose of the program is to instruct all eligible veterans to operate the type of automobile or other conveyance which he wishes to obtain with the cash grant authorized by the VA. This law also provides authority for the VA to carry out an expanded program of research and development in the field of adaptive equipment, conveyances, and rehabilitation devices. In addition, the law liberalizes and clarifies the term "adaptive equipment" to include, for the first time, such items as an eligible veterans may need to safely operate the vehicle. Included now are such things as air conditioning, power seats, and power window lifts. The law now also authorizes the VA to pay for equipment which an eligible veteran may need to get in or out of a vehicle purchased under the VA grant program.

## **PROSTHETIC AND ORTHOPEDIC APPLIANCES**

## General Provisions

The Administrator of Veterans Affairs is authorized to furnish to entitled beneficiaries of the Department of Veterans Affairs, orthopedic and prosthetic appliances, including artificial limbs, artificial eyes, braces, orthopedic shoes, trusses, crutches, canes, stump socks, hearing aids and batteries, elastic stockings and belts, eye lenses and frames, cosmetic appliances necessary because of disfigurement of face or hands, special clothing made necessary through the wearing of an appliance, etc. Also authorized is repairs to appliances as may be necessary. Dental prostheses are not comprehended as "prosthetic appliances". Special clothing can be furnished only when the prosthetic appliance is of type which actually requires the wearing of special clothing, for example, a neck brace that requires lengthening and broadening of a coat collar. Application for orthopedic and prosthetic appliances and repairs thereto should be made to the Department of Veterans Affairs Medical Center who is treating the veteran.

## Eligibility

Orthopedic and prosthetic appliances of a permanent type may be purchased, made or repaired for, and special clothing (as defined above) may be furnished to:

- Veterans who are eligible for outpatient treatment and who are found to be in need of such appliances for a service-connected injury or disease; OR for a condition which is not service-connected, but which is associated with the service-connected disability and which is held to be aggravating a service-connected disability, or is rated fifty percent or more for any service-connected disability.
- Veterans who are eligible for an receiving hospital treatment and who are found to be in need of such appliances for a service-connected condition; OR for a condition which is not service-connected, but which is associated with the service-connected disability and which is held to be aggravating a service-connected disability; OR for a disease or injury which is not service-connected, for which hospitalization was authorized; OR for a condition which is not service-connected that is associated with and held to be aggravating the condition for which hospitalization was authorized.
- Any veteran who is a former Prisoner of War.
- Veterans, while being afforded domiciliary care, found to be medically in need of such appliances as an incident of domiciliary care.
- Veterans pursuing a course of training under the provisions of Chapter 31, Title 38, U.S. Code (former PL 16, 78th Congress and PL 894, 81st Congress), found to be in need of such appliances for a disease or injury, regardless of service-connection, when medically determined as essential to prevent interruption of such training.
- Veterans of active service during the Mexican Border Period or World War I.
- A wartime veteran, with 90 days or more honorable service, who has been found to be permanently and totally disabled and eligible for disability pension, and who is shown to be

"housebound" or in need of regular aid and attendance. (These veterans are eligible to receive outpatient care at Government expense, and they are entitled to drugs and medicines, as well as prosthetic appliances and sick room supplies).

Retired personnel may be furnished prosthetic and orthopedic appliances on an outpatient basis if they are in receipt of disability compensation from the Department of Veterans Affairs, or would be entitled to such compensation, except for receipt of retirement pay. An artificial limb or other appliance will be supplied or repaired, when medically determined necessary, for any officer or enlisted man retired from active service who has lost a limb or the use thereof through injury or disease incurred or contracted in line of duty in service at any time. "Other appliance" will be taken to mean any appliance which is medically determined necessary to replace, support, or substitute for a missing limb or an anatomical part thereof such as a hand or a foot; or to support a limb anatomical part thereof so deformed or weakened as to constitute loss of use. "Lost the use thereof" will be taken to mean the loss of use of a limb or an anatomical part thereof so as to preclude the normal use of the affected part without the aid of an appliance. This is a matter for determination by the examining physician.

Under the provisions of Section 613, Title 38, U.S. Code, beneficiaries supplied prosthetic appliances under any of the provisions outlined above, will be additionally entitled to fitting and training in the use of such appliances.

## **SEEING-EYE DOGS AND OTHER AIDS FOR BLIND VETERANS**

### **Seeing-Eye or Guide Dog**

Blind ex-members of the Armed Forces entitled to disability compensation for a service-connected disability may be furnished a trained seeing-eye or guide dog. In addition, they may be supplied the necessary travel expenses to and from their places of residence to the point where adjustment to the seeing-eye or guide dog is available and meals and lodging during the period of adjustment, provided they are required to be away from their usual places of residence during the period of adjustment.

The Administrator of Veterans Affairs has held (A.D. 581, dated August 31, 1944) that a veteran who is entitled to receive compensation for a service-connected disability may be furnished with the seeing-eye or guide dog, and with the other aids or appliances provided by the law, regardless of whether his blindness is service-connected or not. A person who is receiving retirement pay from a branch of the Armed Forces may also be furnished a trained seeing-eye or guide dog IF that person would be entitled to compensation from Department of Veterans Affairs except for the receipt of retirement pay.

Application for this benefit is made by letter addressed to the VA office having custody of the veteran's records. Necessary medical care and treatment of guide dogs by veterinarians, at fees not in excess of those charged the general public, may be authorized. Guide dogs lost without negligence on the part of the beneficiary may be replaced, provided eligibility thereto still exists.

### **Mechanical and Electronic Equipment**

Furnishing of mechanical and electronic equipment considered as aiding in overcoming the handicap of blindness, is also authorized by the above mentioned law.

The list of approved aids which may be furnished by the Department of Veterans Affairs includes, but is not restricted to, the following: Braille writers; board pencils; canes, wooden or aluminum; slates; Braille desks; watches, Braille, pocket or wrist; alarm clocks, Braille, key wound or electric; typewriters, portable or non-portable; Talking Books, Talking Book records; books of Braille; artificial eyes, glass or plastic; radios and electronic recording machines. Repairs and replacement of such articles issued to blind veterans, necessitated by fair wear and tear and not by the beneficiary's willful neglect, will be authorized by the director of the Department of Veterans Affairs regional office concerned. In order to obtain the aids so provided, a beneficiary should submit a written request to the VA, over his own signature, giving the following information: name, address, and C-number, what equipment is desired and his need for such equipment, a statement that he has not previously been furnished such equipment by the Department of Veterans Affairs and that the equipment, if issued, will not be sold, given away, traded or willfully destroyed.

## **SPECIALLY ADAPTED HOUSING FOR DISABLED VETERANS**

### **Veterans Eligible for Assistance**

The Department of Veterans Affairs is authorized to assist veterans who suffer from certain specified service-connected disabilities in acquiring a suitable housing unit with special fixtures or movable facilities made necessary by the nature of the veteran's disability. Assistance is also available to qualified veterans in procuring necessary land for the housing unit.

Those who are eligible to receive such assistance are divided into two categories with reference to the nature of their disabilities. Entitlement may be based on disabilities incurred in either wartime or peacetime, but the disabilities must have been incurred in service after April 20, 1898. A veteran is entitled to this assistance if

- he is permanently and totally disabled from service-connected disability due to the loss, or loss of use (by reason of amputation, ankylosis, progressive muscular dystrophies, or paralysis) of both lower extremities; or
- he is permanently and totally disabled from service-connected disability which includes
  - blindness in both eyes, having only light perception, plus
  - loss or loss of use of one lower extremity, and such total and permanent disability is such as to preclude locomotion without the aid of a wheelchair.

The regulations of the Department of Veterans Affairs provide that, in addition to meeting the requirements with reference to disability, as set forth above, it must be shown that;

- it is medically feasible for such veteran to reside in the proposed housing unit and in the proposed locality;
- the proposed housing unit bears a proper relation to the veteran's present and anticipated income and expenses; and

- the nature and condition of the proposed housing unit are such as to be suitable to the veteran's needs for dwelling purposes.

For certain severely injured veterans, this allowance may be granted while still on active duty.

### **Limitations on Assistance Furnished**

Under present laws, the Department of Veterans Affairs is authorized to pay not more than 50% of the total cost of buying or building a specially adapted home, not to exceed the maximum under current statute for any one eligible veteran. This grant of up to one-half the cost of such a home applies when the veteran is purchasing a specially constructed home and the land upon which it is located, or when the veteran is purchasing the land and will have a home constructed.

Public Law 96-385, effective October 1, 1980, provides a special housing grant as prescribed by current law for veterans with service-connected blindness in both eyes (5/200 visual acuity or less), or with the anatomical loss or loss of use of both hands. This grant will not be made if the veteran previously received a grant for specially adapted housing from the VA.

### **Furnishing of Plans and Specifications**

The Administrator is authorized to furnish to veterans eligible for assistance under this chapter, without cost to the veterans, model plans and specifications of suitable housing units.

### **Additional Benefits Under Other Laws**

Any veteran who accepts the benefits of specially adapted housing assistance provided shall not by reason thereof be denied the benefits of a home loan as originally provided for veterans of World War II, Korean Conflict and Vietnam Era, now cited as Chapter 37, Title 38, U. S. Code. However, the benefit for specially adapted housing shall not be available to any veteran more than once.

### **Bilateral Amputations of Lower Extremities**

In Administrator's Decision No. 834 of December 8, 1949, it was held that veterans having suffered bilateral amputations of the lower extremities, regardless of the level of such amputations, and regardless of the fact that such veterans may have been fitted with suitable prosthesis, will be considered as meeting the primary eligibility requirements for assistance in specially adapted housing, since such persons are incapable of ambulating without such artificial limbs and the limbs may be considered as meeting the definition of "Braces" as defined in the law.

### **Application**

Application for the above benefit should be made on VA Form 26-4555, "Veteran's Initial Application in Acquiring Specially Adapted Housing."

Public Law 92-95, approved and effective August 11, 1971, authorized veterans mortgage life insurance for veterans who have received the Specially Adapted Housing grant from the Department of Veterans Affairs, and who have existing mortgages on such property. This insurance is provided under a group policy issued to the Administrator of Veterans Affairs by one of the leading life insurance companies in the United States. The mortgage protection program will be conducted under the supervision of the Department of Veterans Affairs.

The law provides for a maximum life insurance protection. If the loan amount is less than the maximum protection, then the life insurance will be issued for the amount of the mortgage. The amount of coverage will reduce as the mortgage is repaid, but the premiums will remain the same. No coverage will be extended to veterans beyond their 70th birthday. Upon the death of the insured veteran, the proceeds of the policy will be paid only to the holder of the mortgage loan.

Any veteran who acquires Specially Adapted Housing will be fully informed with reference to the mortgage life insurance available to him.

## CHAPTER 6

# EVIDENCE IN SUPPORT OF CLAIMS

### **Evidence**

Evidence in support of claims for benefits before the Department of Veterans Affairs may be any information which relates to and lends favorable light on the claim. Evidence commonly used in support of claims may be of so many different types and come from so many sources it would be impossible to enumerate them here. To cite a few sources and forms, evidence may be in the form of medical records obtained from the service department; statements or affidavits by the claimant, members of his family, friends, physicians, or buddies in service; a report of a period of hospitalization in either a VA hospital, state or private hospital, local clinic or physician's office; report of a physical or dental examination or treatment; copies of correspondence from agencies, organizations, individuals, congressmen, clergymen, or any other official; public documents and court records such as records of birth, death, marriage, divorce, annulment; records of person's income and expenses; copy of the veteran's discharge or other records of service in the armed forces; records of employment and statements to prove un-employability.

All claims are adjudicated on the basis of the evidence which is of record at the time the claim is under consideration. Except for those presumptions which are granted by law or by regulation, all questions must be resolved on the strength of the facts which are available. For this reason it is to the advantage of every claimant to see that his claim is as fully developed and as completely documented as possible at the time it is first presented.

### **Evidence Most Frequently Used**

In claims for disability compensation the question of service-connection is usually resolved on the basis of service treatment affidavits or statements of comrades in service or statements of physicians who treated the veteran within a short time after his separation from active service.

Claims for disability pension are usually decided on the basis of medical statements regarding the veteran's physical condition and lay statements dealing with education and vocational background and employability. Veterans who are 65 or older are presumed to be unemployable for pension purposes without regard to disability as are those in receipt of disability social security and those over 18 who are a patient in a nursing home.

### **Preparing Affidavits or Statements**

When the Service Officer is called upon to assist in the preparation of statements to be used in support of a claim, there are certain essential points which should be kept in mind. First, the statement should be factual. A statement consisting of conjecture or of personal opinion is of questionable value. The person making the statement should recite, as clearly as possible, those points on which he has definite knowledge. Secondly, the statement should be couched in terms consistent with the educational level of the person executing the statement. It is not necessary, nor even desirable, for a statement by a layman to be written in legal or medical terminology. These statements, when submitted, will be

considered by experts in those fields who are able to form the appropriate legal or medical conclusion from the statement of facts.

In submitting statements by members of the medical profession, it is always important that the statement indicate whether the information is being furnished from records or from memory.

### **Continuity of Symptoms**

Whenever a claim is based on a disease or injury which occurred several years prior to the time the claim is filed, the Department of Veterans Affairs usually asks for evidence to establish a "continuity of symptoms", that is, evidence to show that the present disability is traceable to the disease or injury suffered in service and not to an undercurrent disease or injury. Even though there may be cases, where the origin of the condition is obviously traumatic and can be readily fixed, in which this type of evidence is not absolutely essential, it is never harmful. Naturally, the best evidence of this type would be in the form of statements of physicians who have examined and/or treated the claimant during the period between the onset of the condition and the date of claim. Such statements should show the date on which the doctor first treated the veteran, findings at that time, and a report of any subsequent examinations or treatments. In the absence of this most desirable evidence, it would be possible to establish continuity through the submission of affidavits of friends and associates having knowledge of the existence of the condition in question. Such statements should also include mention of the reason why the person making the statement recalls the incidents in question.

### **Marital Status**

In the absence of conflicting information, proof of marriage which meets the requirements of appropriate VA Regulations, together with the claimant's certified statement concerning the date, place and circumstances of dissolution of any prior marriage may be accepted as establishing a valid marriage, except in a case involving a Mexican divorce, provided that such facts, if they were to be corroborated by record evidence, would warrant acceptance of the marriage as valid. Where necessary to a determination because of conflicting information, proof of termination of a prior marriage will be shown by proof of death, or a certified copy or certified abstract of a final decree of divorce or annulment specifically reciting the effects of the decree. Any time a change occurs in marital status, a veteran should submit a new VA Form 21-686c, together with appropriate proof of the change.

### **Evidence of Dependency of Parents**

In establishing dependency of parents two facts must be proven relationship and dependency. The first fact should be proven by the submission of a copy of the veteran's birth certificate; the second can best be proven by submission of VA Form 21-509, "Statement of Dependency." In order to avoid delay in processing, the claimant should be advised to set out in detail all of the information requested on the form, even if it is necessary to attach a supplemental sheet to the form in order to do so. It is important to remember that when a veteran's mother claims dependency and her husband is living and not estranged, it is necessary for the husband to furnish the requested information regarding own income and expenses even though he may not be claiming dependency for himself.

### **Public Records in Texas for Veterans and Their Dependents**

Whenever a copy of any public record is required by the Department of Veterans Affairs, to be used in connection with the claim of a veteran or dependents, the official charged with custody of such public

record may, without charge, provide the applicant for such benefits or any person acting on person's behalf or the representative of the Department of Veterans Affairs with a certified copy of such record. (HB 426, 49th Legislature, 1945).

## Evaluation of Evidence

Service Officers should always remember that the responsibility for evaluation of evidence and adjudication of claims rests with the Department of Veterans Affairs. Our responsibility is for the development and presentation of the evidence in support of the claim. For these reasons, it is considered inadvisable for Service Officers to advance definite opinions regarding the outcome of any particular claim. Even though the evidence being submitted may appear to establish conclusively the point in question, we must remember that the claim is to be adjudicated on the basis of all the evidence of record, which may include evidence which would conflict with or contradict the evidence being presented. On the other hand, evidence which may appear to be of little value in itself may prove to be the one thing necessary to complete a picture which had not been clear without it.

Statements by physicians will, of necessity, sometimes be based on the physician's memory rather than on written records. Evidence of this type assumes increased weight, if the physician includes in a statement some reference to circumstances which bring this particular examination or treatment to mind.

## **CHAPTER 7**

### **NONSERVICE-CONNECTED DISABILITY PENSION**

#### **PENSION FOR DISABILITIES NOT NECESSARILY THE RESULT OF SERVICE (FOR VETERANS WHO QUALIFY FOR BENEFITS ON OR AFTER JANUARY 1, 1979, AND THOSE PREVIOUSLY ENTITLED WHO ELECT TO RECEIVE BENEFITS UNDER PUBLIC LAW 95-588, AND THIS CHAPTER.)**

##### **Enabling Legislation**

Public Law 95-588, approved November 4, 1978, was entitled "Veterans' and Survivors' Pension Improvement Act of 1978," and provided a new pension program for veterans and their survivors. For the purpose of distinguishing this particular law from earlier VA pension laws, this new law pertains to a program of "restructured pension." "The restructured pension program went into effect on January 1, 1979, and any claim for benefits received by the VA on or after that date will be Public Law 95-588.

This law provided a savings clause for persons who were already receiving VA pension under a previous program. Those already receiving pension under a previous law were given the choice of remaining under their particular program, or changing to the new restructured pension program, whichever is to their advantage. Any signed election to change to the new law should be made to the VA regional office having jurisdiction over the individual veteran's claim file. Any elections made prior to September 30, 1979 provided an effective date of benefits from January 1, 1979. Any election received by the VA after September 30, 1979 will provide new law benefits only from the date it is received by the VA.

##### **Basic Eligibility**

Basic eligibility for pension benefits under this law requires honorable Federal military or naval service of 90 days or more during any period of wartime as established by Congress or by Presidential proclamation. Included are veterans of World Wars I and II, the Korean Conflict, Vietnam Era and the Persian Gulf War.

If the veteran entered active duty after September 7, 1980, generally he/she must have served at least 24 months or the full period for which called or ordered to active duty (There are exceptions to this rule).

##### **Maximum Annual Guaranteed Rates**

Earlier pension laws established that a veteran could receive benefits if annual income was not in excess of certain limitations. The restructured law provides benefits by using a maximum annual guaranteed rate. Another appropriate term for use might be guaranteed annual income, for this is really what Public Law 95-588 provides to veterans. It simply means that a pensioner will be guaranteed a maximum annual income, reduced dollar for dollar by whatever income the eligible recipient may

receive from sources other than the VA. The current maximum annual income rates for veterans are available at [www.va.gov](http://www.va.gov).

## Method of Payment

In most instances, pension payments will be made on a monthly basis to eligible veterans. The law provides an exception in cases where the annual VA payment is less than 4% of the maximum single veteran's annual rate. In such cases, the VA will make payments on either a quarterly or an annual basis, rather than making small monthly payments. This differs vastly from the previous pension law, under which many veterans receive only \$5 per month. No such small payments will be made under this law.

## Countable Income

The income of the veteran's spouse will always be included in determining the pension amount payable to a veteran. The income of a child of the veteran will be considered as the veteran's income to the extent that such income is reasonably available to or for the veteran. The VA may disregard a child's income if counting it would work a hardship on the veteran. The following income will be excluded under PL 95-588:

- Donations from public or private relief or welfare organizations.
- Amounts equal to amounts paid by a veteran for the last illness and burial of the veteran's spouse or dependent child.
- Fire insurance proceeds.
- Profit from the sale of real or personal property other than in the course of a business.
- Amounts in joint accounts acquired by reason of the death of co-owner.
- Amounts equal to amounts paid by a veteran for educational expenses, including tuition, fees, books, materials, and unusual transportation expenses if veteran is in need of aid and attendance. If veteran is attending school under the GI Bill, any amounts of training allowance in excess of school expenses will be counted as income.
- Un-reimbursed medical expenses shall be excludable to the extent that they exceed 5% of the maximum annual rate that would be applicable based on the number of family members for whom pension is payable.
- The earned income of any child is excluded up to the amount which would require the child to file a Federal income tax return. If such child is pursuing a course of post-secondary schooling, there will be excluded all necessary expenses of education.
- Military retired pay. Effective October 1, 1980, Public Law 96-385 authorizes Improved Pension to a person entitled to or receiving military retired pay without requiring a waiver. The amount of such retired pay will be counted like any other retirement income. If the total countable income of the veteran, including military retired pay, is within the limitations prescribed in the new pension law, and all other requirements are met, benefits can be awarded.

### **Corpus of Estate**

As under the previous pension program, the restructured pension program authorizes the VA to deny or terminate pension whenever the estate of the claimant is shown to be excessive. Under the restructured pension program, the VA must count not only the estate of the veteran, but also the estate of the veteran's spouse and the estate of dependent children.

### **Indexing of VA Pension Benefits**

All new law VA pension rates are automatically adjusted to the Consumer Price Index. Whenever an increase in Social Security benefits is authorized, the maximum annual VA pension rate will be adjusted by the same percentage as the Social Security increase. This statutory provision will prevent any VA pensioner from suffering a decrease in benefits solely because of an increase in Social Security.

## CHAPTER 8

# EFFECTIVE DATES OF AWARDS

### Initial Awards of Compensation

Where an initial claim for compensation is filed within one year from discharge or release from active duty, the effective date of the award of compensation will be the first day of the calendar month following the date on which entitlement is established. Generally speaking, the effective date would be the date following discharge from service. This would then mean that the compensation award would be commenced effective the first day of the next calendar month. If a claim is received more than one year following discharge, the effective date would generally be the day the claim was received.

### Increased Awards of Compensation by Reason of Change in Physical Condition

A formal application for increased disability compensation will not be required, and an informal application or request, when accompanied by evidence of a changed physical condition, will suffice.

When the evidence of increased disability consists of an official Department of Veterans Affairs physical examination or hospitalization report or record of treatment, the effective date of the increased award will be the first day of the month following the date on which entitlement is established.

When the evidence of increased disability consists of reports from State, county, municipal or contract hospitals, or from recognized private institutions, such reports will be accorded due consideration by the VA rating board, provided such reports include information which is essential in describing the condition to be rated. When statements from private physicians are submitted, the effective date of any increased award will generally be the first day of the calendar month on which entitlement is established.

### Initial or Increased Awards of Compensation by Reasons Other Than Physical

*BY REASONS OF DEPENDENTS:* A veteran who is in receipt of disability compensation for conditions ratable at 30% or more is entitled to an additional allowance for a spouse, dependent children, or dependent parents. The monthly amount of the additional allowance depends upon the percentage rating for the veteran's service-connected disabilities and the number of dependents.

In those instances where additional allowances are applicable, the payment of such amounts is effective from the first day of the calendar month following the date on which entitlement is established.

*BY REASON OF REGULATORY OR SCHEDULAR PROVISIONS:* The effective date of an award, (initial, increased, or reopened) resulting from an amendment of the Rating Schedule or the publication of an administration issue, will be the date of receipt of the claim under the amendment or new issue, but in no event prior to the date of the amendment or new issue. If a claim is pending at publication of such an amendment or administration issue, benefits otherwise in order may be awarded from the date of publication of the amendment or issue. If the amendment or issue is applied

on the initiative of the Department of Veterans Affairs (that is, without a request from the veteran), the effective date will be the date the rating sheet is signed by the Rating Board.

*BY REASON OF CHANGE IN CHARACTER OF DISCHARGE:* Where entitlement is established because of the correction, change or modification of a military record, or of a discharge or dismissal, by a board established under Title 10, U.S. Code, Sections 1552 or 1553, or because of other corrective action by competent military, naval, or air authority, the award will be effective from the first day of the first calendar month following the date entitlement is established.

*BY REASON OF REVISION OF RATING BOARD DECISIONS:* Where an initial or increased award of compensation is in order by reason of reversal or amendment of a prior decision of a Rating Board on basis of a showing of clear and unmistakable error in such prior decision, the effective date will be the same date on which the award would have been effective, under the applicable regulations, had such error not been made.

*BY REASON OF NEW AND MATERIAL EVIDENCE:* The effective date will be determined as follows:

- When records other than service department records are received within the appeal period or prior to the appellate decision, the effective date will be as though the former decision has not been rendered.
- When records other than service department records are received after the final disallowance of a case, the effective date of claim will be the date of receipt of the new claim or the date entitlement arose, whichever is later.
- When service department records are received, the VA can look upon such additional records as having been lost or mislaid. In order to agree with the evaluation or date of receipt of the claim on which the prior evaluation was made, the effective date will be the date of the evaluation or the date of receipt of the initial claim, whichever is later, subject to the rules on original claims filed within one year after separation from service.

### **Effective Dates - Reductions or Discontinuance's of Awards of Compensation**

*BY REASON OR CHANGE IN PHYSICAL CONDITION:* When a reduction or discontinuance in the compensation being received by a veteran is made necessary by a change in physical condition, such reduction does not become effective until the end of the calendar month following the expiration of sixty day period after the date the rating is made. During this sixty day period, the veteran has the opportunity to submit evidence to rebut the proposed reduction. If, based upon the evidence submitted, it is determined that the proposed reduction is not warranted, action shall be taken to confirm, modify or cancel the award in effect at the time of the proposed reduction.

*BY REASON OF SEVERANCE OF SERVICE-CONNECTION:* The effective date of reduction or discontinuance of an award of compensation by reason of severance of service-connection will be the last day of the month in which the rating which severs service-connection is made. When severance of service-connection is proposed, the veteran will be given a reasonable time, not to exceed 60 days from the date on which notice of the proposed action is mailed to him, to submit evidence pertinent to the

question. If such evidence is not received within the prescribed time, or, if received, is not adequate to rebut the proposed action, the rating severing service-connection will be made and the award will be reduced or discontinued effective as of the last day of the month in which a 60 day period from the date of notice to the beneficiary of the final rating action expires.

*BY REASON OF CHANGE IN DEPENDENCY STATUS:* The effective date of discontinuance or reduction of compensation or pension being paid on behalf of dependents will be fixed in accordance with the facts found: marriage, annulment, divorce, death, or change in corpus of estate, the end of the month in which changes occur; discontinuance of school attendance, the last day of the month in which such attendance was discontinued.

*BY REASON OF FRAUD:* The effective date of discontinuance or reduction of compensation in case of fraud will be the effective date of the initial award.

*BY REASON OF RECEIPT OF ACTIVE SERVICE OR RETIREMENT PAY:* The effective date of discontinuance of compensation or pension in these cases will be as of the date next preceding the date of commencement of such pay.

*BY REASON OF DEATH OF THE VETERAN:* The effective date of the discontinuance of compensation or pension in case of the death of the veteran will be the last day of the month before the month in which the veteran died.

*BY REASON OF BEING INCARCERATED:* Veterans who are incarcerated in a Federal, State or local penal institution for conviction of a felony will receive a lesser rate of compensation beginning 61 days after such incarceration. The rate of payment will be the 10% rate for those with a combined evaluation of 20% or more, and one-half the 10% rate for a 10% combined evaluation, or a 0% combined evaluation with (k) or statutory (q) award. This provision applies to incarceration for conviction of felonies committed after October 1, 1980, the effective date of Public Law 96-385, and to those incarcerated on that date for a felony conviction for which award action is taken on or after that date. Also under this provision, no service-connection total disability based on individual unemployability can be assigned on or after October 1, 1980, for any period in which the veteran is incarcerated for conviction of a felony.

### **Prohibition Against Reduction of Ratings of Total Disability For Compensation Purposes Which Have Been in Effect For Twenty or More Years**

Title 38, U.S. Code (Section 110) provides that a rating of total disability which has been made for compensation purposes under laws administered by the Department of Veterans Affairs, and which has been continuously in force for twenty or more years shall not be reduced thereafter, except upon a showing that such rating was based on fraud. The 20-year period begins to toll from the effective date of the total rating, or, the date from which the evidence shows total disability had its inception.

It should be remembered that the law prohibits reduction or discontinuance of the rating. Adjustments of awards in such cases which do not affect the rating will be made. For instance, the award under a total rating will be reduced when the veteran has no dependents and is in a Department of Veterans Affairs institution or other institution at the expense of the Department of Veterans

Affairs. Also, an award of compensation will be reduced effective from the date of reduction in the number of dependents of the veteran.

### **Protection of Service-Connection**

Effective from January 1, 1962, service-connection for any disability or death which has been in force for ten years or more, may not be severed except where it is shown that the original claim was based on fraud, or where it is shown that the veteran did not have the required character of discharge from the military service.

A disability which has been continuously rated at or above a given percentage for 20 or more years for VA compensation purposes, cannot be reduced except upon a showing that the claim was based on fraud. Thus, a 30% rating which has been in effect 20 years or longer cannot be reduced. It may be increased, however. The amount of increase would not be protected until it has been in force for 20 years or more, but the protective feature would continue to apply to the 30% level and the rating could not be reduced lower than the original protected 30% rating.

### **Effective Dates - Awards of Nonservice-Connected Disability Pension**

The effective date of an original or reopened award of disability pension shall be the date of receipt of the claim. The award may be retroactive for up to a period of one year prior to the date of claim (but not earlier than the date the veteran became permanently and totally disabled) if the following conditions are met:

- Veteran files a claim for a retroactive award within one year from the date he or she became permanently and totally disabled.
- Veteran was prevented by a disability (not of misconduct origin and not necessarily the disability on which P & T is based) from applying for pension; and
- Disability prevented the veteran from filing a pension claim from the date of P & T for a period of at least 30 consecutive days.

### **Effective Dates - Increased Awards of Pension**

If a veteran is found to be entitled to aid and attendance allowance, the increased award may be paid from the date on which the Department of Veterans Affairs receives the acceptable evidence to establish eligibility. Likewise, increased pension for being housebound may be paid from date of receipt of the appropriate evidence. However, 38 CFR 3.31 applies for commencement of the period of payment.

### **Effective Dates - Reductions or Discontinuance's of Awards of Pension**

*BY REASON OF CHANGE IN PHYSICAL CONDITION:* When a reduction or discontinuance of an award of disability pension is made necessary by a change in physical condition, such reduction or discontinuance will become effective the last day of the month in which the reduction or discontinuance is approved.

*BY REASON OF CHANGE IN DEPENDENCY:* In the case of a veteran receiving disability pension whose dependency status changes, the award will be corrected effective the first day of the month after the change in dependency occurs.

*BY REASON OF RECEIPT OF ACTIVE SERVICE OR RETIREMENT PAY:* The effective date of discontinuance of compensation or pension in these cases will be the date next preceding the date of commencement of such pay.

*BY REASON OF DEATH OF THE VETERAN:* The effective date of discontinuance of compensation or pension in the case of the death of the veteran will be the last day of the month before the death.

*BY REASON OF EXCESSIVE INCOME:* Reductions or discontinuance's of VA pension by reason of change in pensioner's income, other than social security, will occur on the last day of the month in which the increase in income became effective.

*BY REASON OF FRAUD:* The effective date of discontinuance or reduction of pension in case of fraud will be the effective date of the initial award.

### **Prohibition Against Reduction of Ratings of Permanent Total Disability or Pension Which Has Been in Effect for Twenty or More Years**

A rating of total disability or permanent total disability which has been made for compensation, pension, or insurance purposes under laws administered by the Department of Veterans Affairs, and which has been continuously in force for twenty years or more, shall not be reduced thereafter, except upon a showing that such rating was based on fraud.

## CHAPTER 9

# SPECIAL PENSION TO HOLDERS OF MEDAL OF HONOR

### Special Pension to Holders of Medal of Honor

Any veteran who has been awarded the Medal of Honor and with name enrolled on the Army, Navy, and Air Force Medal of Honor Roll, will be paid a special pension monthly.

This special payment will not deprive the person of any other monetary benefit to which he or she may be entitled or subsequently become entitled, but is in addition to any other benefit payable under other existing or subsequent laws.

The effective date of payment is the day on which the applicant files an application to become enrolled on the Honor Roll.

These payments are made by the Department of Veterans Affairs, but application is properly submitted to the Secretary of the Army, Navy, or Air Force and payments are made throughout the lifetime of the beneficiary.

The awarding of higher combat decorations in most instances has always been limited to persons who distinguished themselves by acts which occurred during wartime periods when the United States was actually engaged in armed conflict with an enemy of this country. Public Law 88-77, approved July 25, 1963, expands the criteria for awarding the Medal of Honor and certain other medals, so that prompt recognition of the services and sacrifices can be given to personnel involved in "cold war" situations, such as Vietnam and other places.

Public Law 88-77 provides that the same criteria be applied in making these awards for all of the Armed Forces. It also established that a member of the Coast Guard may receive the Medal of Honor, regardless of whether the Coast Guard is operating as part of the Navy or as part of the Department of Transportation.

# CHAPTER 10

## RELATIONSHIP AND DEPENDENCY DEFINITIONS

### Proof of Marriage

Generally, the VA does not require a copy of the marriage certificate to prove marriage. The veteran must provide the city/state and month/year of the current marriage as well as the city/state and month/year of termination of any previous marriages for the veteran and current spouse. If there appears to be a discrepancy in the marital history, documentary evidence may be required.

When documentary evidence is required by the VA, the following will be accepted, in order of preference listed:

- Copy of the public record of marriage, duly certified or attested, or by an abstract of the public record, containing sufficient data to identify the parties, the date and place of the marriage and the number of prior marriages by either party if shown on the official record, issued by the officer having custody of the record or one duly authorized to act for him, bearing the seal of such office, or otherwise properly identified, or a certified copy of the church record of marriage.
- Official report from service department as to marriage which occurred while the veteran was in service.
- The affidavit of the clergyman or magistrate who officiated.
- The original certificate of marriage accompanied by proof of its genuineness and the authority of the person to perform the marriage.
- The affidavits or certified statements of two or more eye witnesses to the ceremony.
- In cases involving legal common law marriages, the VA will accept VAF 21-4170 of one or both parties, setting forth the full facts and circumstances concerning the alleged marriage. In cases of common law marriage, the VA generally also VAF 21-4171 from at least two other people who know from personal observation that the parties lived as husband and wife.

### Validity of Marriage

In the absence of conflicting information, proof of marriage which meets the requirements of Section 132, together with the claimant's certified statement concerning the date, place and circumstances of dissolution of any prior marriage may be accepted as establishing a valid marriage, except in a case involving a Mexican divorce, providing that such facts, if they were to be corroborated by record of evidence, would warrant acceptance of the marriage as valid. Where necessary to a determination because of conflicting information, proof of termination of a prior marriage will be shown by proof of death, or a certified copy or a certified abstract of final divorce or annulment specifically reciting the effects of the decree.

## **Marriages Deemed Valid**

Where an attempted marriage of a claimant (of death pension, death compensation, or dependency and indemnity compensation) to the veteran was invalid by reason of a legal impediment, the marriage will nevertheless be deemed valid if:

- The marriage occurred one or more years before the veteran died, and
- The claimant entered into the marriage without knowledge of the impediment, and
- The claimant cohabited with the veteran continuously from the date of marriage to the date of death, and
- No claim has been filed by a legal widow who has been found entitled to gratuitous benefits.

In a widow's claim where proof of marriage has been submitted, and also meets the requirements as outlined in the preceding paragraph, the widow's signed statement that she had no knowledge of an impediment to her marriage to the veteran will be accepted in the absence of information to the contrary, as proof of that fact.

## **Surviving Spouse**

A Surviving Spouse is a person of the opposite sex whose marriage to the veteran meets the requirements of a valid marriage under the law of the place where the parties resided at the time of marriage, or the law of the place where the parties resided when the right to benefits accrued and who was the spouse of the veteran at the time of the veteran's death and:

- Who lived with the veteran continuously from the date of marriage to the date of the veteran's death except where there was a separation which was due to the misconduct of, or procured by, the veteran without the fault of the spouse; and
- Has not remarried or has not since the death of the veteran and after September 19, 1962, lived with another person of the opposite sex and held himself or herself out openly to the public to be the spouse of such other person.

## **Continuous Cohabitation**

The requirement that there must have been continuous cohabitation from the date of marriage to the date of death of the veteran will be considered as having been met when the evidence shows there was no separation due to the fault of the widow. If the parties by mutual consent lived apart for purposes of convenience, health, business, or any other reason which did not show an intent on the part of the widow to desert her husband, the continuity of the cohabitation will not be considered as having been broken. Temporary separations which naturally occur in the ordinary course of life, including those

caused for the time being through no fault on the part of either party, will not break the continuity of the cohabitation. State laws will not control in determining questions of desertion. Due consideration will be given to findings of fact in court decisions made during the life of the veteran on issues subsequently involved in the application of this paragraph.

### **"Child" Defined**

The term "child" means (except for purposes of government insurance) a person who is unmarried and:

- Who is under the age of eighteen years;
- Who, before attaining the age of eighteen years, became permanently incapable of self-support;  
or
- Who, after attaining the age of eighteen years and until the completion of education or training, up to age twenty-three, when attending an approved school; and
- Who is a legitimate child, a legally adopted child, a step-child who is a member of the veteran's household or was a member at the time of death, or an illegitimate child who is shown to be the child of the veteran. If a surviving spouse of the veteran legally adopts a child within two years after the veteran's death, such child is a dependent for all VA purposes. A step-child is a child of the veteran's spouse, and is a dependent if under 18 years of age and was living in the veteran's household at the time of death.

Public Law 96-22, approved June 13, 1979, states that in order for VA benefits to be paid to or for a child outside the U.S., based on adoption under laws of the foreign country, the child must have been under age 18 when adopted, one-half or more of child's support comes from veteran, and child is residing with veteran except in certain specified circumstances. After the veteran's death, such an adoption will be recognized by the VA only if the veteran was entitled to and did receive a dependent's allowance or similar benefits for a child at any time during the year before death. This new law will bar the VA from paying dependency and death benefits in many cases where claims are made by or for children who reside in foreign countries, and who may or may not have been children of a veteran.

### **Legitimacy of Child**

The question of the legitimacy of a child is dependent upon the laws of the state involved.

### **Veteran's Child Adopted by Another Person**

A child of the veteran adopted out of the family of the veteran either prior or subsequent to the veteran's death is nevertheless a "child" of the veteran for the purposes of all VA benefits.

### **Evidence to Establish Relationship of Child, for Compensation, Pension, and Subsistence Allowance Purposes**

*LEGITIMATE CHILD.* Where it is necessary to determine the legitimacy of a child, evidence will be required to establish the legality of the marriage of the mother of the child to the veteran or to show

that the child is otherwise legitimate by State laws together with evidence of birth. Where legitimacy is not a factor, evidence to establish that fact will not be required.

*ILLEGITIMATE CHILD.* As to the mother of an illegitimate child, proof of birth is all that is required. As to the father, proof of relationship of an illegitimate child shall consist of:

- An acknowledgment in writing signed by him; or
- Evidence that he has been judicially ordered or decreed to contribute to the child's support; or
- Evidence that the veteran has been, prior to death, judicially decreed to be the putative father of the child; or
- Other satisfactory evidence that the veteran is the putative father/mother of the child, which may include, but is not limited to:
  - A certified copy of the public record of birth showing that the veteran was named as father/mother of the child; or
  - Statements of persons who know that the veteran accepted the child as own; or
  - Information obtained from public records, such as school or welfare agencies, which shows that the veteran was reputed to be the father/mother of the child.

The sufficiency of evidence will be determined in accordance with the facts in the individual case.

Where none of the evidence outlined above has been submitted, and evidence is on file which is considered adequate to establish the reputed parenthood of an illegitimate child, the determination will be made by an official authorized to approve such determinations.

*ADOPTED CHILD.* Evidence of relationship will include a certified copy of the final decree of adoption and such other evidence as may be necessary.

### **Establishing Proof of Birth or Relationship**

Age or relationship should be established by one of the following types of evidence, provided that if the name of the person appearing on the copy of a record is not the same as that appearing on the records of the Department of Veterans Affairs, an affidavit will be required identifying the person having the changed name as the person whose name appears in the record:

- A copy of abstract of the public record of birth, certified by the custodian of such records. The signed statement of the veteran or the widow will be accepted as proof of birth of a child, providing the VA records do not contain any conflicting information regarding the birth.
- A copy of the church record of baptism, certified by the custodian of such records. Such record of baptism performed more than four years after birth will not be accepted as proof of age or relationship unless it is consistent with the material on record with the VA.
- Official report from service department as to birth which occurred while veteran was in service.

- Affidavit of the physician or midwife in attendance at birth.
- Copy of Bible or other family record certified to by a notary public or other officer with authority to administer oaths, who should state in what year the Bible or other book in which the record appears was printed, whether the record bears any erasures or other marks or alterations, and whether from the appearance of the writing, he believes the entries to have been made at the time purported.
- Affidavits or certified statements of two or more persons who shall state their ages, showing the name, date and place of birth of the person whose age or relationship is being established, and that to their own knowledge such person is the child of such parents (naming the parents), and stating the source of their knowledge.
- Other evidence which is adequate to establish the facts in issue, including census records, original baptismal records, hospital records, insurance policies, school, employment, immigration or naturalization records. (Census records may be obtained by forwarding Form BC 10-600, together with proper remittance, to Department of Commerce, Bureau of the Census.

## **Proof of Death**

Death should be established by one of the following types of evidence:

- A certified copy of:
  - the public record of the state or community where death occurred; or
  - a coroner's report of death or a verdict of a coroner's jury of the state of community where death occurred, provided such report or verdict properly identified the deceased.
- Where death occurs in a hospital or institution under the control of the United States Government:
  - a death certificate signed by a medical officer; or
  - a clinical summary or other report showing fact and date of death signed by a medical officer.
- Where death of a member of a uniformed service occurs while deceased was on the retired list, in an inactive duty status, or in the active service, by an official report of death from the Secretary of the department concerned.
- Where death occurs abroad:
  - A United States consular report of death bearing the signature and seal of the United States consul; or

- A certified copy of the public record of death authenticated by the United States consul or other agency of the State Department; or
- An official report of death from the head of the department concerned where the deceased person was, at the time of death, a civilian employee of such department.

If the foregoing evidence cannot be furnished, the reason must be stated. The fact of death may then be established by the affidavits of persons who have personal knowledge of the fact of death, have viewed the body of the deceased, and know it to be the body of the person whose death is being established. Such affidavits must set forth all the facts and circumstances concerning the death, including the place, date, time and cause thereof.

If proof of death, as defined above cannot be furnished, a finding of fact of death may be made by an official authorized to approve such findings, provided death is otherwise shown by competent evidence. Where the veteran died under circumstances which prevented recovery or identification of the body, the fact of death should be established by the furnishing of the best available evidence.

If satisfactory evidence is produced which establishes the continued and unexplained absence of any individual from home and family for a period of seven years or more, and such evidence further establishes that a diligent search disclosed no evidence of the existence of such person after the date of disappearance, the death of such individual may be considered as sufficiently proved. The date of death in such instances will be as of the expiration of the seven year period. Death may be established in this manner only when none of the evidence described above is available. No state law providing for presumption of death will be applicable to claims for benefits under laws administered by the Department of Veterans Affairs. The finding of death after unexplained absence of seven years will be final and conclusive for all purposes of the Department of Veterans Affairs except where suit is filed for insurance.

## Parent

- The term "parent" means a natural mother or father (including the mother of an illegitimate child or the father of an illegitimate child if the usual family relationship existed), mother or father through adoption, or a person who for a period of not less than one year stood in the relationship of a parent to a veteran at any time before entry into active service.
- Foster relationship must have begun prior to the veteran's 21st birthday. Not more than one father and one mother, as defined, will be recognized in any case. If two persons stood in the relationship of father or mother for one year or more, the person who last stood in such relationship before the veteran's last entry into active service will be recognized as the "parent".

## Dependency of Parents - (For Disability Compensation and Death Compensation Purposes)

*BASIC RULE.* Dependency of a parent, as applies to disability and death compensation, will be held to exist if the father or mother of the veteran does not have an income sufficient to provide reasonable maintenance for such father or mother and members of his or her family who are under legal age (or

adult members of his or her family if the dependency of such adult member results from mental or physical incapacity). "Reasonable maintenance" includes not only housing, food, clothing, and medical care sufficient to sustain life, but such items beyond the bare necessities as are reasonably necessary to provide those conveniences and comforts of living suitable to and consistent with the parents' reasonable mode of living. "Member of the family" means a person (other than spouse) including a relative in the ascending as well as descending class, whom the father or mother is under moral or legal obligation to support. In determining whether minor members of the family are factors to be considered in necessary expenses of the mother or father, consideration will be given to any income from business or property (including trusts) actually available. Consideration will not be given to the corpus of the estate or the income of the minor which is not actually available to the mother or father for the support of such minor.

*CONCLUSIVE DEPENDENCY.* Dependency of a parent (other than one who is residing in a foreign country) will be held to exist for disability and death compensation purposes, in all instances where the monthly income does not exceed the legal limits set by law.

Where the mother and father are living together, the combined income will be considered. Where the income exceeds the monthly amounts stated in this Subsection, dependency will be determined on the facts in the individual case under the principles outlined above. There is no conclusive presumption of dependency as concerns parents residing in a foreign country. Dependency will be determined on the facts in each such case, under the principles outlined above.

*INCOME INCLUDED IN DETERMINING DEPENDENCE OF PARENTS.* In determining the dependency of a parent for disability and death compensation purposes, the following will be included as income:

- Total income from sources such as wages, salaries, earnings, bonuses from employers, income from business or profession, or from investments or rents. Salary is not determined by "take-home" pay, but includes deductions made under a retirement act or plan and amounts withheld by virtue of income tax laws. The fair value of services, maintenance, or other remuneration's received in lieu of salary will be included. The gross income from a business or profession may be reduced by the necessary operating expenses, such as cost of goods sold, or expenditures for rent, taxes and upkeep. Depreciation is not a deductible expense. The cost of repairs or replacement in connection with the operation of a business or profession may be deducted. A loss sustained in the operation of a business, profession or farm, or loss from investments may not be deducted from income derived from other sources. Where personal services are received in lieu of rent, the fair rental value of the property will be considered income.
- Earnings of members of the family who are under legal age.
- Contributions of any character, toward the family expenses, by the adult members.
- Disability, accident, or health insurance (less payment of medical or hospital expenses resulting from the disease or accident for which payments are made.)
- Compensation paid by the Bureau of Employee's Compensation, U. S. Department of Labor, or pursuant to any workmen's compensation or employer's liability statute, or damages collected because of personal injury or death (less medical, legal, or other expenses incident to the injury or death, or the collection or recovery of such payments). Where monthly

payments of employees' compensation payable by a federal or state agency are withheld until the value equals a lump sum paid as damages by a third party, it will be considered that the claimant is receiving the income on a monthly basis.

- Retirement benefits, public and private, including Social Security old age or disability benefits. Full amount must be reported, but VA will deduct 10%, thus only 90% of amounts received will be counted. Where payments received consist of principal and interest, the interest will not be counted separately. No reduction will be made for the amount of the parent's contribution to such a retirement fund.
- Retirement pay received direct from a service department.
- Proceeds of bequests and inheritances received in the settlement of estates. However, such property, including stocks and bonds received by inheritance or otherwise, will not be considered as income until the property has been converted into cash. Where such property is converted into cash, the amount of the claimant's personal contribution will be deducted in determining the net income.
- Gifts.
- Family allowances authorized by service personnel.
- Reasonable value of allowances to a person in military or naval service in addition to base pay, such as clothing, subsistence, and quarters.
- Insurance paid under the Merchant Marine Act of 1926, as amended.
- Survivors Benefit Program.

*INCOME EXCLUDED IN DETERMINING DEPENDENCY OF PARENTS.* In determining the dependency of a parent for disability and death compensation purposes, the following will be excluded in computing the income of such parent:

- Six-months' death gratuity from a service department.
- Bonus or similar cash gratuity paid by any State based on service in the Armed Forces of the United States.
- Mustering-out pay.
- Amounts of pension or retirement pay which have been waived pursuant to a Federal Statute, from the following sources:
  - Civil Service Retirement and Disability Fund.
  - Railroad Retirement Board.
  - District of Columbia, Firemen or Policemen.

- District of Columbia, Public School Teachers.
- Former Lighthouse Service.
- Annuities received under Chapter 73 of Title 10 of the United States Code (formerly the Uniformed Services Contingency Option Act.)
- Any payments by the United States Government under laws administered by the Department of Veterans Affairs in the form of:
  - Disability or death benefits.
  - World War adjusted compensation.
  - Proceeds of matured endowment policies and dividends (including special and termination dividends) of Government insurance.
- Where the claimant is being maintained in a rest home, money paid to the home or the claimant to cover the cost of maintenance which is not in remuneration for services, is not to be considered income, regardless of whether it is furnished by a charitable organization or by a friend or relative. This expense is not deductible, however, if it is paid from income of the claimant.
- Proceeds of a fire insurance policy.
- The rental value of property owned and resided in by the claimant.
- The value of an increase in stock inventory of a business at the end of the year.
- Charitable donations from public or private relief or welfare organizations.
- Any net profit from the sale of claimant's dwelling, provided such amount is applied to purchase of another home within one year from time of sale or the end of the succeeding calendar year.
- Proceeds from Servicemen's Group Life Insurance.

*CORPUS OF ESTATE.* If there is a conclusive presumption of dependency of a parent, the size of the claimant's estate will be disregarded. If the claimant is not found to be dependent, but might otherwise be considered as dependent, the size of the estate must be considered. Dependency will not be considered to exist if the property or estate of the parent is of such character that it would be reasonable that some part of it be sold and the proceeds used to live.

*INCEPTION OF DEPENDENCY.* The fact that the veteran has regularly supported a parent is not conclusive evidence that dependency of the parent existed, but will be considered along with all other

evidence. Generally, the amount of each contribution, as compared to the other income and the normal living expenses of the parent will determine whether the parent was indeed dependent upon the veteran. In death claims, it is not material whether the dependency of the parent arose prior to or following the death of the veteran. There may have been no necessity for the veteran to contribute to the support of the parents during the veteran's lifetime. In such instances, the parent might still establish entitlement to death compensation if, after the death of the veteran, income of the parent decreases or normal living expenses increase to such a degree as to cause dependency of the parent.

*REMARRIAGE.* Payment of disability or death compensation to a dependent parent will not be denied or discontinued solely because of the remarriage of the parent. If it is shown, after considering the combined income and expenses of the parent and spouse, that dependency continues to exist, compensation payments will be continued.

*STATE PROPERTY LAWS.* State property laws as to ownership of real or personal property (such as community property laws) are not for application. Ownership will be determined as a question of fact on the terms of the title of such property, which in most cases will be conclusive. Where property is held jointly by a husband and wife, each will be considered as owning one-half. It is no longer necessary for the VA to determine the personal contributions of each person toward the purchase of property. This test of ownership applies to joint bank accounts, stocks and bonds or other investments, as well as real property. Generally, the claimant's statement concerning the nature of the recorded title will be adequate. Where a claimant owns one-half of income property, then only one-half of the income will be considered the claimant's.

### **Effect of Divorce Decree**

A divorce decree, regular on its face, regardless of where granted, will be accepted for pension, compensation, or dependency and indemnity compensation purposes in determining marital status, unless there is a protest or reason for further inquiry. Where there is a protest or reason for further inquiry, the decree will be accepted as effecting a change in the marital status of the parties if the defendant was "personally served" by a method authorized by law as sufficient to support a judgment in persona against such defendant, or if the defendant appeared in person or by counsel authorized by him where:

- The decree was entered in a Federal Court; or
- The decree was entered in a state in which it is not subject to attack, either direct or collateral.

If the decree is subject to direct or collateral attack in the state in which it was granted, or if it is established that the plaintiff to whom the divorce was granted was not a bona fide resident of the jurisdiction wherein the divorce was granted, the decree will not be accepted as effecting a change in the marital status of the parties.

### **Proof of Annulment**

Where the marriage or remarriage of a claimant who seeks benefits as an unmarried or un-remarried person has been annulled, such person must submit as proof of such action a certified copy of the annulment decree, which must have been rendered by a court with basic authority to render such decrees. Where an annulment decree has not been obtained but claim is made on the grounds that marriage or remarriage is void, then sufficient evidence to substantiate the allegation must also be

submitted. It is not necessary to submit copies of the petition to the court or a transcript of the court testimony in such cases.

## CHAPTER 11

# DEPENDENTS COMPENSATION FOR WARTIME SERVICE-CONNECTED DEATH

### General Provisions

Section 321 of Title 38, U.S. Code, provides that the surviving widow, child or children, and dependent parent or parents of any veteran, discharged or released under conditions other than dishonorable, who died before January 1, 1957, as the result of injury or disease incurred in or aggravated by active military, naval, or air service, in line of duty, during a period of war, shall be entitled to receive compensation at the monthly rates specified in Section 156 of this Manual. Such benefits are also available for dependent survivors of persons who are killed while proceeding directly to or returning directly from active duty training or inactive duty training prior to January 1, 1957. Dependency and indemnity compensation, as discussed in Chapter 15 of this Manual, is payable to survivors of veterans who died on or after January 1, 1957, as the result of service-connected disabilities.

### Definitions of "Periods of War"

The term "Period of War" as used in this Chapter shall include:

- *WORLD WAR II:*
  - The period beginning on December 7, 1941, and ending on December 31, 1946
  - Any period of continuous service performed by the veteran after December 31, 1946, and before July 26, 1947 - if such period began before January 1, 1947.
- *KOREAN CONFLICT:* The period beginning on June 27, 1950, and ending on January 31, 1955.
- *VIETNAM ERA:* The period beginning on August 5, 1964, and ending on May 7, 1975.
- *GRANADA AND LEBANON ERA:* The period beginning on August 24, 1982, and ending on July 31, 1984.
- *PANAMA ERA:* The period beginning on December 20, 1989, and ending on January 31, 1990.
- *PERSIAN GULF WAR:* The period beginning on August 2, 1990, and ending on the date thereafter prescribed by Presidential proclamation or by law.

### Definition of "Widow"

The term "widow" as used in this Chapter means the wife of a male veteran or the husband of a female veteran, who lived with the veteran continuously from the date of marriage to the date of his or her

death, except when separation was caused through no fault of the widow or widower, and who is currently unmarried; and

- As to the widow of a veteran of World War II, was married to the veteran for one year or more; or for any period of time if a child was born of the marriage, or was born to them before the marriage.
- As to the widow of a veteran of the Korean Conflict, was married to the veteran for one year or more; or for any period of time if a child was born of the marriage, or was born to them before the marriage.
- As to the widow of a veteran of the Vietnam Era, was married to the veteran for one year or more; or for any period of time if a child was born of the marriage, or was born to them before the marriage.
- As to the widow of a veteran of the Grenada and Lebanon Era, was married to the veteran for one year or more; or for any period of time if a child was born of the marriage, or was born to them before the marriage.
- As to the widow of a veteran of the Panama Era, was married to the veteran for one year or more; or for any period of time if a child was born of the marriage, or was born to them before the marriage.
- As to the widow of a veteran of the Persian Gulf War, was married to the veteran for one year or more; or for any period of time if a child was born of the marriage, or was born to them before the marriage.

Public Law 91-376, approved August 12, 1970, provided eligibility for a number of remarried widows to be returned to the VA rolls. When a widow remarries, she/he is removed from the VA rolls. This law provided that when the second or subsequent marriage has been dissolved by death or divorce, she/he may return to the VA pension, compensation or DIC rolls and receive benefits based on the service of the first spouse. These provisions were effective January 1, 1971. Also, if a widow terminates a relationship which previously resulted in restriction of payment of VA benefits, she/he may be returned to the VA rolls. This provision was also effective January 1, 1971.

The Omnibus Budget Reconciliation Act of 1990, Public Law 101-508, November 5, 1990, eliminated reinstatement of benefits to surviving spouses who remarried, or if inference of remarriage by a surviving spouse is shown. This provision applied to claims received on or after November 1, 1990.

Public Law 102-86, August 14, 1991, amended the provision to prohibit reinstatement based on date of termination of remarriage (or inference of remarriage) instead of date of claim (date claim receive by VA). Under Public Law 102-86, reinstatement is barred if termination of remarriage or inference of remarriage by a surviving spouse occurs after October 31, 1990.

On or after October 1, 1998, remarriage of a surviving spouse terminated by death, divorce, or annulment, will not bar the furnishing of dependency and indemnity compensation, unless the Secretary determines that the divorce or annulment was secured through fraud or collusion.

## **Dependent Widower Entitled**

The term "widow" as used in this Chapter, includes the widower of any deceased female veteran. Under the provisions of Public Law 92-540, approved October 24, 1972, the terms "wife" and "widow" also mean the "husband" or the "widower" of a female veteran.

Prior to the passage of the above mentioned law, the terms "wife" and "widow" included the husband of a female veteran only if he was permanently incapable of self-support due to mental or physical disability, and was thus dependent upon the female veteran.

### **Special Provisions Relating to Marriages**

Veterans law and regulations provide that certain marriages may be deemed valid, even though a legal impediment to the marriage may have existed.

### **Rates of Monthly Compensation**

The monthly rates of wartime death compensation shall be as set forth by current law for the following:

- Widow but no child
- Widow with one child. (with additional amount for each additional child)
- No widow but one child
- No widow but two children (equally divided)
- No widow but three children (equally divided) (with additional amount for each additional child, total amount to be equally divided)
- Dependent mother or father
- Dependent mother and father

**Public Law 94-71, effective August 1, 1975, authorizes the VA to pay an otherwise eligible widow or dependent parent an additional amount per month if they are:**

- A patient in a nursing home, or
- Helpless or blind, or so nearly helpless or blind as to need or require the aid and attendance of another person.

Before this additional amount can be paid, the VA must be furnished with evidence showing need for aid and attendance of another person.

### **Application**

Department of Veterans Affairs Form 21-534 is used when the claim is by, or on behalf of, a widow, dependent widower, child or children. Where the claim is filed by, or on behalf of a surviving parent, application is made on VA Form 21-535. In those instances where claim is filed by a parent whose

income is in excess of the amount specified , the claim should be accompanied by a properly completed VA Form 21-509.

### **Effective Dates**

Generally, the effective date of an award of death compensation will be the first day of the month in which the veteran died (if claim is filed within one year following date of death), or the date on which entitlement arose, whichever is later. A widow entitled to death benefits from the date of the veteran's death shall, for the month of the veteran's death, receive not less than the amount of disability compensation or pension the veteran would have received. Where a claim for death compensation is received more than one year after the date of the veteran's death, benefits may be awarded only from the date of receipt of the claim by the Department of Veterans Affairs. In those instances where entitlement is not shown on the original claim, benefits will be awarded effective from date of receipt of evidence which establishes entitlement.

## CHAPTER 12

# DEPENDENCY AND INDEMNITY COMPENSATION

### General Provisions

Prior to January 1, 1957, death compensation payable to the qualified dependents of veterans who died as the result of service-connected disabilities. In the case of persons dying in service, in line of duty, Servicemen's Indemnity was also payable to a limited class of beneficiaries. From combination of these two gratuitous benefits, the Congress provided for dependency and indemnity compensation, as dealt with in this Chapter. This benefit is payable to qualified dependents of veterans who died on or after January 1, 1957, as the result of service-connected disabilities, and is also payable to those persons who are entitled to receive death compensation and who elect to receive dependency and indemnity compensation.

### Right of Election

Any person who, on or after December 31, 1956, is eligible as a dependent for death compensation under any law administered by the Department of Veterans Affairs by reason of a death occurring before January 1, 1957, may receive DIC upon application therefore. The election of DIC by those beneficiaries receiving death compensation need not be made on any specific form. A statement in writing over the payee's signature may be accepted as a valid election of DIC.

A person shall be considered to have been "granted dependency and indemnity compensation" when that person (or fiduciary) has negotiated one check for this benefit or dies after filing an election and prior to receipt or negotiation of a check. Once an election of DIC has become effective, the payee may never revert to payments of death compensation.

### Basic Eligibility

Dependency and indemnity compensation is payable upon application therefore, to the widow or widower, dependent children, and dependent parents of a veteran who dies on or after January 1, 1957 and:

- from disease or injury incurred in or aggravated in line of duty while on active duty or active duty for training, or
- from injury incurred or aggravated in line of duty while on inactive duty training, or
- from a disability for which compensation is payable under laws administered by the Department of Veterans Affairs.

Basic entitlement to DIC is established if the above conditions are met, regardless of whether the service of the veteran was performed during wartime or peacetime.

Dependency and indemnity compensation is not payable to the dependents of any deceased veteran who died on or after January 1, 1957, after separation from service, unless the deceased veteran was discharged or released from service under conditions other than dishonorable.

## Definitions of Dependents

For the purpose of determining entitlement to DIC, the following definitions are for application:

- The term "widow" means the legal spouse of the veteran at the time of his or her death, and who was married to the veteran -
  - before the expiration of 15 years after the termination of the period of active duty, active duty for training, or inactive duty training in which the injury or disease causing the death of such veteran was incurred or aggravated; or
  - for one year or more; or
  - for any period of time if a child was born of the marriage or born before the marriage.

It must also be shown that the spouse (widow or widower) lived continuously with the veteran from the date of marriage to the date of death of the veteran, unless a separation occurred through no fault of the spouse. The spouse, once established as the legal widow or widower, may later remarry, and VA benefits will be terminated. In the event such remarriage later terminates by death or divorce, the former widower may be returned to the VA rolls upon proper application for such benefits.

Under current laws and regulations, the widower of a female veteran can be eligible for VA benefits on the same basis as the widow of a male veteran. It is immaterial whether the widower of a female veteran is disabled or whether he was in fact dependent upon the female veteran prior to her death.

## Applications

Widows and children must complete VA Form 21-534 to apply for dependency and indemnity compensation, while a dependent parent must use VA Form 21-535. An application filed on or after January 1, 1957, with the Social Security Administration shall be considered a claim for DIC.

## Rates of Dependency and Indemnity Compensation Payable to or for Widows and Children

Under the provisions of current laws, the rates are the same regardless of the veteran's rank while on active duty. Specific rates are available at [www.va.gov](http://www.va.gov).

A widow who is eligible to receive a monthly amount shown above, will also be entitled to an additional amount per month for each eligible child of the veteran. The widow may also receive an additional amount per month if she/he is a patient in a nursing home, or she/he is helpless or blind,

and is in need of the aid and attendance of another person. Also payable is housebound award if widow is not eligible for aid and attendance, but is confined to her home.

The monthly rates of dependency and indemnity compensation are payable for school and helpless children and are available at [www.va.gov](http://www.va.gov).

### **Dependency and Indemnity Compensation Rates to Certain Widows and Widowers When Veteran's Death is Not Service-Connected**

Public Law 95-479, effective October 1, 1978, provides that dependency and indemnity compensation may be paid to some widows even though the veteran's death is not shown to be service-connected. Eligible are widows of veterans who were rated 100% service-connected at time of death, and such 100% rating was in effect for ten years or more. If the veteran was rated 100% less than ten years, he/she must have been 100% for at least five years beginning on the day following discharge or release from active duty. If the veteran was a Prisoner of War, the 100% evaluation must have been in effect for only one year preceding death. Payment of DIC in such cases does not indicate a service-connected death, but rather that the DIC rate can be paid. None of the other benefits would be available that are normally provided in service-connected death cases, such as the larger VA burial allowance, etc. Under this particular provision, a widow is eligible for the DIC rate of benefits only if he/she and the veteran were married for one year or more immediately prior to the veteran's death, unless a child was borne of the widow(er) and the veteran.

### **Income of Parents - DIC**

All payments of any kind and from any source shall be considered in computing the annual income of parents for the purpose of determining entitlement to dependency and indemnity compensation except the following:

- payments of the six-months' death gratuity
- donations from public or private relief or welfare organizations
- payments of DIC, disability or death compensation, or disability or death pension from the VA
- lump-sum death payments paid by Social Security
- payments of bonus or similar cash gratuity by any State based upon service in the Armed Forces

- payments under policies of Servicemen's Group Life Insurance, United States Government Life Insurance or National Service Life Insurance, and payments of Servicemen's Indemnity
- ten percent of the amount of payments to an individual under public or private retirement, annuity, endowment, or similar plans or programs
- amounts equal to amounts paid by a parent of a deceased veteran for:
  - a deceased spouse's just debts,
  - the expenses of the spouse's last illness to the extent such expenses are not reimbursed under Chapter 51 of Title 38, and
  - the expenses of the spouse's burial to the extent that such expenses are not reimbursed under Chapter 23 or Chapter 51 of Title 38;
- proceeds of fire insurance policies
- amounts equal to amounts paid by a parent of a deceased veteran for:
  - the expenses of the veteran's last illness, and
  - the expenses of burial to the extent that such expenses are not reimbursed under Chapter 23 of Title 38;
- profit realized from the disposition of real or personal property other than in the course of a business
- payments received for discharge of jury duty or obligatory civic duties.

The Administrator may provide by regulation for the exclusion from income of amounts paid by a parent for unusual medical expenses.

### **Unusual Medical Expenses**

There will be excluded from the amount of a claimant's annual income any amount paid for unusual expenses. This includes expenses paid by a parent by reason of illness and those paid by the parent for members of family who are members of the household.

### **Income for Full Calendar Year Considered**

Where dependency and indemnity compensation is otherwise payable from the first day of the month in which the veteran dies or from the date of filing claim, the proportionate income computation will be applied only if the income for the full calendar year exceeds the statutory limitation. In such cases a proportionate income limitation will be established for the period from the date of entitlement to the

end of that calendar year. The total amount of income received by the claimant during that period will govern the payment of benefits. Income received prior to the date of entitlement will be disregarded.

### **Effective Dates of Awards**

Where the death occurs in service, DIC will be awarded to persons found eligible, effective from the first day of the first full calendar month of entitlement, providing that a claim is received within one year from date of death. VA benefits, however, are not payable for any period during which the claimant received, or was entitled to receive, military pay, allowance, allotment, or other payment from service.

Where the death occurs after separation from service (and after January 1, 1957), DIC will be payable to the eligible person effective from the first day of the month in which death occurs, if claim is filed within one year following the death. A widow entitled to death benefits from the date of the veteran's death shall, for the month of the veteran's death, receive not less than the amount which the veteran would have received.

Where the death occurred prior to January 1, 1957, DIC is payable effective the date of receipt of a signed election to change from death compensation to dependency and indemnity compensation.

DIC will be awarded to an eligible child effective the first day of the calendar month following the month in which entitlement was established.

DIC will be payable to parents effective the first day of the calendar month following the month in which eligibility was determined.

## CHAPTER 13

# CAUSE OF DEATH, PRINCIPAL OR CONTRIBUTORY

### General Provisions

Death compensation or dependency and indemnity compensation, are payable to the qualified dependents of a veteran if it is shown that the principal cause of death was a service-connected disability, disease or injury. These service-connected death benefits are also payable if it can be shown that the service-connected disability, disease or injury materially contributed to death. It is not sufficient to show that the service-connected disability casually shared in producing death. It must be shown that there was a connection between the service-connected disability and death.

### Factors or Consideration in Contributory Causes of Death

Generally, minor service-connected disabilities would not be held to have contributed to death where the death resulted from a condition not related to the service-connected disabilities. This is especially true where the service-connected disability is of a static nature or does not materially affect a vital organ. This is also true where the disability is of the muscular or skeletal functions and does not materially affect other vital body functions. As an example, it would not generally be held that disabilities such as flat feet, back strain, or muscle injury are contributing causes of death.

Service-connected disease or injury which involves active processes affecting vital organs can frequently be shown to be contributory causes of death, even though the primary cause of death may be entirely unrelated to the service-connected condition. All available evidence should be furnished relative to the general impairment of health brought about by disease of this nature. It is not unusual that the debilitating effects and general health impairment brought about by these service-connected chronic conditions would render the person considerably less capable of resisting the effects of other disease or injury, and thereby materially contribute to death. Examples of instances referred to in this paragraph would include active tuberculosis, most heart and circulatory diseases, and other active disease processes which would ordinarily be expected to lower the resistance of an individual to such an extent as to make the individual less capable of overcoming undercurrent disease or injury.

### Death From Suicide

In order for suicide to constitute willful misconduct, the act of self-destruction must be intentional. Department of Veterans Affairs regulations state that a person of unsound mind is incapable of forming an intent, or guilty mind, which is an essential element of crime of willful misconduct.

In attempting to establish service-connection for suicide, it is a requirement that the precipitating mental unsoundness be service-connected. A question to be determined in each individual case is whether a person, at the time of the suicide, was so unsound mentally that he or she did not realize the consequence of such an act, or was unable to resist such an impulse.

The act of suicide or a bona fide attempt is considered by the VA to be evidence of mental unsoundness. Therefore, when no reasonable adequate motive for suicide is shown by the evidence of record, the act will be considered to have resulted from mental unsoundness.

## CHAPTER 14

# PENSION TO WIDOWS AND CHILDREN FOR NONSERVICE-CONNECTED DEATH

### Enabling Legislation

Public Law 95-588, approved November 4, 1978, was entitled "Veterans' and Survivors' Pension Improvement Act of 1978", and provided a new pension program for veterans and their survivors. For the purpose of distinguishing this particular law from earlier VA pension laws, this new law is referred to as "restructured pension." The restructured pension program went into effect January 1, 1979, and any claim for benefits received by the VA on or after that date will come under Public Law 95-588.

This law provided a savings clause for persons who were already receiving, or were entitled to receive, pension benefits under a law in effect on December 31, 1978. Such persons are provided with a choice of remaining under the law they are receiving on, or changing to Public Law 95-588, whichever is to their advantage. Any signed election to change to the new law must be made to the VA regional office having jurisdiction over the individual claimant's file. Any election made prior to September 30, 1979, will provide an effective date of new law benefits from January 1, 1979. Any election received by the VA after September 30, 1979, will provide new law benefits only from the date of receipt of the election.

### Basic Eligibility

The basic eligibility for widows and children of veterans to receive pension under this new restructured pension program is essentially the same as that for earlier pension programs. The veteran must have service in the Armed Forces of the United States for 90 days or more during a period of wartime, and discharge or release must have been under other than dishonorable conditions. In addition, the widow and children must provide evidence showing their legal relationship to the veteran, and they must all meet the statutory income limitations described in this chapter. Included, as being basically eligible for restructured pension benefits, are the widows and children of veterans whose service was during; World Wars I or II, the Korean Conflict, Vietnam Era, the Grenada and Lebanon Era, the Panama Era, or the Persian Gulf War, OEF/OIF.

### Maximum Annual Guaranteed Rates

Earlier VA pension laws provided that a widow or child could receive pension if annual income was within prescribed limits. The restructured pension law will provide benefits by using a maximum annual income. This simply means that a pension will be guaranteed a maximum annual income, reduced dollar for dollar by whatever income the eligible recipient may receive from sources other than VA. The maximum annual income rates for widows and children are available at [www.va.gov](http://www.va.gov).

## Countable Income

The income of a dependent child shall be considered as the widow's income to the extent that such income is reasonably available to or for the widow. The law contains a provision that allows the VA to disregard a child's income if by counting it a hardship would be worked on the widow. The following sources of income will not be counted by the VA when determining the entitlement of a widow or child to pension under Public Law 95-588:

- Donations from public or private relief or welfare organizations.
- Amounts equal to amounts paid by a surviving spouse or child for the veteran's just debts and the un-reimbursed expenses of the veteran's last illness and burial.
- Amounts equal to amounts paid by a surviving spouse of a veteran for the last illness and burial expenses of a veteran's child.
- Fire insurance policy proceeds.
- Profit from the sale of real or personal property other than in the course of business.
- Amounts in joint accounts acquired by reason of the death of the co-owner.
- Amounts paid by a surviving spouse for educational expenses involved in a course of approved training or education, including tuition, fees, books, supplies, and unusual transportation if the widow is entitled to aid and attendance allowance.
- Un-reimbursed medical expenses to the extent they exceed 5% of the maximum annual rate that would be applicable based on the number of family members for whom pension is payable. The additional amount being received for aid and attendance will not be added in determining the 5%.
- The earned income of any child would be excluded up to the amount which would require the child to file a Federal income tax return. In addition, if a child is pursuing a post-secondary course of education or training, there maybe excluded from his or her income the costs of such education.

## Corpus of Estate

As under the previous pension program (PL 86-211), the restructured pension program authorizes the VA to deny or terminate benefits whenever the estate of the claimant is shown to be excessive. Under

the restructured pension program, the VA must count not only the estate of the widow or the veteran, but also the estate of any dependent children.

### **Indexing of VA Pension Benefits for Widows and Children**

Effective January 1, 1979, all VA pension guaranteed annual rates were automatically adjusted to the Consumer Price Index. When an increase in Social Security benefits is granted, the maximum annual VA pension rate under the new law will be adjusted by the same percentage as the Social Security increase. This statutory provision will prevent any VA pensioner from suffering a decrease in benefits solely because of an increase in Social Security.

## CHAPTER 15

# CLAIMS

### General

There are several types of claims. The most common of these is the formal claim, which is filed in the form prescribed by the Department of Veterans Affairs, and which has been so designed as to provide questions which, when properly answered, will provide basic information relevant to the particular claim for which the form was devised. In this Chapter, the formal claim, as well as the informal claim, the abandoned claim, and the reopened claim, will be discussed.

### Formal Claims

A formal claim is defined as a claim of benefits which is filed in the form prescribed by the Department of Veterans Affairs. A specific claim in the form prescribed by the Department of Veterans Affairs must be filed in order for benefits to be paid to any individual under laws administered by the Department of Veterans Affairs. For example, VA Form 21-526 is the prescribed form for use in claims of disability compensation and disability pension. Veterans may file an online application at [www.va.gov](http://www.va.gov). Generally, once a claim for one of these benefits has been filed in the prescribed form, it is not necessary that another such form be subsequently filed, even though the veteran may later desire to claim another benefit. A claim by a veteran for compensation may be considered to be an informal claim for pension; and a claim by a veteran for pension may be considered to be an informal claim for compensation. In order for pension to be awarded a veteran who claimed compensation (or vice versa), it is necessary that any additional evidence of entitlement (such as evidence of un-employability, etc.) be furnished within one year from date of receipt of the original claim in the Department of Veterans Affairs. The same principle outlined above is equally applicable in claims of death benefits. That is, a formal claim must be filed before benefits may be paid. A claim for dependency and indemnity compensation may be considered a claim for death pension; and a claim for death pension may be considered a claim for dependency and indemnity compensation.

### Informal Claims

Pertinent VA Regulations define an informal claim as any communication or action, indicating an intent to apply for one or more benefits under laws administered by the VA, from a claimant, his or her duly authorized representative, a Member of Congress, or some person acting as next friend of a claimant who is not physically or mentally capable of acting in his or her own behalf. Such informal claim must identify the benefit sought. Upon receipt of an informal claim, if a formal claim has not been filed, an application form will be forwarded by the VA to the claimant for completion. If the completed formal application is received by the VA within one year from the date it was sent to the claimant, it will be considered filed as of the date of receipt of the informal claim. Generally, benefits to which the claimant is found to be entitled would be payable effective from date of receipt of the informal claim by the VA.

There are many instances when the Service Officer can use the informal claim to the claimant's advantage. For example, if it would appear that considerable time will be consumed in gathering evidence needed to establish entitlement to the claimed benefit, the Service Officer may prepare an informal claim for the particular benefit sought, and thereby gain advantage of a full year which may be devoted to securing the additional evidence needed.

The informal claim should be prepared for the personal signature of the veteran, and should be accompanied by VA Form 21-22, signed by the veteran and executed in favor of the organization which the veteran chooses.

The informal claim may be used in connection with any benefit sought by the claimant, so long as such informal claim clearly identifies the claimant and the benefit which he or she seeks. The Service Officer should make use of the informal claim in every instance in which a delay is anticipated in gathering the information or evidence needed to complete a formal claim. By following this suggestion, the Service Officer can make certain that the veteran will receive benefits from the earliest possible date. It should be remembered that the effective date from which benefits may be awarded by the Department of Veterans Affairs generally cannot be earlier than the date on which a claim, formal or informal, is received in the Department of Veterans Affairs.

### **Reopened Claims**

Once a formal claim for pension or compensation has been received by the Department of Veterans Affairs, claiming benefits under laws currently in force, it is not necessary to later file another formal claim. Receipt by the Department of Veterans Affairs of a VA examination; report of hospitalization at VA expense; evidence from a private physician or layman relating to the existence or increase in severity of a disability; or report from a state, county, municipal or recognized private hospital, will serve as a claim for increased benefits (or as a claim to reopen a previously disallowed claim).

### **Abandoned Claims**

When the Department of Veterans Affairs receives an original claim or a claim for increase, action is taken to notify the claimant of any additional evidence which maybe required in connection with the claim. In those instances where such is in order, the physical examination of the veteran is scheduled by the Department of Veterans Affairs.

Where the claimant fails to submit the additional evidence requested by the Department of Veterans Affairs within one year from the date such additional evidence is requested, or when a veteran fails, without adequate reason, to respond to an order to report for a physical examination within one year from the date of request, the claim for benefits will be considered abandoned. In such instances, a new claim, formal or informal, is required before benefits may be subsequently paid.

Where payments of pension, compensation or dependency and indemnity compensation have not been made or have been discontinued because a payee's address is unknown for a period of one year or more, the claim will be considered as abandoned. Upon receipt of a new claim, formal or informal, no payments may be made for any period prior to the date evidence is received in the VA of the present whereabouts of the payee.

# CHAPTER 16

## ACCRUED BENEFITS

### General

Public Law 87-825, approved October 15, 1962, brought about some drastic changes in the matter of accrued benefits. Prior to the passage of this law, VA Regulations and Title 38, U.S. Code, provided for payment of benefits due and unpaid at the time of the veteran's death. This new law provides for the discontinuance of benefits to a veteran effective the last day of the month prior to the month in which death occurred.

### Basic Entitlements

Under the laws prior to the passage of PL 87-825, any amount due and unpaid at the time of a veteran's death could be paid to the person first listed below:

- Spouse;
- Children (in equal shares);
- Dependent parents;
- If veteran was not survived by any of the persons named above, only so much of the accrued benefits could be paid as might be necessary to reimburse the person who bore the expenses of last sickness and burial of the veteran.

The passage of PL 87-825 caused a loss of monetary benefits in some cases. An example of this loss is where a veteran dies on the 15th of the month. The benefits are discontinued effective the last day of the month prior to death. If the widow is for some reason ineligible for death benefits, then there will be no entitlement to any accrued benefits.

### Lump Sum Payable at Death of Competent Hospitalized Veteran (Old Law)

When a veteran:

- is in receipt of compensation or pension (under laws in effect prior to July 1, 1960) in an amount in excess of \$30 monthly, and
- has no proof of dependents (spouse, child, or dependent parent) of record in the claims file; and
- is maintained in a hospital, institution or domiciliary at VA expense in excess of six months

the compensation or pension to which the veteran is otherwise entitled is adjusted to 50% of the amount otherwise payable or \$30 monthly, whichever is the greater. Generally, benefits withheld by the Department of Veterans Affairs during a period of hospital treatment, institutional or domiciliary care, may be paid to the veteran in a lump sum shortly following an approved discharge from the hospital, institution, or domiciliary.

Where benefits have been withheld under the circumstances outlined above, and the veteran dies before the amount withheld has been paid, the lump sum of such amount is payable to the living person first listed below:

- Spouse;
- Children (in equal shares), without regard to their age or marital status;
- Dependent parents in equal shares, or the surviving parent;
- If no person in the classes above survives the veteran, only so much of the lump sum may be paid as may be necessary to reimburse the person who bore the expenses of last illness and burial of the veteran.

A waiver of rights by a person having title to all or a share of the accrued lump sum will not serve to vest title to a person having equal or successor rights.

### **Lump Sums Due Incompetent Hospitalized Veterans (Old Law)**

When any veteran who has no dependent (spouse, child or dependent parent) is hospitalized in a VA hospital or at VA expense for more than six months, compensation or pension payments to the veteran are reduced to one-half the amount to which he is entitled or a specific monthly amount, whichever is the greater. When an incompetent veteran who has no dependent is hospitalized in a VA hospital or at VA expense, all payments to the veteran are discontinued if and when the estate equals or exceeds the maximum amount set by current law.

If an incompetent veteran dies before the amounts withheld under the two provisions outlined above are paid, no part of the amount due and unpaid the veteran at the time of death, is payable to any person. The amounts due and unpaid under the circumstances outlined above revert to the Treasury.

### **Time Limits for the Filing of Claims for Accrued**

Application for lump sum accrued, must be filed with the VA within one year after the death of the veteran. If, however, any person otherwise entitled is under legal disability (incompetent or a minor) at the time of the veteran's death, the one-year period will run from the date of termination or removal of the legal disability. There is no time limit for furnishing evidence necessary to complete an application for lump sum accrued.

### **Application Forms**

When a deceased veteran, is survived by a dependent, such dependent may apply for the withheld amounts by completing VA Form 21-614, "Application for Accrued Amounts of Veterans' Benefits Payable to Widow, Widower, Child or Dependent Parents."

When the deceased veteran is not survived by one of the mentioned dependents, then the person bearing the expenses of last sickness and burial of the veteran may claim reimbursement from the accrued amounts due the veteran at the time of death by completing VA Form 21-601, "Application for Reimbursement from Accrued Amounts Due a Deceased Beneficiary."

A claim for accrued benefits, like any other claim, should be accompanied by a completed and signed VA Form 21-22, naming the organization selected by the claimant as representative.

# CHAPTER 17

## BURIAL ALLOWANCES

### General

Sections 902, 903, 904, 905 and 907, of Title 38, U.S. Code, Veterans Benefits, provide authority for the Department of Veterans Affairs to pay allowances toward the funeral expenses of certain eligible veterans.

The VA burial allowance may be paid in the following instances:

- Veteran whose death is determined to be service-connected; or
- If death is not caused by service-connected disabilities, the VA burial allowance will be paid only if the veteran was, at time of death, in receipt of disability compensation or would have been entitled to compensation, but for the receipt of military retirement pay, or pension or died while a properly admitted patient in a VA facility. If a veteran was not in receipt of benefits at time of death, but a claim was pending and it is later established that evidence was sufficient to show entitlement at time of death, VA burial allowance may be paid.
- Active military service of veteran must have been during a designated period of wartime, and discharge or release must have been under conditions other than dishonorable.

When it is shown that a veteran's death is caused by a service-connected disability, the VA will authorize a maximum payment as prescribed by current law. This payment is in lieu of the burial allowance and the burial plot amount.

In nonservice-connected death cases, the burial plot allowance may be paid even though the burial allowance is not authorized. The plot allowance cannot be paid if the veteran is buried in a national cemetery.

### Claiming Burial and Plot Allowances

- Claims for reimbursement or direct payment of burial and funeral expenses and transportation of the body of an eligible veteran may be executed by the following persons:
  - The funeral director if the entire bill or any portion of the bill is unpaid;
  - The individual whose personal funds are used to pay burial, funeral and transportation expenses;
  - The executor or administrator of the estate of the veteran or of the estate of the person who paid the expenses of the veteran's burial. If no executor or administrator has been appointed, claim for reimbursement or direct payment may be made by some person

acting for the estate of the claimant, if such person will make distribution of the burial allowance to the person or persons entitled under the laws governing the distribution of interstate estates in the State of the decedent's personal domicile.

- Claims for plot and interment allowance.
  - For the purpose of the plot and interment allowance "plot" or "burial plot" means the final disposal site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or other similar place. Interment expenses are those costs associated with the final disposition of the remains and are not confined to the acts done within the burial grounds but may include the removal of bodies for burial or interment.
  - Claims for the plot or interment allowance may be executed by:
    - The funeral director, if he or she provided the plot or interment services, or advanced funds to pay for them, and if the entire bill for such or any balance thereof is unpaid (if the unpaid bill or the unpaid balance is less than the statutory plot or interment allowance, only the unpaid amount may be claimed by the funeral director; or
    - The person(s) whose personal funds were used to defray the cost of the plot or interment expenses; or
    - The person or entity from whom the plot was purchased or who provided interment services if the bill for such is unpaid in whole or in part. An unpaid bill for a plot will take precedence in payment of the plot or interment allowance over an unpaid bill for other interment expenses or a claim for reimbursement for such expenses. Any remaining balance of the plot or interment allowance may then be applied to interment expenses; or
    - The executor or administrator of the estate of the veteran or the estate of the person who bore the expense of the plot or interment expenses. If no executor or administrator has been appointed, claim for the plot or interment allowance may be filed for the burial allowance.

### **Time Limit for Claiming Burial Allowance**

Claims for the burial allowance for non-service connected deaths must be received within two years after the permanent burial or cremation of the body. There is no time limit for applying for service-connected burial allowance. If, at the time of death, the veteran's discharge was such that it barred the VA from paying the burial allowance, the allowance may be paid at a later date if the discharge is later changed to permit payment. In such instances, the claim for the VA burial allowance must be submitted within two years after the character of the discharge has been changed or altered.

### **Claim for the Burial Allowance**

Claim for the burial allowance is made by completing VA Form 21-530, "Application for Burial Allowance." All supporting evidence should be submitted along with the claim. Failure to furnish such evidence will only delay VA action to award the burial allowance to the eligible person. Evidence required to complete a claim for VA burial allowance will include the following:

- Statement of account (preferably on the billing head stationery of the funeral home), which will list each item for which charge is made, showing the cost of each item, total cost of services, and name of the person who authorized the services. Statement should also show the name and VA claim number of the deceased veteran.
- If the funeral home paid for the burial or interment plot, then such expense should also be shown on the statement of account.
- In those instances in which the charges for burial, funeral and transportation have already been paid, receipted bills must be submitted which show by whom payment was made.
- Proof of death must be furnished before the VA will take any action to pay the burial allowance. Most funeral homes automatically obtain copies of the death certificate, and will submit a copy along with VA Form 21-530, when it is sent to the Department of Veterans Affairs.

Where a burial allowance claim is made in a case in which no service organization holds current power of attorney, the claim should be accompanied by a VA Form 21-22, executed in favor of the organization selected by the claimant.

### **Special Conditions Governing Payments**

*TWO OR MORE PERSONS EXPENDED FUNDS:* If two or more persons have paid from the personal funds toward the burial, funeral, plot, interment and transportation expenses, the burial and plot or interment allowance will be divided among such persons in accordance with the proportionate share paid by each, unless waiver is executed in favor of one of such persons by the other person or persons involved. The person in whose favor payment is waived will not be allowed a sum greater than that which was paid by such person.

*PERSON WHO PERFORMED SERVICES:* A person who performed burial, funeral, and transportation services or furnished the burial plot will have priority over claims of persons whose personal funds were expended.

*PARTIAL PAYMENT:* Where partial payment of the expenses of the burial, funeral and transportation of the body are made from funds of the veteran's estate and the balance from the personal funds of another person, the claim of the other person priority.

*ESCHEAT:* No payment of burial allowance or plot or interment allowance will be made where it would escheat.

### **Death Occurring During VA Hospitalization**

When the death of a veteran occurs during a period when he was properly admitted by the VA to a hospital, domiciliary, or nursing home, or when death occurs while a veteran is traveling under proper authorization for the purpose of a VA examination, treatment, or hospitalization, the cost of transportation of the body from the place of death to the place of burial is payable, in addition to the VA burial allowance. "Persons properly hospitalized" include those on authorized absence from a hospital.

Transportation items for which reimbursement may be had in addition to the burial allowance include the following:

- Charge for pick-up of remains from place of death, not to exceed the usual and customary charge made the general public for the same service.
- Procuring permit for shipment.
- Shipping case, required by law.
- Cost of hearse to point where remains are to be placed on common carrier for shipment.
- Cost of transportation by common carrier, including amounts paid as federal taxes.
- Cost of one removal by hearse direct from common carrier, plus one later removal by hearse to place of burial.

In those instances where the remains are transported from place of death to place of burial by hearse, rather than by common carrier, reimbursement may be had for the charge for pick-up of remains from place of death and for the charge for one later removal by hearse to place of burial, so long as these charges do not exceed those made the general public for the same service.

In those instances in which a veteran dies while properly hospitalized or dies while traveling under prior authority of the Department of Veterans Affairs, all costs of transportation should be itemized in the bill from the funeral director which is to be submitted with claim for burial allowance. In such instances, the funeral director should state in the bill for transportation and services that the cost of transportation does not exceed that which is charged the general public for the same services.

## CHAPTER 18

# UNITED STATES FLAG FOR BURIAL OR MEMORIAL PURPOSES

### General

Section 901 of Title 38, U.S. Code, authorizes the Department of Veterans Affairs to furnish a flag to drape the casket of each deceased veteran who was separated under conditions other than dishonorable and who

- was a veteran of any war; or
- had served at least one enlistment; or
- had been discharged or released from active service for a disability incurred or aggravated in line of duty; or
- was a veteran with Mexican border service at any time between January 1, 1911, and April 5, 1917; or
- served after January 31, 1955.

The law also provides that, following burial of veteran, the flag may be given to the next of kin. If no claim is made by the next of kin, it may be given, upon request, to a close friend or associate of the veteran. If flag is given to a friend, no flag shall be given to any other person on account of death of the veteran.

No reimbursement will be authorized for the cost of a burial flag privately purchased by relatives, friends, or other parties but such cost may be included in a claim for the burial allowance.

### Eligibility

- The Department of Veterans Affairs may furnish a flag to drape the casket of any veteran of any war who was discharged or released from active duty under conditions other than dishonorable. "Veteran of any war" means a veteran who rendered active military service during a period of war, or since January 31, 1955.
- A flag may also be furnished to drape the casket of a veteran who served at least one full enlistment in the Armed Forces of the United States during other than a period of war, if service was terminated under conditions other than dishonorable. A flag may also be furnished to drape the casket of a peacetime veteran whose service was terminated because of disability incurred in line of duty.

## **Disposition of Flag Following Burial**

When used to drape casket of deceased, the flag must be delivered to the veteran's next of kin (or close friend) following burial. If there is no living relative, or one cannot be located, and no friend requests the flag, it must be returned to the Department of Veterans Affairs.

The phrase "next of kin", for the purpose of disposing of the flag, is defined as follows with preference of entitlement in the order listed:

- widow or widower;
- children according to age, the sons having preference over the daughters;
- father, including adopted, step, and foster father;
- mother, including adopted, step, and foster mother;
- brothers or sisters, including brothers or sisters of the half-blood;
- uncles or aunts;
- nephews or nieces;
- others - cousins, grandparents, etc.

The phrase "close friend or associate" means any person who establishes by evidence that he was a close friend or an associate of the deceased.

Detailed information relative to proper use and proper disposition of the burial flag is contained in the application form used in applying for the flag.

## **Memorial Flags**

The Department of Veterans Affairs is authorized to furnish a flag upon behalf of an eligible veteran, after burial, where "circumstances existing at time of burial prevented the securing of a flag to drape the casket." This would include those instances in which the next of kin certifies they had no knowledge of the availability of a flag for draping the casket.

Flags may also be issued in memoriam in those cases in which the qualified veteran dies in service and the Military, Naval or Air Service does not furnish a flag immediately. Generally, the only cases wherein a flag is not supplied immediately for the burial of a person who dies in service are those

instances where the remains are interred outside the continental limits of the United States, or where the remains are not recovered, or are recovered and not identified.

### **Points of Issue of Flags**

United States flags are issued for burial purposes by all Department of Veterans Affairs installations, United States Post Offices, Hospitals or Sanitariums under contract with the Department of Veterans Affairs, and Federal Aided State Soldiers Homes.

### **Application**

Application is properly made by completion of VA Form 20-2008, signed by some person listed below, in the order of preference as listed.

- Next of kin or other relative of the deceased;
- Person making the funeral arrangements;
- Funeral director;
- Representative of a veterans organization or other organization having charge of the funeral;
- Other person having knowledge of the eligibility of the deceased and acting in the interest of his or her family.

Flag applications, otherwise satisfactory, are honored at any issue point, regardless of whether or not the applicant resides in the area of the issue point.

The applicant will be required to present acceptable evidence of the eligibility of the deceased. This evidence may be in the form of documentary proof, such as a discharge under honorable conditions. When the applicant is unable to furnish documentary proof, the application for burial flag may be accepted and a flag issued, when a statement is made by a person of established character and reputation, who states that he/she personally knows the deceased to have been a veteran of a war who was discharged or released from active duty under honorable conditions, or to have been a person discharged or released from active duty under honorable conditions from the United States Armed Forces after serving at least one complete enlistment (or discharged before completion of one full enlistment for disability incurred in service in line of duty).

# CHAPTER 19

## APPORTIONMENTS

### Part 1

#### APPORTIONMENTS OF VETERANS BENEFITS

##### **Apportionment is a Department of Veterans Affairs Procedure for Allotting Monetary Benefits of a Claimant to His/Her Dependents**

- All or any part of the pension, compensation, or emergency officer's retirement pay payable on account of any veteran may be apportioned:
  - On behalf of spouse, children, or dependent parents, if the veteran is incompetent and is being furnished hospital treatment, institutional, or domiciliary care by the United States, or any political subdivision thereof.
  - If the veteran is not residing with his or her spouse, or if the veteran's children are not residing with the veteran and the veteran is not reasonably discharging his or her responsibility for the spouse's or children's support.
- No apportionment will be made where the veteran, the veteran's spouse (when paid "as wife" or "as husband"), surviving spouse, or fiduciary is providing for dependents. The additional benefits for such dependents will be paid to the veteran, spouse, surviving spouse, or fiduciary.
- The amount payable for a child in custody of and residing with the surviving spouse shall be paid to the surviving spouse. Amounts payable to a surviving spouse for a child in the surviving spouse's custody but residing with someone else may be apportioned if the surviving spouse is not reasonably contributing to the child's support.
- Prior to release of any amounts the relationship of the claimant and the dependency of a parent will be fully developed, and the necessary evidence secured.

##### **Veterans Benefits May Be Apportioned**

- If the veteran is not residing with his or her spouse or his or her children and a claim for apportionment is filed for or on behalf of the spouse or children.
- Pending the appointment of a guardian or other fiduciary.
- Incompetent veteran without a fiduciary:

- Where an incompetent veteran without a fiduciary is receiving institutional care by the United States or a political subdivision, his or her benefit may be apportioned for a spouse or child, or for a dependent parent, unless such benefit is paid to a spouse ("as wife" or "as husband") for the use of the veteran and his or her dependents.
- Where benefits for an incompetent veteran are discontinued because of government hospitalization, there may be paid to his or her dependent parent or parents on the basis of need as determined by the Veterans' Service Officer, all or any part of the benefit which would otherwise be payable.
- Where a married veteran is receiving section 306 or improved pension and the amount payable is reduced because of hospitalization, an apportionment may be paid to the veteran's spouse.
- Where additional compensation is payable on behalf of a parent and the veteran or his or her guardian neglects or refuses to contribute such an amount to the support of the parent, the additional compensation will be paid to the parent upon receipt of the claim.
- All or part of the compensation not paid to an incarcerated veteran may be apportioned to the veteran's spouse, child or children and dependent parents on the basis of individual need. In determining individual need, consideration shall be given to such factors as the apportionee claimant's income and living expenses, the amount of compensation available to be apportioned, the needs and living expenses of other apportionee claimants as well as any special needs, if any, of all apportionee claimants.
- Disability pension payments may be made to the spouse, child or children of a veteran disqualified because of incarceration:
  - If the veteran continues to be eligible, and
  - If the annual income of the spouse or child is such that death pension would be payable.
  - At the rate payable under the death pension law or the rate which the veteran was receiving at the time of imprisonment, whichever is less.
  - From the day following the date of discontinuance of payments to the veteran, subject to payments made to the veteran over the same period, if an informal claim is received within one year after notice to the veteran and any necessary evidence is received within one year from the date of request; otherwise payments may not be made for any period prior to the date of receipt of a new informal claim.

### **Veteran's Benefits Will Not Be Apportioned**

- Where the total benefit payable to the disabled person does not permit payment of a reasonable amount to any apportionee.

- Where the spouse of the disabled person has been found guilty of conjugal infidelity by a court having proper jurisdiction.
- For purported or legal spouse of the veteran if it has been determined that he or she has lived with another person and held herself or himself out openly to the public to be the spouse of such other person, except where such relationship was entered into in good faith with a reasonable basis (for example trickery on the part of the veteran), for the spouse believing that the marriage to the veteran was legally terminated. No apportionment to the spouse will thereafter be made unless there had been a reconciliation and later estrangement.
- Where the child of the disabled person has been legally adopted by another person, except the additional compensation payable for the child.
- Where a child enters the active military, air, or naval service, any additional amount will be paid to the veteran unless such child is included in an existing apportionment to an estranged spouse. No adjustment in the apportioned award will be made based on the child's entry into service.
- For the spouse, child, father or mother of a disabled veteran, where forfeiture was declared prior to September 2, 1959, if the dependent is determined by the Department of Veterans Affairs to have been guilty of mutiny, treason, sabotage, or rendering assistance to an enemy of the United States or its allies.
- For any dependent of a disabled veteran, or surviving spouse where forfeiture of benefits by a person primarily entitled was declared after September 1, 1959, by reason of fraud, treasonable acts, or subversive activities.
- Until the estranged spouse of a veteran files claim for an apportioned share. If there are any children of the veteran not in his or her custody an apportionment will not be authorized unless and until a claim for an apportioned share is filed in their behalf.
- Apportionment is not payable if the total Department of Veterans Affairs benefits are being withheld for recoupment because of 38 U.S. Code 351 benefits, disability severance pay, readjustment pay or separation pay.

### **Special Apportionment**

Without regard to any other provision regarding apportionment where hardship is shown to exist, pension, compensation, emergency officers' retirement pay, or dependency and indemnity compensation may be specially apportioned between the veteran and his or her dependents or the surviving spouse and children on the basis of the facts in the individual case as long as it does not cause undue hardship to the other persons in interest. In determining the basis for special apportionment, consideration will be given such factors as: Amount of Department of Veterans Affairs benefits payable; other resources and income of the veteran and those dependents in whose behalf

apportionment is claims; and special needs of the veteran, his or her dependents, and the apportionment claimants. The amount apportioned should generally be consistent with the total number of dependents involved. Ordinarily, apportionment of more than fifty percent of the veteran's benefits would constitute undue hardship on him or her while apportionment of less than twenty percent of his or her benefits would not provide a reasonable amount of any apportionee.

## Apportionment of Disability Pension

- Where a veteran with spouse or child is incompetent and without legal fiduciary and is maintained in a institution by the United States or any political subdivision thereof, a monthly rate will be paid as an institutional award to the Director of a Department of Veterans Affairs hospital or chief officer of a non-Department of Veterans Affairs institution for the use of the veteran, and the balance will be paid to the dependent or dependents. If the veteran has no spouse or child but has a dependent parent, apportionment will be in accordance with the provisions of Special Apportionments.
- Where the amount of section 306 pension payable to a married veteran, is reduced, because of hospitalization, an apportionment may be made to such veteran's spouse upon an affirmative showing of hardship. The amount of the apportionment generally will be the difference between the reduced rate and the total amount of pension payable on December 31, 1978.
- Where the amount of improved pension payable to a married veteran is reduced because of hospitalization, an apportionment may be made to such veteran's spouse upon an affirmative showing of hardship. The amount of the apportionment generally will be the difference between the reduced rate and the rate payable if pension was being paid under improved pension.
- Where section 306 pension for an incompetent veteran is subject both to reduction and to discontinuance because of hospitalization, the rate authorized for a parent or parents will not exceed a specified monthly amount prescribed by law.
- Where improve pension for an incompetent veteran is subject both to reduction and to discontinuance because of hospitalization by the United States Government or any political subdivision, the rate authorized for a parent or parents will not exceed specified monthly amount prescribed by law.

## Application for Apportionment

Application for apportionment is made by the person claiming the apportionment on VAF 21-0788. Additionally, the person claiming the apportionment should send a letter that stipulates that he or she is not living with or in the custody of the principal payee. It must further be stipulated that the principal payee is not contributing to the support of the dependent claiming the apportionment in an amount adequate to provide the maintenance of such dependent.

Upon receipt of a claim for apportionment in the Department of Veterans Affairs, action will be taken by the Department of Veterans Affairs to advise the principal payee that such application for apportionment has been received. If the principal payee furnishes evidence satisfactory to the Department of Veterans Affairs, which will establish that he is contributing adequately to the support of the dependents outside custody, no apportionment will be authorized. If, however, the principal payee does not, within 60 days from the date such information is requested, furnish adequate evidence to establish that he or she is contributing to the support of dependents not in his or her custody, action will be taken by the Department of Veterans Affairs to make such apportionment in favor of the dependents not in the custody of the principal payee.

# CHAPTER 19

## APPORTIONMENTS

### Part 2

#### APPORTIONMENTS OF DEATH COMPENSATION, DEATH PENSION AND DEPENDENCY AND INDEMNITY COMPENSATION

##### Apportionment of Death Compensation

- Death compensation will be apportioned if the child or children of the deceased veteran are not in the custody of the surviving spouse.
- The surviving spouse may not be paid less than a specified amount per current law plus the amount of an Aid and Attendance allowance where applicable.
- New awards of death compensation for widows and children have not been made for several years. Entitlement existed only in cases where the serviceman or veteran died prior to January 1, 1957. Requests for apportionment of death compensation would be extremely rare.

##### Apportionment of Death Pension

Death pension will be apportioned if the child or children of the deceased veteran are not in custody of the surviving spouse. Where the surviving spouse's rate is in excess of a specific monthly rate because of having been the spouse of the veteran during service or because of need for regular Aid and Attendance, the additional amount will be added to the surviving spouse's share.

*SECTION 306 AND OLD-LAW DEATH PENSION:* Apportionment of benefits provided under these pension programs will be at rates approved by the Chief Benefits Director except when the facts and circumstances in a case warrant special apportionment.

*IMPROVED DEATH PENSION:* Apportionment of the benefits provided under this program shall be made under the special apportionment provision.

##### Apportionment of Dependency and Indemnity Compensation

*CONDITIONS UNDER WHICH APPORTIONMENT MAY BE MADE:* The surviving spouse's award of dependency and indemnity compensation will be apportioned where there is a child or children under 18 years of age and not in the custody of the surviving spouse. The surviving spouse's award of dependency and indemnity compensation will not be apportioned under this condition for a child over age of 18 years.

*RATES PAYABLE:* The share of each of the children under 18 years of age, including those in the surviving spouse's custody as well as those who are not in such custody, will be at rates approved by the Chief Benefits Director except when the facts and circumstances in a case warrant special apportionment.

### **Application for Apportionment**

Application for apportionment of dependency and indemnity compensation or death pension should be made by letter signed by the person having custody of the children and VAF 21-0788. In the letter requesting apportionment, the person claiming the benefits for the child or children should stipulate that the children are not in the custody of the widow, and should state the number of such children, and give their names and current addresses. The person signing the letter should provide full information showing the reason for custody of the child or children, and their relationship, if any, to the children.

Upon receipt of a claim for an apportionment by the Department of Veterans Affairs, action will be taken by the Department of Veterans Affairs to determine whether an apportionment may be made. If so, fiduciary activity will be requested to determine the proper payee for the children's benefits.

## CHAPTER 20

# INPATIENT AND OUTPATIENT MEDICAL CARE

### General

There are three general types of inpatient care furnished by the Veterans Affairs to the disabled veteran -- hospital treatment, domiciliary care, and nursing home care. In addition to the three general types of inpatient care furnished by the Veterans Affairs, the State of Texas has State Veterans Home. The question often arises as to what is domiciliary care, and in what way it differs from hospital care. In addition to the inpatient care, the VA provides outpatient care in veterans at VA Medical Centers, Community Based Outpatient Clinics, and VA Veterans Centers. Briefly, these types of care are explained as follows:

*HOSPITAL CARE:* Hospital care generally means the constant medical supervision and treatment with attendance by physicians, nurses and hospital attendants for acute or chronic conditions (or mental disorder in those Veterans Affairs institutions maintained for mental and nervous diseases exclusively) where the hope of improvement or cure prevails.

*DOMICILIARY CARE:* A VA domiciliary is a residential rehabilitation and health maintenance center for veterans who do not require hospital or nursing home care but are unable to live independently because of medical or psychiatric disabilities. They receive necessary medical and psychiatric care, rehabilitative assistance, and other therapeutic interventions on an outpatient basis from the host hospital, while residing in the structured, therapeutic, homelike environment of the domiciliary. The Domiciliary care Program seeks to ensure that each patient is brought to and/or maintained at optimal levels of functional independence and health. The ultimate objective of domiciliary care is to return as many patients as possible to life in the community

*NURSING HOME CARE:* Nursing home care means the care of convalescents or other persons who are not acutely ill and who do not need hospitalization, but require nursing care and related medical services, if such care is prescribed by persons duly licensed to provide such care. It includes services furnished in skilled nursing homes, intermediate care facilities, and in combined facilities.

*TEXAS STATE VETERANS HOMES:* The Texas State Nursing Home is a skilled-care nursing home exclusively for Texas Veterans and their spouses. Like with none state nursing home, the TVSH program provides services for Texas Veterans who are not acutely ill and who do not need hospitalization, but require nursing care and related medical services, if such care is prescribed by persons duly licensed to provide such care.

*VA VETERANS CENTER:* Readjustment counseling is wide range of services provided to combat veterans in the effort to make a satisfying transition from military to civilian life. Services include individual counseling, group counseling, marital and family counseling, bereavement counseling, medical referrals, assistance in applying for VA Benefits, employment counseling, guidance and referral. alcohol/drug assessments. information and referral to community resources, military sexual trauma counseling & referral, outreach and community education.

## VA Hospitalization

*PURPOSE:* Public Law 101-508 establishes two groups of veteran eligibility, Mandatory and Discretionary, for VA hospitalization, directing that hospital care be provided to veterans within one group and permitting care to be furnished on a space available basis to veterans in the other group. The law has established an income assessment (Means Test) for determining eligibility for medical care for nonservice-connected veterans. Veterans with income in excess of the Means Test income levels could obtain VA care, if resources and facilities are available, and if they agree to a co-payment. This law eliminated the existing eligibility of veterans age 65 and over to receive medical care based on age alone.

*ELIGIBILITY:* Any veteran who was released or discharged from military service under conditions other than dishonorable. Persons who enlisted in a regular component of the armed forces after September 7, 1980, or entered on active duty October 16, 1981, are not eligible for VA medical benefits unless they completed:

- 24 continuous months of active duty; or
- the full period for which they were ordered or called to active duty.
- reservists who have been rated for service connected disabilities are also eligible, BUT, for their service connected disabilities only.

The minimum length of duty requirements do not apply to the following:

- Reservists who were called to Active Duty and who completed the term of the activation, and who was granted other than dishonorable discharge.
- National Guard members who were called to Active Duty by federal executive order, and who completed the term of the activation, and who was granted an other than dishonorable discharge.
- Veterans discharged or released from active duty for a hardship.
- Veterans discharged with an “early out”.
- Veterans serving in the Persian Gulf on active duty as of August 2, 1990, will be entitled to treatment if they allege that medical conditions resulted from exposure to environmental contaminants.
- Veterans discharged or released from active duty for a disability that began in the service or got worse because of the service.

- Veterans who been determined by VA to have compensable service-connected conditions.
- Veterans discharged for a reason other than disability, but had a medical condition at the time that was disabling, and in the opinion of a doctor, would have justified a discharge for disability (in this last case, the disability must be documented in the service treatment records).
- Veterans who only request a benefit for or in connection with: a service-connected disability; treatment and/or counseling of sexual trauma that occurred while on active military service; treatment of conditions related to ionizing radiation; head or neck cancer related to nose or throat radium treatment while in the military.

All eligible veterans applying for medical care must be placed in one of the two categories established by Public Law 101-508. Criteria for determination of Category are as follows:

*MANDATORY:* Shall be furnished hospitalization, no co-payment required.

- Any veteran who has a service-connected disability.
- Any veteran whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Any veteran who is a former prisoner of war.
- Any veteran of WWI.
- Any veteran who is eligible for VA compensation based on a disability incurred as a VA patient or vocational rehabilitation participant.
- Any nonservice-connected veteran in receipt of state Medicaid, VA Pension, or whose income does not exceed the limits set forth.
- Any veteran exposed to ionizing radiation, Agent Orange or environmental hazards in the Persian Gulf (care for these veterans is limited to certain disabilities possibly associate with exposure).
- Any veteran who has a compensable service connected disability (10% to 100%).

*DISCRETIONARY:* May be furnished hospitalization, with co-payment.

This group includes veterans to whom the VA may, within available appropriations, furnish any needed hospital, outpatient, and nursing home care. Included in this category are: 0% service connected veterans needing care for a non-service connected disability; non-service connected veterans whose annual income and net worth is above the current “means test” threshold; and any other veterans not listed above under the Mandatory category.

### **Means Test on Ability to Pay**

Public Law 99-272, effective July 1, 1986, and Public Law 101-508, provide that criteria for the VA to determine the financial ability or inability for a veteran to pay for hospitalization costs. No service-connected disabled veteran will be subjected to the provisions of the means test, as this applies only to nonservice-connected veterans.

Under the provisions of these new laws, the VA retains the authority to provide needed hospital care to nonservice-connected veterans by utilizing eligibility criteria based on the veteran's annual income.

The law provides that veterans whose annual income is excessive (discretionary) may be furnished by VA hospital care if they are willing to share the costs of such care. Such veterans will be required to pay, during any 365 day period, the inpatient Medicare deductible, \$1,024 for Fiscal Year 2007, for the first 90 days of actual care or part thereof. For each succeeding 90 days of actual care or part thereof, they will be required to pay \$512 one-half of the Medicare co-payment. In addition to the co-payment, a fee of \$10 per diem for inpatient hospital day will be charged.

### **Means Test Thresholds-Income Limitations**

The current Means Test Thresholds-Income Limitations are located on the VA's website at [www.va.gov](http://www.va.gov). The income levels will be adjusted on January 1 of each year by the percentage that VA pension benefits are increased.

### **Third Party Insurance**

*PURPOSE:* Public Law 99-272 directs that effective October 1, 1986 and VHA Directive 2006-040. Veterans Affairs provides health care to eligible veterans and, under certain circumstances, VA is authorized to collect reasonable charges from their health insurers. Specifically, VA can bill insurers for treatment of conditions that are not a result of injuries or illnesses incurred or aggravated during military service. VA cannot bill for health care conditions that result from military service, nor is it generally authorized to collect from Medicare and Medicaid. In September 1999, VA adopted a new fee schedule, called "reasonable charges". VA, in order to make collection from both third-party health plans and veterans more cost effective, made the decision to apply such third-party reimbursements, dollar-for-dollar, to a veteran's co-payment.

As a provision of this law, the VA is authorized to release any necessary medical information to these health care plans without a signed consent from the veteran, except when specific restricted information is mentioned (drug, alcohol, sickle cell anemia, and AIDS), in which case a special consent would be required. Release of this information enables the health care plan to verify that care was actually furnished and that it meets the criteria generally applicable under the plan. Although a signed consent is not always required from the veteran under this law, record confidentiality will be preserved.

The Veterans Affairs seeks only reimbursement from the insurance company, any deductibles not reimbursed by the insurance company will not be passed on to the veteran. Co-payment charges are the responsibility of the veteran.

### **Ambulatory Care (OPT-AC)**

*PURPOSE:* Ambulatory Care (OPT-AC) may be furnished to veterans who are eligible for hospital care and do not otherwise have entitlement to outpatient care for specific conditions.

*ELIGIBILITY:* A medical determination is made by the examining physician that furnishing the care on an ambulatory basis would obviate the need for hospitalization in the immediate future.

## **Making Application**

Application for admission to a Veterans Affairs hospital, nursing home or a VA domiciliary unit is made by completing VA Form 10-10ez Application for Health Benefits. It should be accompanied by VA Form 10-10m Medical Certificate from Treating Physician or other medical evidence showing conditions needing hospital care. VA Form 10-10f Financial Sheet is needed for all applications except for those rated 50% or more service-connected and those under 50% who are applying for hospitalization for nonservice-connected conditions.

The completed VA Form 10-10ez must be signed by either the veteran or someone who represents him. The form does not require notarization.

## **Completing the Medical Certificate on VA Form 10-10m**

The veteran may take the VA Form 10-10m Medical Certificate from Treating Physician to his own family physician for completion, paying the prescribed fee for the service if any is charged. The veteran should remember that the VA Form 10-10m Medical Certificate from Treating Physician is only the medical portion of the application for hospitalization, and must be forwarded to the nearest VA hospital along with the VA Form 10-10ez, Application for Health Benefits.

Veterans who reside near a VA hospital: VA outpatient clinic or Community-Based Outpatient Clinic may prefer to go directly to such facility and request an examination to determine need for hospitalization.

In any event, the purpose of the medical statement is to show that the veteran needs to be hospitalized. The examining private physician should be advised that emphasis should be placed upon the condition or conditions which require hospitalization, although any other disabilities needing medical care should also be mentioned in the examination report.

## **VA Hospitals Serving Texas Veterans**

Texas veterans have available for medical care a total of ten VA hospitals within the state, with several more in neighboring states of Arkansas, Louisiana, New Mexico and Oklahoma.

VA hospitals within Texas are located as follows:

Amarillo	Houston
Big Spring	Kerrville
Bonham	San Antonio
Dallas	Temple

El Paso

Waco

VA hospitals in adjoining states where some Texas veterans seek medical care, are located at:

Fayetteville, Arkansas

Little Rock, Arkansas

North Little, Arkansas

Alexandria, Louisiana

Pineville, Louisiana

Shreveport, Louisiana

Albuquerque, New Mexico

Muskogee, Oklahoma

Oklahoma City, Oklahoma

### **Special Mode Transportation (ambulance, wheelchair van, etc.)**

You Qualify for Special Mode Transportation (Ambulance, wheelchair van etc.) If:

- your medical condition requires an ambulance or a specially equipped van
- you meet one of the eligibility criteria: you have a service-connected (SC) rating of 30 percent or more; you are traveling for treatment of a SC condition; you receive a VA pension, or your income does not exceed the maximum annual VA pension rate,
- the travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health)

### **Emergency Treatment for Veterans Too Ill to Travel**

Congress provided VA with authority to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system. This benefit will pay for emergency care rendered for nonservice-connected conditions for enrolled veterans who have no other source of payment for the care.

This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify you must meet all of the following criteria:

- You were provided care in a hospital emergency department or similar facility providing emergency care
- You are enrolled in the VA health care system
- You have been provided care by a VA health care provider within the last 24 months
- You are financially liable to the provider of the emergency treatment for that treatment
- You have no other form of health care insurance
- You do not have coverage under Medicare, Medicaid, or a state program
- You do not have coverage under any other VA programs

- You have no other contractual or legal recourse against a third party that will pay all or part of the bill
- Veterans Affairs or other Federal facilities were not feasibly available at time of the emergency
- The care must have been rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health

### **Emergency Cases Defined**

If you are an eligible veteran, a VA facility is not feasibly available, and you believe your health or life is in immediate danger, report directly to the closest emergency room. You, your representative, or the treating facility should then contact the nearest VA as soon as possible (within 48 hours) to arrange a transfer to VA care, if hospitalization is required. VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point you can be transferred to an approved VA health care facility.

Many hardships and inconveniences have been experienced because of misunderstanding among Service Officers as to what constitutes emergency cases within the meaning of VA Regulations. An emergency case can be defined as a condition or circumstance that will not permit delay in treatment without endangering the health or life of the patient, or the safety of the community. Professional judgment should always be exercised in determining an emergency. It must be established to a reasonable degree of certainty that the patient requires immediate hospitalization because of his/her condition. It follows, therefore, that chronic cases cannot be classed as medical emergencies; however, chronic cases might become acute, and therefore, be classed as an emergency.

*EXAMPLES OF EMERGENCY CASES:* Acute appendicitis requiring immediate surgery; insanity, wherein the patient threatens the safety of his family and the community; active tuberculosis and the like.

Before attempting to have a veteran admitted to a VA hospital as an emergency case, the Service Officer should consult the veteran's physician and have him make definite statements as to the existence of a true medical emergency.

### **Domiciliary Care**

*PURPOSE:* To provide care on an ambulatory self-care basis for veterans disabled by age or disease who are not in need of acute hospitalization and who do not need the skilled nursing provided in nursing homes.

*ELIGIBILITY:* VA provides domiciliary care to veterans whose annual income does not exceed the maximum annual rate of VA pension, currently \$28,429 (if single) and to veterans the Secretary determines have no adequate means of support.

An additional requirement for eligibility for domiciliary care is the ability of the veteran to perform all of the following:

- Perform without assistance daily ablutions, such as brushing teeth, bathing, combing hair, and bodily eliminations.
- Dress himself with a minimum of assistance.
- Proceed to and return from the dining hall without aid.
- Feed himself.
- Secure medical attention on an ambulatory basis or by use of personally propelled wheelchair.
- Have voluntary control over body eliminations or control by use of an appropriate prosthesis.
- Share, by his personal efforts, in some measure, however slight, in the maintenance and operation of the station.
- Make rational and competent decisions as to his desires to remain or leave the station.

*VETERANS COUNSELORS:* The Texas Veterans Commission has one or more full-time counselors stationed at most VA Medical Centers. Those without full-time counselors have part-time counselors. See the Texas Veterans Commission Directory for more information.

The Texas Veterans Commission counselors are available to assist hospitalized veterans with claims and applications for VA benefits. Whenever possible, they contact veterans who are admitted to the VA Medical Centers and offer assistance relative to the benefits which may be available for veterans and their dependents.

## **Outpatient Medical Treatment**

*PURPOSE:* Public Law 101-508 establishes two groups of veterans eligibility (Mandatory and Discretionary) for VA outpatient medical care, directing that outpatient care be provided to veterans within one group and permitting care to be furnished on a space available basis to veterans in the other group. The law established an income-assessment (Means Test) for determining eligibility for outpatient medical care for nonservice-connected veterans. Veterans with income in excess of the Means Test income levels could obtain VA care if resources and facilities are available and if they agree to a co-payment. This law eliminated the existing eligibility of veterans age 65 and over to receive medical care based on age alone.

*ELIGIBILITY:* Veterans may be eligible for outpatient medical care within a VA outpatient clinic under one of the following conditions:

- The condition requiring treatment has been adjudicated service-connected by the VA.
- Any medical condition requiring treatment if the veteran is rated 50% or more service-connected, or is receiving Aid and Attendance, or Housebound benefits, or is a veterans of WWI, or the Spanish-American War, or a former prisoner of war.
- Veterans enrolled in a VA Vocational Rehabilitation Program may receive necessary medical treatment to avoid interruption of that training regardless of their service-connected status.
- Veterans not meeting the above eligibility criteria may be furnished outpatient treatment following a period of hospitalization. That treatment is limited to the condition for which the veteran was hospitalized and will usually not exceed a twelve month duration.
- Veterans, not otherwise eligible, may be furnished short term medical treatment necessary to obviate the need for hospitalization.

All eligible veterans applying for medical care must be placed in one of the two categories established by Public Law 101-508. Determination for those categories are the same as those listed for VA hospitalization.

NOTE: All nonservice-connected veterans may be subject to means test for outpatient care.

### **Veterans Affairs Outpatient Clinics Serving Texas Veterans**

Texas veterans have available for medical care a total of Fourteen VA Outpatient Clinics within the State, not counting the clinics located in the hospitals.

VA Outpatient Clinics within Texas are located as follows:

Austin	Lubbock
Beaumont	Lufkin
Corpus Christi	McAllen
Fort Worth	San Antonio (3 each)
Harlingen	Tyler
Laredo	Victoria

The Texas Veterans Commission has a full-time counselor at most clinics. See the Texas Veterans Commission Directory for more information.

### **Veterans Affairs Community-Based Clinic Serving Veterans**

Veterans have available for medical care a total of Thirty (30) VA Community Base Outpatient Clinics within the State. There are four in San Antonio, Texas.

Community Based Outpatient Clinics within Texas are located as follows

Abilene	Beeville	Bridgeport	Brownwood
Cedar Park	Childress	College Station	Conroe
Denton	Eagle Pass	Fort Stockton	Fort Worth
Galveston	Granbury	Greenville	Longville
New Branunfels	Odessa	Palestine	Paris
San Angelo	San Antonio	Sherman	Stamford
Stratford	Texas City	Wichita Falls	

## Nursing Home Care

VA's nursing home programs include VA-operated nursing home care units, contract community nursing homes and state homes. More than 90 percent of VA's medical centers provide home- and community-based outpatient long-term care programs. A patient-focused approach supports the wishes of most patients to live at home in their own communities for as long as possible. Many veterans will receive inpatient long-term care through programs of VA or state homes.

Eligibility for VA nursing home care:

- Any veteran who has a service-connected disability rating of 70 percent or more;
- A veteran who is rated 60 percent service-connected and is unemployable or has an official rating of "permanent and total disabled";
- A veteran with combined disability ratings of 70 percent or more;
- A veteran whose service-connected disability is clinically determined to require nursing home care;
- Nonservice-connected veterans and those officially referred to as "zero percent, non-compensable, service-connected" veterans who require nursing home care for any nonservice-connected disability and who meet income and asset criteria; or
- If space and resources are available, other veterans on a case-by-case basis with priority given to service-connected veterans and those who need care for post-acute rehabilitation, respite, hospice, geriatric evaluation and management, or spinal cord injury.

Admission to nursing home care beds for those with service-connected disability will receive priority consideration.

*VA MEDICAL FACILITIES:* Many VA facilities have established beds for nursing home care. Because of the heavy demand for this service, most Nursing Home Care Units have waiting lists.

*COMMUNITY FACILITIES:* Nursing home care may be approved in VA-approved nursing homes. Authorization may be made for a period not to exceed six months. In the case of care need for a

service-connected, the contract may be indefinite. In instances in which extreme hardship would result because of delay in perfecting other arrangements, or in case of other unusual circumstances, the contract could possibly exceed six months. Direct admission of service-connected cases may be authorized. Transfer of active duty personnel who have been furnished care in a hospital of the Armed Forces, who the VA determines has received maximum hospital benefits from such care, but require nursing home care, who upon discharge from the Armed Forces will become a veteran is authorized.

### **Texas State Veterans Home Program**

*PURPOSE:* To provide skill nursing home care exclusively for Veterans and their spouses.

*ELIGIBILITY:* To be eligible for admission into a Texas State Veterans Home (TSVH), the following requirements must be met.

The applicant must be recognized as and eligible veteran by the Veterans Affairs (VA) and

- require long-term nursing care as determined by a physician and concurred by the VA,
- be at least eighteen years of age,
- be a bona fide resident of Texas at the time of application for admission,
- have been a legal resident of Texas at the time of entry into military service, or have resided in Texas continuously for at least one year immediately prior to application for admission (residence based solely on military assignment is excluded),
- not have been dishonorably discharged.

Additionally, eligibility for admission is extended to persons over the age of eighteen years of age who have been bona fide residents of Texas continuously for at least one year immediately prior to application for admission, and who are one of the following:

- the spouse or unmarried surviving spouse of a veteran, or
- Gold Star parents, all of whose children died while serving in the United States Armed Forces.

### **Texas State Veterans Home**

Texas veterans have available for nursing home care a total of seven state nursing homes within the State. Texas State Nursing Homes within Texas are located as follows:

Amarillo	El Paso
Big Springs	Floresville
Bonham	McAllen
Temple	

*VETERAN COUSELORS:* The Texas Veterans Commission does not have counselors located at TVSH, but there are counselors available to assist veterans living at the TSVH. See the Texas Veterans Commission Directory for more information.

## **Dental**

*SERVICE-CONNECTION FOR DENTAL DISABILITIES:* Basically, the criteria for service-connection for dental conditions are the same as those for establishing service-connection for any other disability under the provisions of Public Law-85-86, "Veterans Benefits Act of 1957" and the appropriate sections of Title 38, U.S. Code, Veterans' Benefits.

*NON-COMPENSABLE DENTAL TREATMENT:* A claim for non-compensable dental treatment should be made on VA form 21-526 (original claim) or VA form 21-4138 (non-original claims), as appropriate. Generally, these claims involve combat wounds or service trauma. Typically, the claim should be phrased as follows, "This is a claim for dental treatment purposes based on tooth #18 fracture." Once the VA Regional Office receives a claim for non-compensable dental treatment, a copy of the claim is referred to the appropriate VA Outpatient Clinic or VA Hospital. Usually, they are able to determine eligibility without referral to the Regional Office. However, if a dental rating is necessary, the request is referred to the Regional Office via VA form 10-7131.

*EVIDENCE TO ESTABLISH SERVICE-CONNECTION:* VA Regulation 1382, "Service-connection for dental disabilities will be established by service records, documentary evidence in the form of reports of examinations (dental and physical), duly certified statements of dentists or physicians, or certified statements of fact from two or more disinterested parties"

## **Outpatient Dental**

*PURPOSE:* To provide outpatient dental treatment to a VA Medical Center.

*ELIGIBILITY:* Veterans who meet at least one of the following criteria are entitled to outpatient dental care. Applications must be made completing VA Form 10-10ez, Application for Medical Benefits, prior to each new episode of treatment.

### *Class I*

Those having a service-connected compensable dental disability or condition, may be authorized any dental treatment indicated as reasonably necessary to maintain oral health and masticatory function. There is no time limitation for making application for treatment and no restriction as to the number of repeat episodes of treatment.

### *Class II*

Those having a service-connected non-compensable dental condition or disability shown to have been in existence at time of discharge or release from active service, which took place after September 30, 1981, may be authorized any treatment indicated as reasonably necessary for the one-time correction of the service-connected non-compensable condition, but only if:

- They served on active duty during the Persian Gulf War and were discharged or released, under conditions other than dishonorable, from a period of active military, naval, or air service of not less than 90 days, or they were discharged or released under conditions other

than dishonorable, from any other period of active military, naval, or air service of not less than 180 days;

- Application for treatment is made within 180 days after such discharge or release.
- The certificate of discharge or release does not bear a certification that the veteran was provided, within the 90-day period immediately before such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental treatment indicated by the examination to be needed, and
- Veterans Affairs dental examination is completed within six months after discharge or release, unless delayed through no fault of the veteran.

Those veterans discharged from their final period of service after August 12, 1981, who had reentered active military service within 90 days after the date of a discharge or release from a prior period of active military service, may apply for treatment of service-connected non-compensable dental conditions relating to any such periods of service within 90 days from the date of their final discharge or release.

If a disqualifying discharge or release has been corrected by competent authority, application may be made within 90 days after the date of correction.

Those having a service-connected non-compensable dental condition or disability shown to have been in existence at time of discharge or release from active service, which took place before October 1, 1981, may be authorized any treatment indicated as reasonably necessary for the one-time correction of the service-connected non-compensable condition, but only if:

- They were discharged or released, under conditions other than dishonorable, from a period of active military, naval or air service of not less than 180 days.
- Application for treatment is made within one year after such discharge or release.
- Veterans Affairs dental examination is completed within 14 months after discharge or release, unless delayed through no fault of the veteran.

Those veterans discharged from their final period of service before August 13, 1981, who had reentered active military service within one year from the date of a prior discharge or release, may apply for treatment of service-connected non-compensable dental conditions relating to any such prior periods of service within one year of their final discharge or release.

If a disqualifying discharge or release has been corrected by competent authority, application may be made within one year after the date of correction.

Those having a service-connected non-compensable dental condition or disability adjudicated as resulting from combat wounds or service trauma may be authorized any treatment indicated as reasonably necessary for the correction of such service-connected non-compensable condition or disability.

Those having a service-connected non-compensable dental condition or disability and who had been detained or interned as prisoners of war for a period of less than 90 days may be authorized any treatment as reasonably necessary for the correction of such service-connected dental condition or disability.

Those who were prisoners of war for 90 days or more, as determined by the concerned military service department, may be authorized any needed dental treatment.

*Class IIR (Retroactive)*

Any veteran who had made prior application for and received dental treatment from the Veterans Affairs for non-compensable dental conditions, but was denied replacement of missing teeth which were lost during any period of service prior to his/her last period of service may be authorized such previously denied benefits under the following conditions:

- Application for such retroactive benefits is made within one year of April 5, 1983.
- Existing Veterans Affairs records reflect the prior denial of the claim.

All Class IIR (Retroactive) treatment authorized will be completed on a fee basis status.

*Class III*

Those having a dental condition professionally determined to be aggravating disability from an associated service-connected condition or disability may be authorized dental treatment for only those dental conditions which, in sound professional judgment, are having a direct and material detrimental effect upon the associated basic condition or disability.

*Class IV*

Those whose service-connected disabilities are rated at 100% by scheduler evaluation or who are entitled to the 100% rate by reason of individual un-employability are authorized any needed dental treatment.

*Class V*

A veteran who is participating in a rehabilitation program under 38 U.S.C. chapter 31 may be authorized such dental services as are professionally determined necessary for any of the reasons enumerated in §17.47(g).

*Class VI*

Any veterans scheduled for admission or otherwise receiving care and services under chapter 17 of 38 U.S.C. may receive outpatient dental care which is medically necessary, i.e., is for dental condition clinically determined to be complicating a medical condition currently under treatment

## **Fee Basis Outpatient Treatment**

*PURPOSE:* Eligible veterans are entitled to outpatient medical treatment from non-VA physicians at VA expense.

*ELIGIBILITY:* The Veterans Affairs may authorize payment for:

Service-connected disabled veterans with contracted care in their communities on a fee basis. VA is authorized to pay for inpatient, outpatient, prescription, and long-term care in non-VA facilities under 38 U.S.C. § 1703. VA will approve fee-basis care if VA does not provide the necessary level of treatment, or if a VA facility is too far from the veteran's home. For example, fee basis care could be authorized for chiropractic care, maternity care, or dialysis not otherwise available at a VA medical center. A veteran is eligible for inpatient or outpatient treatment on a fee basis when it is for the following:

- a service-connected disability;
- a disability for which the veteran was released from active duty;
- any disability of a veteran who has been rated permanently and totally disabled from a service-connected disability;
- a medical condition aggravating a service-connected condition;
- a disability and is participating in a rehabilitation program under 38 U.S.C., chapter 31;
- is in Alaska, Hawaii, and other U.S. Territories and needs care to prevent the need for hospital admission;
- is being provided a VA regional office observation and examination evaluation;
- is in authorized travel status and needs emergency care;
- is in a VA contract nursing home and needs emergency care; or
- is receiving care at a VA or other government facility on a VA contract and needs emergency treatment that the facility cannot provide.

Necessary outpatient treatment is also provided on a fee basis if a veteran is rated fifty percent or more disabled, needs to complete treatment begun at a VA medical facility, is a World War I veteran, needs aid and attendance, or is housebound. Other eligibility criteria include prisoners of war who need outpatient dental services or who are being treated at an independent VA outpatient clinic and need diagnostic services to determine either eligibility for care or appropriate care to prevent the need for hospital admission. In most cases, except urgent care, fee basis must be preauthorized and subject to the capabilities of the medical center so that the veteran does not incur any expenses.

The Fee Basis Outpatient ID care should be presented at the time of each outpatient visit to a non-VA physician. Payment for outpatient treatment is limited to \$125 per month. If outpatient care is required in excess of \$125 per month, prior authorization must be obtained.

The Fee Basis Outpatient ID card does not entitle the veteran to dental treatment or private hospitalization.

## Prescriptions

*PURPOSE:* To provide prescribed medications.

*ELIGIBILITY:* Medications may be furnished to veterans when prescribed:

- For the treatment of a service-connected disability or a condition aggravating a service-connected disability.
- For any medical condition for veterans rated 50% or more service-connected.
- For any medical condition for veterans of WWI, former Prisoners of War, veterans on a VA Vocational Rehabilitation Program, or those in receipt of Aid and Attendance or Housebound benefits.
- For treatment of conditions related to Agent Orange, Ionizing radiation, Persian Gulf, Military Sexual Trauma, and certain cancers of the head and neck.
- Recent combat veterans are exempt from medication copayments for 5 years following discharge when being treated for conditions related to their military service.
- For treatment of the condition(s) for which a veteran is enrolled in the OPT-AC or OPT-NSC programs.
- Public Law 101-508 provides for the VA to charge certain veterans a \$8 co-payment for each prescription obtained. All nonservice-connected veterans will be charged and veterans who are rated less than 50% who receive prescriptions for nonservice-connected disabilities. The co-payment does not apply to medical supplies such as syringes, etc.

Except for veterans in receipt of Aid and Attendance or Housebound benefits, prescriptions written by non-VA physicians may be filled only if the veteran has been authorized treatment at VA expense on a Fee Basis status. Veterans must have a Fee Basis Outpatient Treatment Card.

## Fee Pharmacy

The Fee Pharmacy program covers the cost of EMERGENCY prescriptions filled at non-VA pharmacies and reimburses eligible veterans for prescriptions purchased at their own expense.

- For treatment of service-connected disabilities or conditions aggravating a service-connected disability.
- With an adjudicated rating of 50% or more disabling due to service-connected conditions for treatment of any medical condition.
- Receiving Aid and Attendance or Housebound benefits or veterans of WWI for treatment of any medical condition.

## Beneficiary Travel

*PURPOSE:* To provide cash reimbursement to eligible veterans.

*ELIGIBILITY:* Effective July 1, 1988, cash payments will be made to the following categories of beneficiaries who have scheduled appointments.

- Veterans being treated for a service-connected disability.
- Veterans rated 30% or more service-connected.
- Veterans receiving a VA pension.
- A veteran whose annual income does not exceed the maximum annual pension rate.
- A veteran whose travel for a compensation and pension examination.

Mileage reimbursement for numbers A, B, C, and D are subject to a \$15.54 (round trip) deductible for each visit not to exceed \$46.62 deductible per calendar month for frequent travelers.

*OTHER:* Veterans who reside within 27 miles one way or 54 miles round trip from a VA Medical Center are not entitled to travel reimbursement.

## Medical Services for Women Veterans

A full range of health services is available at VA medical facilities. Each female inpatient in VA medical facilities will receive a complete physical examination, including pelvic and breast exams. All women receiving VA care will have a yearly PAP (Papanicolaou) smear unless contraindicated. Mammograms will be arranged for all female patients on a pre-approved schedule in accordance with the American Cancer Society, the American College of Radiology or the National Cancer Institute. Also, a full continuum of other comprehensive medical services are available including health promotion and disease prevention, primary care, women's gender-specific health care e.g., hormone replacement therapy, breast and gynecological care, maternity and limited infertility (excluding In-vitro fertilization), acute medical/surgical, telephone, emergency and substance abuse treatment, mental health, domiciliary, rehabilitation and long term care. VA researchers at many VA facilities also conduct medical research on women's health.

Women may be eligible for benefits if they:

- Are a veteran in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard.

- Served in the Women's Auxiliary Corps (WAC) in 1942 - 1943.
- Flew as a Women's Air Force Service Pilot (WASP) in World War II.
- Were a telephone operator, clerk, dietitian, or reconstruction aide with the Army in Europe during World War I.

Eligibility requirements for medical services are the same for women and men. Application procedures are also the same.

Benefits are not automatically available. For specific eligibility information, contact the nearest VA Regional Office or VA Medical Center. There is a women's coordinator in each regional office and medical center. Look for U.S. Government, Veterans Affairs, in phone directories. Toll-free service to the nearest VA Regional Office is available nationwide at 1-800-827-1000.

### **VA Veterans Centers in Texas**

*PURPOSE:* VA Veterans Centers goal is to provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. The family members of all veterans listed below are eligible for Vet Center services as well.

*ELIGIBILITY:* Any veteran who served in a War Zone - all eras, including Vietnam, Lebanon, Grenada, Panama, the Persian Gulf, Somalia, Kosovo/Bosnia, WWII and Korean Combat Veterans. Veterans have available for counseling a total of fourteen VA Veterans Centers within the State. VA Veterans Centers are located as follows:

Amarillo	Houston (2ea)
Austin	Laredo
Corpus Christi	Lubbock
Dallas	McAllen
El Paso	Midland
Fort Worth	San Antonio    Harker Heights

# CHAPTER 21

## EDUCATION AND TRAINING BENEFIT PROGRAMS

On June 22, 1944, President Franklin D. Roosevelt signed the "Servicemen's Readjustment Act of 1944," better known as the "GI Bill of Rights." At first the subject of intense debate and parliamentary maneuvering, the famed legislation for veterans of World War II has since been recognized as one of the most important acts of Congress. Few government programs have delivered on America's promise as a land of opportunity as explicitly as the GI Bill.

In 1984, former Mississippi Congressman Gillespie V. "Sonny" Montgomery revamped the GI Bill, which has been known as the "Montgomery GI Bill" ever since, assuring that the legacy of the original GI Bill lives on, as education programs continue to work for our newest generation of veterans.

### Eligibility

All students who feel they may be eligible for education benefits should submit an application. Even if someone appears ineligible, they should submit an application for benefits so that the U.S. Department of Veterans Affairs (VA) can review his or her application and officially deny or grant benefits.

### Chapter 30: Montgomery G.I. Bill—Active Duty

Chapter 30 has four eligibility categories. Category I is by far the largest. It includes veterans who began active duty for the first time after June 30, 1985. Category IB is for 2 years active duty and Category IC for 4 years in the Selected Reserve

Military retirees who entered the service (or agreed to delayed entry) before 1/1/77 and who were eligible to receive chapter 34 benefits (Vietnam era education program) on 12/31/89 comprise Category II. The education benefit for these chapter 34/30 veterans is higher than the standard chapter 30 benefit and it pays an additional amount for dependents. The chapter 34/30 benefit is comparable to the old chapter 34 rate.

Additional veterans may be eligible if they were voluntarily or involuntarily separated from the service because of a reduction in personnel (Category III), or if they were able to convert their education benefit from chapter 32 to chapter 30 (Category IV).

### Chapter 30 Kickers and Additional Contributions.

Higher monthly benefits are paid to chapter 30 participants with "kickers" and to chapter 30 participants who make additional chapter 30 payments. Veterans may have a kicker, additional contributions, or both. The higher benefit rates are paid automatically when benefits are paid.

If veterans don't receive the benefit they believe they are entitled to receive, they should call VA about the discrepancy so that VA can resolve the discrepancy with the Department of Defense.

A kicker is part of the enlistment contract. It's often referred to by its Madison Avenue name; Army College Fund, Navy Sea College Fund, or whatever the newest recruitment ad calls it.

Servicepersons who participate in chapter 30 pay \$1,200.00 towards their chapter 30 benefit. The \$1,200.00 is withheld from their pay during their first 12 months of service and it's non-refundable. Servicepersons may pay up to \$600.00 more towards chapter 30. The amount they pay is matched 9 to 1.

### **Chapter 35: Dependents Educational Assistance (DEA)**

Dependents Educational Assistance is paid to dependents of veterans. Persons who may be eligible are:

- A child (between ages 18 and 26, with some exceptions) of a veteran who is permanently and totally disabled due to a service-related condition; or who died in service; or who died of a service-connected disability; or who died while evaluated as having total and permanent service-connected disability; or who is listed as a POW or MIA.
- The surviving spouse of a veteran who died of a service-connected disability, or died in service, or died while evaluated as having total and permanent disability resulting from a service-connected disability. Surviving spouses whose benefits stopped when they remarried can receive DEA benefits again if their remarriage ends by death or divorce, or they cease to live with the person to whom they presented themselves in public as married.
- A spouse of a veteran or serviceperson who has a total and permanent disability resulting from a service-connected disability; or who is listed as a POW or MIA.
- The spouse or child of a servicemember who VA determines has a service-connected permanent and total disability, at the time of VA's determination is a member of the Armed Forces who is hospitalized or receiving outpatient medical care, services, or treatment; and is likely to be discharged or released from service for this service-connected disability.

### **Chapter 1606: Montgomery G.I. Bill—Selected Reserve**

Educational program for active members of the Selected Reserve. Selected Reserve components include the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, Coast Guard Reserve, Army National Guard, and Air National Guard. The Department of Defense and the Department of Homeland Security (Coast Guard) determine who's eligible for chapter 1606. The Department of Veterans Affairs administers the program and pays benefits. Basic eligibility requires a 6-year obligation to serve in the Selected Reserve and satisfactory participation in required Selected Reserve training.

### **Chapter 1606 Kickers**

An additional amount, called a kicker, may be added to the benefit of some chapter 1606 students. The possible monthly kicker levels are \$100, \$200, and \$350. A chapter 1606 kicker may be a part of the original enlistment contract or part of a re-enlistment contract.

## **Chapter 1607: Reserve Educational Assistance Program (REAP)**

Educational program for active members of the Selected Reserve called to active duty and members of the Individual Ready Reserve (Army IRR, Air Force IRR, Navy IRR and Marine Corps IRR.) called to active duty in response to a contingency operation declared by the President or Congress. The Department of Defense and the Department of Homeland Security (Coast Guard) determine who's eligible for chapter 1607. The Department of Veterans Affairs administers the program and pays benefits.

Members of the Selective Reserve may be eligible for Chapter 1607 after serving 90 consecutive days on active duty for a contingency operation. The Chapter 1607 benefit pays a percentage of the chapter 30 three-year or more rate based on the number of continuous service days on active duty: 90 days but less than 1 year pays 40%, 1 year but less than 2 years pays 60%, and service of two continuous years or of an aggregate of three years or more pays 80% payment of the three-year rate. The 80% rate can be paid for two continuous years or, effective 1/28/08, an aggregate call-up service of three years or more.

## **Chapter 1607 Kicker and Additional Contributions**

A servicemember eligible for chapter 1607 who is also eligible for the chapter 1606 kicker will be paid the chapter 1606 kicker.

## **Monthly Payment Rates**

The current monthly payments rates are located on the VA's website at [www.va.gov](http://www.va.gov).

## **Types of Training**

The Texas Veterans Commission (Veterans Education Department) is the State Approving Agency for GI Bill educational benefits in Texas. Congress established state approving agencies several years after passing the GI Bill of Rights in 1944. Congress recognized that States are really the guardians of education & that each state has a right and responsibility to oversee what is offered within its borders. As a result a triad relationship was established with the State approving agencies approving the programs and policies, the VA paying the benefits, and the schools/employers providing the training. Veterans cannot receive their educational benefits unless the program has been approved by TVC.

The mission of the Veterans Education program is to:

- promote and safeguard quality education and training programs for veterans;
- ensure greater educational training opportunities to meet the changing needs of veterans; and
- assist the Department of Veterans Affairs (VA) in preventing fraud, waste, and abuse in the administration of the GI Bill.

In summary, you can say that the TVC staff are the guardians of the GI Bill and provide consumer protection for the veterans.

The types of training that can be approved include:

- Undergraduate, graduate/professional degrees, and certificate programs at public/private colleges or universities
- Certificates or diplomas from religious, business, technical, or vocational schools—both accredited and non-accredited
- Apprenticeship or On-the-Job (OJT) programs
- Flight training (Veterans must have a private pilot certificate and meet the medical requirements for the desired certificate before beginning training. The VA reimburses the students for 60% of the approved costs)
- Remedial, deficiency, or refresher training, if necessary.

### **OJT/Apprenticeship Training Programs**

Although most veterans know that they can use their benefits for college, many are unaware of the On-the-Job and Apprenticeship training programs. These programs allow qualified veterans to receive their GI Bill educational benefits while in training and earning a wage.

Under OJT or Apprenticeship programs, veterans learn skilled occupations by performing each job process required by the approved training program. While training, eligible participants work under the supervision of a skilled worker. In addition to their wages, a veteran who enters an approved apprenticeship program receives a monthly training benefit from the VA.

Apprenticeship training is a structured system of training designed to prepare individuals for occupations in skilled trades and crafts. It combines OJT training with related classroom instruction for the goal of obtaining a Journeyman rating in a number of occupations. Apprenticeship programs usually last two to four years, but can range from one to six years.

OJT programs last from 6 months to no more than 24 months. The veteran will work under the supervision of a skilled worker, and during training will draw a monthly educational benefit from DVA. There is no related classroom training usually associated with an OJT program. To be able to receive educational benefits, veterans must not already be qualified for the job or occupation by previous training or experience and must be eligible for GI Bill educational benefits.

### **Licensing and Certification Tests**

VA can reimburse the cost of licensing and certification tests approved by the State Approving Agency. Veterans are reimbursed the cost of the test, not to exceed the approved cost of the test or \$2,000. Benefits can be paid for tests that aren't passed, for tests retaken if not passed, and for tests required to be recertified or to renew a license.

Veterans must be eligible for benefits to receive test reimbursement. They must have remaining entitlement and their delimiting date must not have passed. Entitlement is prorated based on the amount reimbursed. If a student's full-time benefit is \$1000 per month and the student is reimbursed \$500 for a test, then the student's remaining entitlement will be reduced by ½ month.

Information about test fee reimbursement is at [www.gibill.va.gov/GI\\_Bill\\_Info/programs.htm#LAC](http://www.gibill.va.gov/GI_Bill_Info/programs.htm#LAC).

Veterans can apply for test fee reimbursement by:

Completing and submitting an *Application for Reimbursement of Licensing or Certification Test Fees* available at [www.vba.va.gov/pubs/forms/22-0803.pdf](http://www.vba.va.gov/pubs/forms/22-0803.pdf).

Attaching a copy of their test results to the application. If test results aren't available they can attach a copy of their license or certification and a payment receipt. Test fee reimbursement can be paid for each test for which reimbursement is claimed and these documents are submitted.

There's no limit to the number of approved tests for which reimbursement can be made as long as the veteran has remaining entitlement to cover the cost of the test and the student isn't beyond his or her delimiting date.

## National Tests

Chapter 30 and chapter 35 recipients can be reimbursed the fee charged for national admission tests and national tests for college credit. Test reimbursement is not available for chapters 1606 and 1607, but may be in the future. Currently the only approved tests are:

- SAT (Scholastic Assessment Test)
- LSAT (Law School Admission Test)
- GRE (Graduate Record Exam)
- GMAT (Graduate Management Admission Test)
- AP (Advanced Placement Exam)
- CLEP (College-Level Examination Program)
- ACT (American College Testing Program)
- DAT (Dental Admissions Test)
- MAT (Miller Analogies Test)
- MCAT (Medical College Admissions Test)
- OAT (Optometry Admissions Testing)
- PCAT (Pharmacy College Admissions Test)
- TOEFL (Test of English as a Foreign Language)
- DSST (DANTES Subject Standardized Tests)
- ECE (Excelsior College Examinations)

Complete information and directions for applying for reimbursement are available on the GI Bill website at about [http://www.gibill.va.gov/GI\\_Bill\\_Info/programs.htm](http://www.gibill.va.gov/GI_Bill_Info/programs.htm) - Testing

## Chapter 33—Post 9/11 GI Bill

On June 30, 2008, President Bush signed into law, H.R. 2642, Supplemental Appropriations Act, 2008 which authorizes a new chapter of educational benefits for many post 9/11 veterans and service members. Chapter 33, of the new GI Bill (also referred to as the "Post 9/11 GI Bill") makes many sweeping and dramatic changes to veterans' educational benefits. These new benefits do not go into effect until August 1, 2009.

On August 1, 2009, a chapter 33 full-time student will be eligible to receive full tuition and fees, a \$1,000 a year stipend for books and supplies, and a monthly housing stipend. The new GI Bill will also permit Reserve and Guard members who were activated for more than 90 days since 9/11/2001, to qualify for the same benefits, in proportion to time served on active duty after 9/11/2001, as regular active duty forces members. Previously, under the Montgomery GI Bill-Selected Reserve (chapter 1606) or the Reserve Educational Assistance Program (chapter 1607) reservists and guard members received less benefits than their active duty counterparts.

Although this new GI Bill is set to go into effect on August 1, 2009, it could take some time for the VA to begin paying benefits. Chapter 33 benefits will not be paid for any training or education programs completed before August 1, 2009.

Complete up-to-date detailed information regarding the current Montgomery GI Bill and the Post 9/11 GI Bill may be obtained on the VA website at: [www.gibill.va.gov](http://www.gibill.va.gov). as of this writing, details of the Post 9/11 GI Bill include the following:

### **Eligibility**

If a veteran served in the Armed Forces a minimum of 90 consecutive days on active duty after September 10, 2001, he/she is eligible for the Post 9/11 GI Bill. However, the individual must have served at least three years of active duty to qualify for the maximum chapter 33 benefits payable.

If a veteran currently qualifies under chapter 30, 1606, 1607, or is currently serving in the Armed Forces, he/she may elect to receive benefits under the Post 9/11 GI Bill if on August 1, 2009, he/she meets the requirements of the Post 9/11 GI Bill.

Officers who graduated from a service academy or received a ROTC scholarship, who otherwise meet the active duty requirements, now qualify for the Post 9/11 GI Bill.

Those who meet the active duty requirements, but who did not opt-in for the GI Bill upon entry on active duty, now qualify for the Post 9/11 GI Bill.

### **Payment amounts**

The Post 9/11 GI Bill will pay up to 100 percent of tuition and fees, but not to exceed the most expensive in-State public institution of higher education tuition. This money is paid directly to the school.

A monthly housing allowance equal to the basic allowance for housing (BAH) amount payable to a military E-5 with dependents, in the same zip code as the school. This money is paid directly to the veteran.

An annual \$1,000 stipend will be paid directly to the veteran for books and supplies.

### **Active Duty Service Requirements**

Veterans who have the following service after 9/11/2001, qualify for this percentage of benefits:

30 continuous days with a service-connected disability discharge	100 percent
36 months or more	100 percent
30 months, but less than 36 months	90 percent
24 months, but less than 30 months	80 percent
18 months, but less than 24 months	70 percent
12 months, but less than 18 months	60 percent
6 months, but less than 12 months	50 percent
90 days, but less than 6 months	40 percent

### **GI Bill Expiration Date**

Individuals who serve at least 90 consecutive days are eligible for 15 years from their last period of active duty.

### **Types of Training**

Veterans may receive Chapter 33 benefits for training programs approved for chapter 30 that are offered by an institution of higher learning (degree-granting institution). This includes graduate and undergraduate training, and vocational/technical training. Veterans may also receive benefits for tutorial assistance and reimbursement for one licensing and certification test. Additionally, if a veteran is eligible for chapter 30, 1606 or 1607, and elects to use benefits under the Post-9/11 GI Bill, they would be eligible to receive benefits for on-the-job training, apprenticeship training, correspondence courses, flight training, preparatory courses, and national exams.

### **Benefit Transfer**

Veterans must be approved by the Department of Defense (DOD) for eligibility to transfer entitlement to spouses and dependent children. Veterans should contact DOD or their military service for more information.

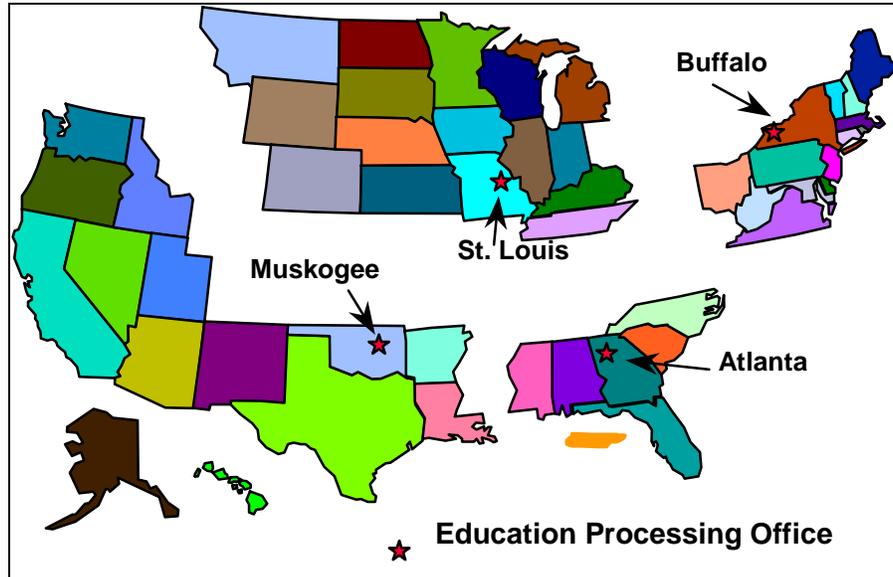
To keep up-to-date on this very important benefit, visit [www.gibill.va.gov](http://www.gibill.va.gov) for information updates.

### **Regional Processing Offices (RPOs)**

All education claims are processed through VA Regional Processing Offices. Each of the four RPOs listed below will process documents for veterans attending schools located in the states in their designated areas. The school's (employer's) address rather than the veteran's home address determines which processing office has jurisdiction.

Central Region
VA Regional Office PO Box 66830 St. Louis, MO 63166-6830

Eastern Region
VA Regional Office PO Box 4616 Buffalo, NY 14240-4616



Western Region
VA Regional Office PO Box 8888 Muskogee, OK 74402-8888

Southern Region
VA Regional Office PO Box 54346 Atlanta, GA 30308-0346

### Comparison of Education Programs

	CH 30	CH 35	CH 1606	CH 1607
<b>ELIGIBILITY</b>	All students who feel they are eligible should submit an application. It is important that their application is reviewed and that the VA Regional Processing Office makes an official denial or grant of benefits.			
	Discharge must be honorable.	Veteran's death or permanent and total disability	Completion of initial active duty for training. Must	90 days or more active duty support of contingency operation

	2 years active duty, 3 years active duty, or 2 years active duty plus 4 years reserves.	result of service.	be active reservist with 6-year obligation.	or full-time National Guard duty responding to national emergency.
<b>BENEFITS FOR INSERVICE STUDENT</b>	<p><b>Servicepersons</b> are paid the veteran rate or a rate that will reimburse <u>tuition and fees</u>, whichever is <b>lower</b>. Servicepersons often apply for benefits a few days or weeks before their discharge from active duty. Servicepersons on terminal leave before discharge do not have to obtain their education officer's signature on the <i>Application for VA Education Benefits</i>. Also, they are paid as servicepersons while on terminal leave and as veterans starting the day following discharge.</p>			
	Payable after 2 years continuous active duty, not exceed tuition and fees.	No	Yes	Yes
<b>ENTITLEMENT</b>	<b>48 months maximum under two or more programs</b>			
	36 months. May extend to end of term if expires during term. Note: If there's a kicker, the kicker doesn't extend.	45 months. No extensions except for child in special restorative training.	36 months. No extensions.	36 months. No extensions.
<b>DELIMITING DATE</b>	10 years after discharge.  May extend for later period of active duty or disability that prevents completion of program.	<p><b>Child:</b> 8 years <b>Spouse:</b> 10 years <b>Surviving Spouse:</b> 10 years. 20 years if death while on active duty.</p> <p>Eligibility rules are complex. Claimant should carefully read eligibility letter and call VA if questions. Pamphlet is online: <a href="http://www.gibill.va.gov/pamphlets/CH35/CH35_Pamphlet_General.htm">www.gibill.va.gov/pamphlets/CH35/CH35_Pamphlet_General.htm</a></p>	14 years from eligibility date.  Date of separation if leave reserves before 14 years.  May extend if disability incurred or aggravated by service in selected reserve prevents completion of program.	10 years from the separation date if separated after completing service contract and discharge isn't dishonorable.  10 years from chapter 1607 eligibility date if separated for disability.
		May extend to end of term if delimiting date during term, but can't exceed maximum entitlement.		
	<b>CH 30</b>	<b>CH 35</b>	<b>CH 1606</b>	<b>CH 1607</b>

<b>PARTICIPANT PAYMENT</b>	Category I, III, IV: \$1,200 Category II: None	N/A	N/A	N/A
<b>PAYMENT REFUND</b>	Only as a death benefit to survivors in certain cases	N/A	N/A	N/A
<b>DEPENDENTS ALLOWANCE</b>	Category II (34/30) only	No	No	No
<b>ACCELERATED PAYMENT</b>	Yes	No	Will be eligible beginning 10/1/08 for enrollment after 9/30/08 in a non degree program lasting 2 years or less	
<b>ADVANCE PAYMENT</b>	Yes	Yes	Yes	Not yet due to system limitations
<b>COOPERATIVE TRAINING</b>	Yes	Yes	Yes	Yes
<b>LICENSING AND CERTIFICATION TESTS</b>	Yes	Yes	Yes, starting 1/6/06	Yes, starting 1/6/06
<b>MONTHLY VERIFICATION</b>	IHL & NCD WAVE or IVR	NCD only VAF 22-8979	IHL & NCD WAVE or IVR	IHL & NCD WAVE or IVR (Starting 4/1/08)
<b>NATIONAL TESTS</b>	Yes	Yes	Not authorized yet.	Not authorized yet.
<b>REMEDIAL, DEFICIENCY &amp; REFRESHER TRAINING</b>	Yes, with entitlement charge	Yes, entitlement charged after first 5 months of full-time training	Yes, with entitlement charge	Yes, with entitlement charge
<b>TUTORIAL ASSISTANCE</b>	Yes. Maximum \$1,200. Not more than \$100 per month. No entitlement charge for first \$600.	Yes. Maximum \$1,200. Not more than \$100 per month. No entitlement charge.	Yes. Maximum \$1,200. Not more than \$100 per month. No entitlement charge for first \$600.	Not authorized yet.

	CH 30	CH 35	CH 1606	CH 1607
<b>BARS TO BENEFITS</b>	Cannot receive benefits: 1) Concurrently under two programs. 2) On active duty for any portion of course costs paid by the Armed Forces. 3) For course paid for by the Federal Government under the Government Employee' Training Act. Not eligible if: Service Academy graduate or ROTC commissioned officer who received ROTC scholarship <b>unless</b> eligible before commissioned or the scholarship was \$3400 or less in any one year while under the ROTC program.	Not eligible if: On active duty <b>except</b> for brief periods of active duty for training.	Not eligible if: 1) Receive financial assistance as a member of the Senior ROTC Program, commonly known as the ROTC scholarship program. 2) < ½-time and in receipt of military tuition assistance.	

The following table highlights the differences between the Montgomery GI Bill and the New Post 9/11 GI Bill:

	Montgomery GI Bill Chapter 30	Post 9/11 GI Bill Proposed - Chapter 33
<b>Payment Rate for Full-Time Student</b>	Annually set - nationwide - monthly payment rate. Set to increase to \$1321 for 2008-2009. Paid to the student each month.	A payment indexed to full in-state tuition for public schools. A lump sum paid directly to the school each term. The national average for in-state tuition in 2008 is \$6,185.
<b>Duration of Program</b>	36 Month entitlement.	36 Month entitlement.
<b>Additional expense payments</b>	No additional payments for expenses.	Living Expenses - stipend based on local BAH for E-5 with dependents - paid monthly avg. amount app. \$1,000 a month. Books and Fees - Up to \$1,000 a year.
<b>Eligibility Requirements</b>	Those who entered service the military after June 30, 1985.	Active-duty service since Sept. 11, 2001.
<b>VEAP-era Eligibility</b>	No - Except those who elected to convert in the past.	Yes - those who meet the eligibility criteria above.
<b>Benefit Expiration</b>	10 Years after separation or discharge.	15 Years after discharge or separation.
<b>Transfer benefits to families</b>	Limited - Currently Limited to Army for Critical MOS only.	Yes
<b>Enrollment fee</b>	Yes - \$1,200	<b>None</b> - Those who have not yet completed paying their \$1,200 for the MGIB may elect to

		stop further payment.
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## Tutorial Assistance

Tutorial assistance may be paid to students under chapters 30, 35 and 1606. Tutorial assistance is not authorized for chapter 1607 at this time. Tutorial assistance helps the student pay for necessary tutoring and is a supplement to the student's regular education benefit.

### Overview

VA may pay tutorial assistance to a student receiving education benefits.

The monthly rate may not exceed the cost of tutoring or \$100. The maximum amount payable is \$1200. There is no entitlement charge for the first \$600 under chapters 30 and 1606. There is no entitlement charge under chapter 35.

The student, tutor, and certifying official must complete an *Application and Enrollment Certification for Individualized Tutorial Assistance* (VA Form 22-1990t). The application may be submitted at the end of each month or combination of months. The application must be signed and dated on or after the date of the last tutoring session certified. VA can pay for tutorial assistance during the one-year period before the date VA receives the application.

### Eligibility

All of the following criterion must be met for a student to be eligible for tutorial assistance.

The student must be in a post secondary program on a ½-time or more basis.

The student must have a deficiency in a course that is part of his or her approved program.

The student must be enrolled in a course during the same quarter in which tutoring is received for that course. Tutoring may not occur between quarters or semesters.

### Work-Study Program

Veterans who train at the three-quarter or fulltime rate may be eligible for a work-study program in which they work for VA and receive hourly wages. The types of work allowed include:

- Outreach services
- VA paperwork
- Work at national or state veterans' cemeteries
- Work at VA medical centers or state veterans' homes

- Other VA approved activities.

## **Vocational Rehabilitation**

A veteran may be eligible for Vocational Rehabilitation (chapter 31) benefits if he or she:

- Received, or will receive, a discharge under other than dishonorable conditions;
- Incurred or aggravated a service-connected disability which entitles him or her to VA disability compensation; and
- Is in need of vocational rehabilitation because his or her disability creates an employment handicap.

Vocational rehabilitation may be provided for up to 48 months. An eligible veteran generally has 12 years from the date he or she is notified of entitlement to VA compensation to use his or her chapter 31 benefits. VA may approve an extension of time and/or length of training in certain cases.

Entitlement for vocational rehabilitation services is determined on an individual basis following an evaluation of the veteran's interests, aptitudes, education, work experience, and vocational abilities. Each school is assigned a Vocational Rehabilitation Specialist to work with chapter 31 students and to assist school officials responsible for certifying chapter 31 students. Full tuition, fees, and books are paid by the VA to the school. In addition, the student gets a subsistence allowance depending on the training status.

TVC does not approved programs for Chapter 31 benefits. The approval process is handled directly by the VA.

## CHAPTER 22

# RATING SCHEDULES AND DISABILITY RATINGS

### Rating Schedules

In order to provide a uniform method and system to evaluate disabilities, the Department of Veterans Affairs rates conditions using a disability Rating Schedule.

Since 1925, the Rating Schedule has been revised several times and the 1946 edition of the Schedule continues in use today, although it is revised from time to time by the VA Central Office in Washington, D.C.

The Rating Schedule provides the VA rating board with the information necessary to determine the percentage of disability for each condition. Each disability is identified by a diagnostic code number and shows the percentage to be assigned each disability. Generally speaking, the loose leaf edition of the Rating Schedule is not available outside the regional office. Therefore, it may be necessary to correspond with a regional office representative in order to determine the veteran's proper diagnosis and to learn what type of medical evidence is needed to affect the rating. In addition, the Rating Schedule is reproduced in Part 4 of the Code of Federal Regulations, 38, Pension, Bonuses and Veterans Relief.' It is composed of two volumes: the first containing parts 0-17; and the second, parts 18-41. Part 4 also contains two indexes: one, a numerical index by diagnostic code number and the second, an alphabetical index of disabilities.

The regional office representatives are happy to provide any information possible concerning a veteran's rating and to fully advise the County Service Officer of the evidence needed to obtain an increased rating.

### Combined Rating

Public Laws and Department of Veterans Affairs Regulations have been issued authorizing the Rating Board to provide for the combination of ratings where there are two or more disabilities. There is no problem involved when there is only one disability to be rated. A single disability percentage may be assigned in such cases. However, it was necessary to have the authority to combine one or more disabilities resulting from wartime service and for one or more disabilities resulting from peacetime service. It was also necessary to have authority to combine service-connected and nonservice-connected disabilities for pension purposes. The use of the combined ratings table was adopted after due consideration of the question of rating multiple disabilities. By simple addition, it would be possible in many cases to create a total on such multiple disabilities in excess of the 100% authorized by VA laws. Therefore, percentages of multiple disabilities are combined, not added.

To use the combined ratings table, the disabilities must first be arranged in the exact order of their severity, beginning with the greatest disability. If there are two disabilities, the degree of the greater will be read in the left hand column and the degree of the lesser disability will be read in the top row. The figure appearing in the space where the column and row thus ascertained intersect will represent

the combined value of the two. This combined value will then be converted to the nearest number divisible by ten, and combined values ending in five will be adjusted upward. Thus with a 50% disability and a 30% disability the combined value will be found to be 65%, but this must be converted to 70% to represent the final degree of disability. Similarly, with a disability of 40% and another disability of 20%, the combined value is found to be 52%, but this must be converted to the nearest degree divisible by ten, which is 50%.

If there are more than two disabilities, the disabilities will also be arranged in the exact order of their severity, the combined value for the first two will be found as previously described for two disabilities. This combined value, exactly as found in the combined rating table, will be read in the left-hand column and the degree of the third disability (in order of severity) will be read in the top row. The combined value for the three disabilities will be found in the space where the column and row thus ascertained intersect, and if there are only three disabilities it will be converted to the nearest degree divisible by ten, adjusting final fives upward. Thus, if there are three disabilities rated at 60, 40 and 20, the combined value for the first two will be found opposite 60 and under 40%, and is 76%. This number, 76, will be read in the left-hand column and in the row thus ascertained and in the column under 20 in the top row, the combined value for the three will be found, and is 81%. This combined value will be converted to the nearest degree divisible by 10, which is 80%. The same procedure will be employed when there are four or more disabilities. The charts on the following two pages may be used to determine the combined disability ratings.

**Combined Ratings Table**  
(10 combined with 10 is 19)

	<u>10</u>	<u>20</u>	<u>30</u>	<u>40</u>	<u>50</u>	<u>60</u>	<u>70</u>	<u>80</u>	<u>90</u>
19 .....	27	35	43	51	60	68	76	84	92
20 .....	28	36	44	52	60	68	76	84	92
21 .....	29	37	45	53	61	68	76	84	92
22 .....	30	38	45	53	61	69	77	84	92
23 .....	31	38	46	54	62	69	77	85	92
24 .....	32	39	47	54	62	70	77	85	92
25 .....	33	40	48	55	63	70	78	85	93
26 .....	33	41	48	56	63	70	78	85	93
27 .....	34	42	49	56	64	71	78	85	93
28 .....	35	42	50	57	64	71	78	86	93
29 .....	36	43	50	57	65	72	79	86	93
30 .....	37	44	51	58	65	72	79	-86	93
31 .....	38	45	52	59	66	72	79	86	93
32 .....	39	46	52	59	66	73	-80	86	93
33 .....	40	46	53	60	67	73	80	87	93
34 .....	41	47	54	60	67	74	80	87	93
35 .....	42	48	55	61	68	74	81	87	94
36 .....	42	49	55	62	68	74	81	87	94
37 .....	43	50	56	62	69	75	81	87	94
38 .....	44	50	57	63	69	75	81	88	94
39 .....	45	51	57	63	70	76	82	88	94
40 .....	46	52	58	64	70	76	82	88	94
41 .....	47	53	59	65	71	76	82	88	94
42 .....	48	54	59	65	71	77	83	88	94
43 .....	49	54	60	66	72	77	83	89	94
44 .....	50	55	61	66	72	78	83	89	94
45 .....	51	56	62	67	73	78	84	89	95
46 .....	51	57	62	68	73	78	84	89	95
47 .....	52	58	63	68	74	79	84	89	95
48 .....	53	58	64	69	74	79	84	90	95
49 .....	54	59	64	69	75	80	85	90	95
50 .....	55	60	65	70	75	80	85	90	95

51 .....	56	61	66	71	76	80	85	90	95
52 .....	57	62	66	71	76	81	86	90	95
53 .....	58	62	67	72	77	81	86	91	95
54 .....	59	63	68	72	77	82	86	91	95
55 .....	60	64	69	73	78	82	87	91	96
56 .....	60	65	69	74	78	82	87	91	96
57 .....	61	66	70	74	79	83	87	91	96
58 .....	62	66	71	75	79	83	87	92	96

**COMBINED RATINGS TABLE**

(10 combined with 10 is 19)

	<u>10</u>	<u>20</u>	<u>30</u>	<u>40</u>	<u>50</u>	<u>60</u>	<u>70</u>	<u>80</u>	<u>90</u>
59 .....	63	67	71	75	80	84	88	92	96
60 .....	64	68	72	76	80	84	88	92	96
61 .....	65	69	73	77	81	84	88	92	96
62 .....	66	70	73	77	81	85	89	92	96
63 .....	67	70	74	78	82	85	89	93	96
64 .....	68	71	75	78	82	86	89	93	96
65 .....	69	72	76	79	83	86	90	93	97
66 .....	69	73	76	80	83	86	90	93	97
67 .....	70	74	77	80	84	87	90	93	97
68 .....	71	74	78	81	84	87	90	94	97
69 .....	72	75	78	81	85	88	91	94	97
70 .....	73	76	79	82	85	88	91	94	97
71 .....	74	77	80	83	86	88	91	94	97
72 .....	75	78	80	83	86	89	92	94	97
73 .....	76	78	81	84	87	89	92	95	97
74 .....	77	79	82	84	87	90	92	95	97
75 .....	78	80	83	85	88	90	93	95	98
76 .....	78	81	83	86	88	90	93	95	98
77 .....	79	82	84	86	89	91	93	95	98
78 .....	80	82	85	87	89	91	93	96	98
79 .....	81	83	85	87	90	92	94	96	98
80 .....	82	84	86	88	90	92	94	96	98
81 .....	83	85	87	89	91	92	94	96	98
82 .....	84	86	87	89	91	93	95	96	98
83 .....	85	86	88	90	92	93	95	97	98
84 .....	86	87	89	90	92	94	95	97	98
85 .....	87	88	90	91	93	94	96	97	99
86 .....	87	89	90	92	93	94	96	97	99

87 .....	88	90	91	92	94	95	96	97	99
88 .....	89	90	92	93	94	95	96	98	99
89 .....	90	91	92	93	95	96	97	98	99
90 .....	91	92	93	94	95	96	97	98	99
91 .....	92	93	94	95	96	96	97	98	99
92 .....	93	94	94	95	96	97	98	98	99
93 .....	94	94	95	96	97	97	98	99	99
94 .....	95	95	96	96	97	98	98	99	99

## CHAPTER 23

### APPEALS

#### **Right to Appeal**

Any claimant for veterans benefits administered by the Department of Veterans Affairs has the right to appeal most adverse decisions made by the agency. Generally, claims for compensation, pension, education, waiver of overpayment, eligibility for medical care and reimbursement of unauthorized medical expenses are appealable.

The exceptions to the right of appeal involve medical determinations such as "appropriateness of specific types of medical treatment, whether a particular drug should be prescribed or type of physiotherapy should be prescribed or type of physiotherapy should be ordered" are not considered adjudicative matters. These types of decisions are considered clinical decisions, which are the prerogative of the treating physician and beyond the jurisdiction of the normal adjudication process.

#### **Time Within Appeal Must be Submitted**

Under present law, when an adverse decision is rendered by a Department of Veterans Affairs rating agency, the claimant has one year in which to formally notify the office of original jurisdiction of the notice of disagreement. This one year period begins on the date of mailing of the notice of the adverse decision. The date on the letter notifying the claimant of the decision is considered the "Date of Mailing" of the notice. A notice of disagreement postmarked before the expiration of the one-year deadline is considered timely filed. In computing the applicable one-year period the first day is excluded, and the last day included. If the last day of the period falls on a weekend or holiday, the period is extended to the next workday.

If no notice of disagreement is filed within the one year period mentioned above, then it will be assumed by the Department of Veterans Affairs that the action taken was agreeable and the determination will become final.

#### **Proper Procedure to Follow**

After a claimant receives an adverse Department of Veterans Affairs decision, the initial step in the appeal process is to file a Notice Of Disagreement (NOD). For any appeal, filing a NOD is mandatory and cannot be circumvented. At this time, the claimant can request that the appeal be reviewed by a Decision Review Officer (DRO). If a DRO review is not requested, the appeal will follow the traditional appeal process.

When this Notice Of Disagreement is received, the Department of Veterans Affairs is required to take development or review action as may be proper under the circumstances. If any such action taken does not resolve the disagreement either by granting the benefit sought or through withdrawal of the notice of disagreement, then VA will prepare a statement of the case, to be furnished to the claimant, and any designated representative. This statement of the case will consist of the following:

- A summary of the evidence in the case pertinent to the issue or issues with which disagreement has been expressed;
- A citation or discussion of the pertinent law, regulations, and where applicable, the provisions of the Schedule for Rating Disabilities;
- The decision on such issue or issues and a summary of the reasons therefore.

This statement of the case will serve to fully inform the claimant of the various items of evidence contained in the claims file which have a bearing on the issue or issues in disagreement. It will also inform him or her for the first time of the laws and regulations which were for application in arriving at the decision over which a disagreement arose. The Department of Veterans Affairs is forbidden to release any information which might serve to be a detriment to the veteran, or any information which would be contrary to the public interest. For instance, in many cases in which a mental disability is involved, the VA employee writing the statement might refer to this condition as "your nervous condition", rather than giving the full and proper diagnosis, in order to prevent such information proving to be harmful to the veteran in any way. Such matters may be disclosed to a designated representative unless the relationship between the claimant and the representative is such that disclosure to the representative would be harmful as if made to the claimant.

The claimant will have a period of sixty days following receipt of the statement of the case in which to file a formal appeal. Such action may be taken by the claimant or representative in the event that there are any allegations or error of fact or law. This period may be extended for a reasonable time if good cause is shown.

### **Proper Form for Appeal**

The proper form to use in appealing a case is VA Form I-9, "Claimant's Appeal to the Administrator of Veterans Affairs." A supply of these forms should be maintained by all Service Officers. A supply of the forms may be obtained from the VA Regional Office Publications Unit or online at [www.va.gov](http://www.va.gov)

### **Wording the Appeal**

The wording of an appeal is a very important matter. The appeal should specify allegations, error of fact, or law as related to specific items in the statement of the case. The benefits sought on appeal must be clearly identified. Items to which no exception is taken will be presumed to be agreeable to the claimant. It is, therefore, most important to be sure that the claimant lists on the appeal form all items on which he disagrees from the statement of the case.

### **Caution**

New evidence should not be submitted with an appeal. If new evidence is available, it should be submitted for reconsideration prior to either filing a notice of disagreement or submission of VA Form I-9 if already in receipt of a statement of the case. If this evidence still does not grant the benefit, it will at least be considered for review upon appeal.

### **Disagreement with Board of Veterans Appeals Decision**

If the veteran disagrees with a Board of Veterans' Appeals (BVA) decision, an appeal can be filed within 120 days of notification of the decision. This appeal should be filed directly with the Court of Appeals for Veterans' Claims (CAVC).

# CHAPTER 24

## LIFE INSURANCE

### Part 1

#### LIFE INSURANCE FACTS

##### What Is Life Insurance?

Life insurance provides protection against financial loss resulting from death. It is an insurance company's promise to pay a beneficiary a specific amount of money when an insured dies in exchange for timely payment of premiums.

##### What Is It Intended To Do?

Life insurance offers security in the event of the insured's death. Life insurance offers financial protection to survivors. It provides dependents with the necessary funds to settle financial obligations and to cover the loss of income created by the insured's death. Life insurance policies are usually purchased with a specific intention in mind - to protect a mortgage or an estate, to provide for educational costs, for retirement or for charity, etc.

##### Why Is Life Insurance Necessary?

People carry life insurance for many reasons. Among the most common are to pay off a mortgage, or personal debts (car loan, credit cards...), educational costs for young children, for beneficiaries to be able to maintain their current standard of living, for child care, for immediate financial needs, and medical or funeral costs.

##### How Might Life Insurance Needs Change Over Time?

If an individual has finished raising their family, has paid off their mortgage and no longer has major financial obligations, then their life insurance needs will be lower than when they were younger. An individual may choose to no longer carry their insurance or to reduce their coverage amount to a level just sufficient to ensure that their survivors have enough money to pay final expenses (burial, medical, estate taxes...).

##### How Does Life Insurance Work?

All aspects of life involve risk, e.g., fire, theft, auto accidents, injury. Insurance provides a means of transferring the financial consequences of certain risks from the individual to an insurance company. When an individual buys life insurance, they are grouped together with other people who are similar in age, sex, and health. Actuaries calculate how many people in each group are likely to die in a period of time. The more deaths there are in a group, the more money will be needed to pay death claims,

and therefore, more money will have to be collected as premiums. Since younger people are less likely to die than older people, insurance premiums are generally lower at younger ages.

Each year, the insured pays the insurance company for their insurance policy. This money is called a premium. The insured also informs the insurance company who should get the insurance money if they (the insured) die. This is called designating a beneficiary. If the insured dies while their policy is active, the insurance company will pay the beneficiaries the insurance money. Insurance companies can do this because only a small number of people die each year, while many more people pay them premiums. The “risk” of death is spread out among many people in order to prevent a financial loss to the beneficiaries of the few who will die.

### **What Is An Actuary?**

An actuary is a person who is professionally trained in the technical aspects of insurance, particularly in the mathematics of insurance, such as calculating premiums, dividends, and proper policy reserves. Actuaries assist in estimating the cost of implementing new benefits or benefit enhancements and also conduct statistical and financial studies. Actuaries in the U.S. achieve professional status by passing a set of examinations given by the Society of Actuaries (SOA).

### **Where Does The VA Insurance Program Get Its Actuarial Expertise?**

The Insurance Actuarial Staff is located at the Insurance Center in Philadelphia. The Actuarial Staff is responsible for the financial management and actuarial soundness of the life insurance programs that are administered and supervised by the Department of Veterans Affairs Regional Office and Insurance Center. Among the staff’s responsibilities are the determination of premiums and dividends, determining policy values, developing mortality and insurance experience studies, setting appropriate reserve levels and financial reporting. The Actuarial Staff is also responsible for the evaluation of the financial impact of legislative proposals that will affect the life insurance programs.

The Actuarial Staff is responsible for the preparation of financial statements for each of the VA life insurance programs. These statements present the financial position of each of the life insurance programs. Each year, independent auditors audit these statements to ensure that the statements accurately reflect the financial position of the programs. This is important because a favorable audit opinion means that the life insurance programs are able to meet their obligations to policyholders and that all policyholders are being treated equitably. For every fiscal year since 1992, the VA insurance program has received an unqualified audit opinion. This means that the independent auditors have determined that the financial statements accurately reflect the financial position of the insurance programs.

# CHAPTER 24

## LIFE INSURANCE

### Part 2

#### HISTORY OF VA LIFE INSURANCE PROGRAMS

##### **War Risk Insurance Act (1914)**

The United States Government first became involved in the insurance business when war broke out in Europe in 1914. Although President Wilson declared America neutral, commercial merchant ships supplied war materials to the allies in the war against Germany. Owners of these merchant ships could not get marine insurance from commercial companies. Congress passed the War Risk Insurance Act on September 2, 1914, providing marine insurance protection for merchant ships supplying the allies.

America entered the war against Germany in April 1917. Life insurance issued by commercial life insurers either excluded protection against the extra hazards of war, or if such protection was included, the premium rates were much higher than the normal rate. The War Risk Insurance Act was amended on June 12, 1917, to cover merchant marine personnel. The Act was again amended on October 6, 1917, authorizing for the first time issuance of government life insurance to members of the armed forces. Over 4 million policies were issued during World War I.

##### **United States Government Life Insurance (1919-1951)**

The United States Government Life Insurance program (USGLI) was established in 1919 and replaced War Risk policies. Individuals could keep this coverage after separation from service.

##### **National Service Life Insurance (1940-1951)**

The National Service Life Insurance program (NSLI) was established in 1940 to meet the insurance needs of World War II military personnel and veterans. Like USGLI coverage, insureds could keep their NSLI coverage after discharge from service.

##### **Servicemen's Indemnity Insurance (1951-1956)**

In 1951, NSLI was replaced by Servicemen's Indemnity Insurance, which automatically covered active duty service members for \$10,000 at no cost to the individual. Service members remained covered for 120 days after their discharge.

### **Veterans' Special Life Insurance (1951-1956)**

Discharged service members who had Servicemen's Indemnity Insurance could replace their coverage with Veterans' Special Life Insurance (VSLI). VSLI was established in 1951 to meet the insurance needs of veterans who served during the Korean Conflict, and the post Korean period through January 1, 1957.

In the early 1950's, commercial life insurance companies began to view the government's life insurance programs for veterans as competition for their business and began lobbying Congress to remove the government from the life insurance business. As a result, the Veterans' Special Life Insurance program was closed to new issues at the end of 1956.

### **Service-Disabled Veterans Insurance (1951-Present)**

The only new insurance issued between 1957 and 1965 to either service members or veterans was Service-Disabled Veterans Insurance (S-DVI). This insurance was (and still is) available to veterans with a service-connected disability.

### **Veterans' Reopened Insurance (1965-1966)**

Veterans' Reopened Insurance (VRI) was opened in 1965 to provide coverage for certain classes of disabled veterans, mainly from World War II and the Korean Conflict. Members who had dropped their NSLI or VSLI coverage and who had a service-connected disability, or a non-service connected disability that made them uninsurable, had a one-year period to apply for \$10,000 of coverage.

### **Servicemembers' Group Life Insurance (1965-Present)**

To meet the insurance needs of Vietnam Era service members, the government entered into a cooperative effort with the private insurance industry. In 1965, the Servicemembers' Group Life Insurance (SGLI) program was established. This program provides low-cost term insurance protection to service members through a group policy issued by a commercial life insurance company. Under this policy, the government agrees to pay the claim costs resulting from the extra hazards of service. All other costs of the program are covered by the premiums deducted from service members' pay.

The SGLI program was expanded in 2001 to provide Family Group Life Insurance (FSGLI) and again in 2005 to provide Traumatic Injury Protection Insurance (TSGLI).

### **Veterans' Group Life Insurance (1974-Present)**

In 1974, the Veterans' Group Life Insurance (VGLI) program became available to veterans, providing term insurance protection after separation from service for those who had SGLI while in the service.

## **Veterans' Mortgage Life Insurance (1971-Present)**

This program was established to provide mortgage protection life insurance to severely disabled veterans who have received grants for the purchase of specially-adapted housing.

# **CHAPTER 24**

## **LIFE INSURANCE**

### **Part 3**

## **LIFE INSURANCE PROGRAMS**

### **United States Government Life Insurance (USGLI) (Policies Prefixed by K)**

The United States Government Life Insurance program was the government's first venture into life insurance. During WWI, the U.S. provided Marine Insurance to protect the interests of ship owners and merchants who were providing supplies to the allies in Europe. USGLI was the natural outgrowth of this Marine Insurance. The program was established to meet the needs of World War I veterans, but remained open to service members and veterans with service before October 8, 1940. The government became a self-insurer since private insurance companies were unwilling to assume the unpredictable risks associated with a war. By establishing this program, Congress intended to avoid the financial burden imposed on the government by the pension programs that were established after previous wars. The government became the largest life insurer in the U.S. with the coverage provided by this program.

### **Premiums Are No Longer Paid**

The USGLI program operates from a strong financial position.

- VA currently has \$36.1 million in trust fund reserves set aside.
- These funds are invested in U.S. Treasury Securities and policy loans. The average rate of return for FY 2007 was 5.7%.
- Because of the strong financial position of this program, all USGLI policies were declared paid-up as of January 1, 1983. VA no longer collects premiums from policyholders in this program.

### **Dividends Paid To USGLI Policyholders**

Dividends are paid on all but a few USGLI policies.

- Reserves set aside in the trust funds continue to earn interest each year in excess of what is needed to pay future claims, allowing VA to pay dividends.
- In 2008, VA will pay approximately \$875,000 in dividends to USGLI policyholders. This is an average of \$137 per veteran.

## Disability Provisions

USGLI policies (except Special Endowment at Age 96) contain a provision that matures the policy upon the insured's total permanent disability. Under this provision:

- Proceeds are payable in installments of \$5.75 monthly per \$1,000 of insurance, as long as the insured remains totally and permanently disabled, with 240 payments guaranteed.
- If the insured dies before all guaranteed installments have been paid, the balance is payable to his or her named beneficiary.
- No additional premium is charged.
- There is no limit as to the age at which a disability may occur.

As of September 30, 2007, 31 USGLI policyholders were receiving monthly payments under this provision.

## National Service Life Insurance (NSLI) (Policies Prefixed by V or H)

Most of the policyholders who have insurance under this program served during World War II. The program opened October 8, 1940, when it became clear that large-scale military inductions were imminent. Over 22 million policies were issued under the NSLI program. The majority of policies VA administers directly are NSLI policies. This program remained open until April 25, 1951, when two new programs were established for Korean War service members and veterans.

The NSLI program provides for:

- A maximum amount of \$10,000 insurance coverage;
- Individual policies issued to each policyholder;
- Certain contractual rights whereby a policyholder can bring a suit against VA in a U.S. District Court. Administrative decisions of the Board of Veterans Appeals can be appealed to the U.S. Court of Appeals for Veterans Claims.

## Premium Rates “Capped” For Term Policies

NSLI “V” term policies can be renewed indefinitely. At the older ages, premium rates increase significantly to cover the higher death rates at those ages. Although VA continually encourages term policyholders to convert to a permanent plan of insurance (which has fixed premium rates), many policyholders retained their term coverage.

As term policyholders reached their sixties and seventies, they found it difficult to pay the high premium rates. This situation received much Congressional interest as policyholders petitioned their representatives for financial relief. In 1984, the Insurance Actuarial Staff developed a partial solution to the problem by “capping” premium rates at the age 70 rate. This means that a term policyholder’s premium will never increase over the age 70 premium rate.

Effective September 11, 2000, “capped” NSLI term policies receive a termination dividend if a policy lapses, or if the policyholder voluntarily cancels their policy. The termination dividend will be used to purchase paid-up additional whole life insurance.

## Dividends Paid To NSLI Policyholders

After the reserve level requirements are determined by the Insurance Actuarial Staff, any surplus funds are returned to policyholders as a dividend.

- In 2008, a total of \$269.6 million in dividends will be distributed to NSLI policyholders. This is an average dividend of \$313 per veteran.
- The 2008 average dividend is about 2.8% higher than that paid in 2007.

## Disability Provisions

All NSLI policies provide for

- A waiver of premiums at no extra cost if the insured becomes totally disabled for six months or longer prior to age 65.
- An optional Total Disability Income Provision covering disability before age 65, providing a monthly income of up to \$100 per month, as long as total disability continues.

## "H" Insurance

“H” policies were issued between August 1, 1946, and December 31, 1949, to veterans with service-incurred disabilities. These policies were non-participating.

On November 11, 1998, the ‘Veterans Programs Enhancement Act of 1998’ (Public Law 105-368) was signed into law. Included in the legislation was the merger of "H" policies into the regular NSLI "V" policies. Under the new law:

- All “H” policies were converted to “V” policies effective January 1999.
- Converted policies now have the same premium rates and policy provisions as “V” policies.
- These previous “H” policyholders now receive dividends.

### **Veterans’ Special Life Insurance (VSLI) (Policies Prefixed by RS or W)**

This insurance program was established in 1951 to meet the insurance needs of veterans who served during the Korean Conflict, and the post-Korean period through January 1, 1957. During this period, all service members on active duty were covered for \$10,000, at no cost, under a program known as Servicemen’s Indemnity. They remained covered for 120 days after their discharge. The VSLI program allowed these newly discharged service members to apply for \$10,000 of contract term insurance. Application had to be made during the 120-day period during which they remained covered by Servicemen’s Indemnity. It was during this time that representatives of the commercial insurance industry began a major lobbying effort to get the government out of the insurance business because the programs were viewed as competition. As a result, the VSLI program was closed to new issues at the end of 1956, and coverage for individuals in the services was terminated. Approximately 800,000 VSLI policies were issued between 1951 and 1957.

### **Features Of “RS” And “W” Policies**

There are two types of VSLI policies:

#### **RS - five-year level premium term policies:**

- These were the original policies available in this program.
- RS policies can remain in force as 5-Year Level Premium Term beyond the age of 50.
- To provide financial relief from the high premium rates at advanced ages, RS term premiums were capped at the age 70 renewal rate effective May 1, 1989. This means that the annual premium for these policies will not exceed \$69.73 per \$1,000 of coverage.
- Effective September 11, 2000, "capped" VSLI term policies receive a termination dividend if a policy lapses, or if the policyholder voluntarily cancels their policy. The termination dividend will be used to purchase paid-up additional whole life insurance.

#### **W - five-year level premium term policies:**

- A 1959 legislative change permitted RS policyholders to convert to permanent plans or to exchange their policies for a special lower premium term policy. These newer policies are identified by the prefix W.
- To avoid W term policyholders from keeping their policies into advanced ages (when premiums are very high), these policies had to be converted to permanent plans before age 50, or coverage ceased. There are no longer any W term policyholders eligible for this conversion.

### Dividends Paid To VSLI Policyholders

In 2008, a total of \$69.3 million in dividends will be distributed to VSLI policyholders.

- This is an average dividend of \$401 per veteran.
- The 2008 average dividend is 0.4% higher than that paid in 2007.

### Disability Provisions

All VSLI policies provide for:

- A waiver of premiums at no extra cost based on the insured's total disability lasting six months or longer and starting before age 65.
- An optional Total Disability Income Provision covering disability before age 65, providing a monthly income of \$10 per \$1,000 of insurance, was available at an extra cost.

### Veterans' Reopened Insurance (VRI) (Policies Prefixed by J, JR, or JS)

In 1964, Congress enacted legislation providing for a limited reopening of NSLI and VSLI. Beginning May 1, 1965, veterans who had been eligible to obtain insurance between October 8, 1940 and January 1, 1957, could once again apply for government life insurance. They had one year to apply for this "reopened" insurance that was available *only* to disabled veterans. Approximately 228,000 VRI policies were issued. No term insurance policies were issued in this program.

### Premium Rates

Premium rates for this insurance depend on the nature and severity of the disability.

If the disability is:	The premium rate:
Service-connected	Varies from standard to a maximum of two to three times the standard
Non-service-connected but serious	Varies from two to three times the standard to a maximum of \$50 per month plus the standard monthly premium rate per \$1,000 of insurance

**Favorable claim rates and rising interest levels made possible the following premium changes and reductions:**

Effective Date	VRI Premium Rate Changes
October 1970	Premium rates were reduced by an average of 18 percent for all policies with "J" prefixes (those policies issued at standard rates).
October 1976	Premium rates were reduced by an average of 22 percent for all "J" policies and 34 percent for all "JR" policies.
October 1977	All premium paying "JS" policies were declared fully paid-up.
May 1989	The administrative cost premium of 42 cents a month per policy was eliminated. This additional premium was designed to fund the administrative costs of the program. However, when the excess earnings of the program became sufficient to fund the program costs, the additional premium was no longer necessary.

### **Dividends Paid To VRI Policyholders**

The VRI program began paying dividends in 1980 in order to more equitably distribute the surplus earnings of the program. A total of \$9.2 million in dividends will be paid to VRI policyholders in 2008.

### **Disability Provisions**

VRI policies provide for:

- A waiver of premium at no extra cost based on the insured's total disability lasting six months or longer, and starting prior to age 65.
- An optional total disability income benefit covering disability occurring before age 65 for "J" policyholders. (This is *not* available on policies prefixed by "JR" or "JS".) Payments are made at the rate of \$10 monthly per \$1,000 of coverage, as long as the insured remains totally disabled.

### **Service-Disabled Veterans Insurance (S-DVI) (Policies Prefixed by "RH" or "ARH")**

In addition to Veterans' Special Life Insurance, which was provided to healthy veterans, the Insurance Act of 1951 also established the Service-Disabled Veterans Insurance (S-DVI) program for veterans with service-connected disabilities. S-DVI is open to veterans separated from the service on or after April 25, 1951, who receive a service-connected disability rating of 0% or greater. New policies are still being issued under this program. During fiscal year 2007, 12,279 new S-DVI policies were issued.

### **Eligibility Requirements For S-DVI Insurance ("RH")**

In order to be eligible for S-DVI, a veteran must have:

1. received other than a dishonorable discharge.

2. been released from active duty after April 25, 1951.
3. received a rating for a *new* service-connected disability within the last 2 years.
  - The veteran does not need to have a 100% rating to be eligible. Veterans who receive a new rating of even 0% are eligible for the coverage.
  - The veteran must apply for the insurance within two years from the date they are notified that service-connection has been established.

### **Eligibility Requirements For Supplemental S-DVI (“Supplemental RH”)**

The Veterans' Benefits Act of 1992, provided for \$20,000 of supplemental coverage to S-DVI policyholders. Premiums may not be waived on this supplemental coverage. S-DVI policyholders are eligible for this supplemental coverage if:

- they are eligible for a waiver of premiums on their S-DVI policy due to total disability.
- they apply for the coverage within one year from notice of the grant of waiver.
- they are under age 65.

Between December 1992 and September 2007, VA has approved 31,232 applications for “supplemental RH”.

### **Gratuitous S-DVI (“ARH”)**

Congress enacted legislation in 1959 to protect veterans who become incompetent from a service-connected disability while eligible to apply for S-DVI, but who die before an application is filed. “ARH” insurance is:

- Issued posthumously;
- Payable to a preferred class of the veteran's relatives;
- Payable in a lump sum only.

### **Premiums For S-DVI Insurance**

To provide financial relief from the high premium rates at advanced ages, "RH" term premiums were “capped” at the age 70 renewal rate effective November 1, 2000. This means that the annual premium for these policies will not exceed \$69.73 per \$1,000 of coverage.

Premiums charged for S-DVI coverage are:

- Based on the rates a healthy individual would have been charged when the program began in 1951.

- Waived for totally disabled veterans (43% of S-DVI policies are on premium waiver).
- Insufficient to pay all of the claims because the program insures many veterans with severe disabilities.
- Supplemented on an annual basis by Congressional appropriations.

There are no reserves or surplus funds in this program. Therefore, dividends are *not* paid.

## Disability Provisions

S-DVI policies (except supplemental coverage) provide for a waiver of premiums benefit at no extra cost. In order to qualify for this waiver, the insured must incur a total disability that lasts six months or longer and starts before age 65.

Additionally, waiver can still be obtained even if the total disability commenced prior to the effective date of the policy, provided that the total disability is service-connected. This latter provision is only applicable to S-DVI policies.

The optional Total Disability Income Provision is not available under this program.

## Apply for S-DVI Insurance Online

Veterans can now apply for Service-Disabled Veterans Insurance by going to the VA insurance website at [www.insurance.va.gov](http://www.insurance.va.gov) and following the link to “Apply for Service-Disabled Veterans' Insurance Online.” The new AutoForm (Automated Form) application will walk the veteran through the application step-by-step. The veteran can review different insurance plans and calculate premiums. VA helps the veteran determine if they are eligible for this insurance. The application can be saved on their secure server if the veteran is not able to complete it in one session. The application is submitted electronically via VA’s secure server. The application can also be printed and mailed or faxed to VA.

## Application Forms

The forms listed below are to be used in the following situations:

If the Veteran	The Veteran should file
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<ul style="list-style-type: none"> <li>• Would like to apply for S-DVI coverage</li> <li>• Has a service-connected disability and</li> <li>• Is applying for S-DVI within two years of the granting of that disability</li> </ul>	VA Form 29-4364 (Application for Service-Disabled Insurance)
<ul style="list-style-type: none"> <li>• Has been awarded S-DVI coverage</li> <li>• Has a total disability that began prior to his/her 65<sup>th</sup> birthday</li> <li>• Would like to apply for a Waiver of Premiums</li> </ul>	VA Form 29-357 (Claim for Disability Insurance Benefits)
<ul style="list-style-type: none"> <li>• Has been awarded S-DVI coverage</li> <li>• Is receiving a waiver of premiums and</li> <li>• Is under age 65 and within one year of the granting of waiver of premiums</li> <li>• Would like an additional \$20,000 in coverage ("supplemental RH")</li> </ul>	VA Form 29-0188 (Application for Supplemental Service Disabled (RH) Life Insurance)

To expedite the processing of their application, the veteran should include a copy of the latest rating decision if they receive it from VA.

## VETERANS' MORTGAGE LIFE INSURANCE (VMLI)

The Veterans' Mortgage Life Insurance (VMLI) program began in 1971, and is designed to provide financial protection to cover eligible veterans' home mortgages in the event of death. In the strict sense of the word, this is actually mortgage insurance. VMLI is issued to those severely disabled veterans who have received grants for Specially-Adapted Housing from VA. These grants are issued to veterans whose movement is substantially impaired because of their disability.

The maximum amount of VMLI allowed an eligible veteran is \$90,000. The insurance is payable if the veteran dies before the mortgage is paid off. VA will pay the amount of money still owed on the mortgage up to \$90,000. The insurance is payable only to the mortgage lender.

### Eligibility For VMLI

The insurance is restricted to those veterans who receive grants for the purchase of Specially-Adapted Housing under the authority of title 38, US Code, chapter 21. Grants are available to veterans who are entitled to compensation for service-connected, permanent and total disabilities for one or more of the following conditions:

- Loss or loss of use of both legs.
- Blindness in both eyes plus the loss or loss of use of one leg.
- Loss or loss of use of one leg with residuals of organic disease or injury that affects balance or propulsion.

- Loss or loss of use of one leg together with the loss or loss of use of one upper extremity that affects balance or propulsion.

On December 6, 2002, Congress passed legislation allowing veterans to retain their VMLI coverage past age 70. Previously VMLI coverage ceased when the insured reached age 70. *Note:* Coverage cannot be issued after age 69.

## Coverage Amounts

VMLI coverage decreases as the insured's mortgage falls below \$90,000. This reduced coverage cannot be reinstated. For example, if the insured has a \$125,000 mortgage on his or her home, then:

- The maximum amount of VMLI insurance coverage is \$90,000.
- Coverage will remain at \$90,000 until the mortgage balance goes below \$90,000. Once the mortgage balance goes below \$90,000, the insurance coverage will decrease at the same rate as the mortgage amount.
- As the mortgage balance decreases below \$90,000, the difference between \$90,000 and the mortgage balance is "used up" and cannot be reinstated for that particular home.

However, if the home is sold and a new home is purchased, the veteran becomes eligible once again for the maximum amount of coverage.

## Payment of VMLI proceeds

Certain conditions apply to the payment of VMLI benefits:

- The insurance is payable at the death of the veteran only to the mortgage holder.
- No insurance is payable if the mortgage is paid off before the death of the insured or if it was paid off by other mortgage insurance before the VMLI payment is made. This is important to consider if the veteran is thinking of purchasing mortgage insurance in addition to VMLI, or if he or she has obtained a mortgage through a state veterans program that requires them to enroll in the state's insurance program (California and Oregon have such programs). Some mortgage insurance programs will pay the outstanding mortgage balance first and then pay any remaining money directly to a named beneficiary. Others, like VMLI, will pay the outstanding mortgage balance only to the mortgage company - no further payments are made. Therefore, if there is duplicate coverage, a veteran's next of kin would be encouraged to contact VA first for the payment of VMLI benefits and *then* file a claim with other programs. However, there is no guarantee of an additional payment even if the VMLI insurance is paid first.
- If title to the property is shared by the veteran in any ownership other than joint ownership (such as tenancy in common, or fractional shares), then the insurance coverage is only for the percentage of the title that is in the veteran's own name.

The insurance will be canceled for any of the following conditions:

- The mortgage is paid in full.
- Termination of the veteran's ownership of the property securing the loan.
- The request of the veteran.
- Failure of the veteran to submit required information.
- The veteran stops paying the premiums.

### **VMLI Premium Rates**

Effective October 1, 2005, VMLI premiums were reduced. VMLI premiums were automatically reduced for virtually all VMLI policyholders by an average of 35 percent.

VMLI premiums are determined by the insurance age of the veteran, the outstanding balance of the mortgage at the time of application, and the remaining length of time the mortgage has to run. Veterans who desire insurance will be advised of the required premium when it is determined. Premiums must be paid by deduction from the veteran's monthly compensation or pension payments, if the veteran is receiving such payments. If such payments are not being received, the veteran may make direct payments on a monthly, quarterly, semiannual, or annual

### **SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)**

The Servicemembers' Group Life Insurance (SGLI) program was established in 1965, for Vietnam Era service members. SGLI is supervised by the Department of Veterans Affairs and is administered by the Office of Servicemembers' Group Life Insurance (OSGLI) under terms of a group insurance contract. This program provides low-cost term insurance protection to service members.

#### **Eligibility For SGLI**

Full-time coverage is available for:

- Commissioned, warrant and enlisted members of the Army, Navy, Air Force, Marine Corps and Coast Guard.
- Commissioned members of the National Oceanic and Atmospheric Administration and the Public Health Service.
- Cadets or midshipmen of the four United States Service Academies.

- Ready Reservists scheduled to perform at least 12 periods of inactive training per year.
- Members of the Individual Ready Reserves who volunteer for assignment to a mobilization category.

Part-time coverage is available for eligible members of the Reserves and ROTC who do not qualify for full-time coverage.

The participation rate for fiscal year 2007 was 99% for active duty and 94% for Ready Reserve.

### **Coverage Amounts**

Effective September 1, 2005, the maximum SGLI coverage was increased to \$400,000. This coverage is:

- Automatic at the time of entry into a period of active duty or reserve status.
- Available only in \$50,000 increments up to the maximum of \$400,000 of insurance. Previously SGLI was available in \$10,000 increments.

Members may decline coverage or may elect reduced coverage by completing form SGLV-8286. However, if such a member later wishes to obtain or increase coverage, proof of good health will be required.

NOTE: Reservists called to active duty, are automatically insured for \$400,000 regardless of whether or not they had previously declined coverage, or elected a lesser amount of coverage while on reserve duty. They can reduce or decline coverage when they are called to active duty by completing form SGLV-8286.

### **SGLI Premiums Rates**

Effective July 1, 2008, the basic SGLI premium rate will be reduced from 7 cents per month per \$1,000 to 6.5 cents per month per \$1,000. The tables below show illustrative premium rates for both full-time and part-time Active Duty and Reservists:

<b>Active Duty/Reservists Full-Time Coverage Monthly Premium* (All Ages)</b>		<b>Active Duty/Reservists Part-Time Coverage Annual Premium* (All Ages)</b>	
Amount of Insurance	Effective July 1, 2008	Amount of Insurance	Effective July 1, 2008
\$50,000	\$3.25	\$50,000	\$3.25
\$100,000	\$6.50	\$100,000	\$6.50
\$150,000	\$9.75	\$150,000	\$9.75
\$200,000	\$13.00	\$200,000	\$13.00
\$250,000	\$16.25	\$250,000	\$16.25
\$300,000	\$19.50	\$300,000	\$19.50
\$350,000	\$22.75	\$350,000	\$22.75
\$400,000	\$26.00	\$400,000	\$26.00

## Coverage Periods

Full-time coverage is effective:

- throughout a member's period of active duty or qualifying reserve status.
- for a 120-day free period following separation or release from active duty or reserve status.

Full-time coverage is also effective for up to two years\* for members who are totally disabled at the time of separation.

On June 15, 2006, the President signed P.L. 109- 233, the Veterans' Housing Opportunity & Benefits Improvement Act of 2006 extended the free coverage period from one year to two years. As a result of this change, service members who have a SGLI policy and are totally disabled from the time they separate from service can now keep their SGLI coverage for up to two years at no cost to them. Although this coverage is free, it must be applied for to the OSGLI after separation.

Part-time coverage is effective:

- only on the days of active duty or active duty for training and for periods of travel to and from such duty.

- for a free period of 120 days if a member under part-time coverage incurs a disability or aggravates a preexisting disability while performing a period of duty.

## Beneficiary Selection

Any beneficiary can be named. If none is selected, the insurance is distributed, by law, in the following order:

- spouse, or if none,
- children, or if none,
- parents, or if none,
- executor of estate, or if none,
- other next of kin.

In an effort to protect spouses of service members, effective September 1, 2005, the President signed into law a measure which requires that a spouse of a service member must be notified by their branch of service if the member chooses not to be insured under SGLI or to be insured for less than the maximum amount. The law also requires the spouse be notified if the service member names someone other than the spouse or child of the member as the beneficiary.

## Payment Of Policy Proceeds

SGLI proceeds can be paid in a lump sum *or* over a 36-month period.

If the proceeds are to be paid in a lump sum, then beneficiaries of SGLI and VGLI will receive the payment of their insurance proceeds via an "Alliance Account". An Alliance Account is an interest bearing draft account with an account book similar to a checking account. Insurance proceeds are deposited in the beneficiary's name and the beneficiary can write drafts for any amount up to the full amount of the proceeds. The Alliance Account:

- earns interest at a competitive rate
- is guaranteed by Prudential Insurance Company of America
- gives the beneficiary time to make important financial decisions while their funds are secure and earning interest
- gives the beneficiary immediate access to their money at all times

Note: Beneficiaries cannot deposit additional funds into the Alliance Account.

Beneficiary Financial Counseling Services (BFCS) is an extra benefit offered to beneficiaries of SGLI and VGLI policies as well as TSGLI claimants, at no charge. Once a claim is settled, a beneficiary or claimant can receive free professional financial advice provided by Financial Point by calling toll-free at 1-888-243-7351 (SGLI or VGLI) or 1-800-428-3416 (TSGLI). BFCS offers:

- Personalized Service – The beneficiary receives a financial plan tailored to their situation with action steps addressing their specific needs.
- Objective Advice – The beneficiary benefits from the advice of financial professionals who have no products to sell, do not receive a commission for their services and are not affiliated with any banks or investment firms.
- Convenience – The beneficiary can speak with a financial counselor at any time to get answers to questions they may have about their financial plan.

Accelerated Benefits Option (ABO) gives terminally-ill SGLI and VGLI policyholders access to the death benefits of their policies before they die. This is a one-time benefit only. The member may receive a portion of the face value of the insurance in a lump-sum payment subject to the following:

- Terminally ill insureds will have access of up to 50 percent of the face amount of their coverage during their lifetime.
- This money will be available in increments of \$5,000.
- An insured must have a medical prognosis of life expectancy of nine months or less.

### **Insurance Options After Separation From Service**

When released from active duty or the Reserve, members with full-time SGLI coverage can convert their coverage to Veterans Group Life Insurance *or* to an individual permanent plan commercial life insurance policy with any one of 46 participating commercial insurance companies.

### **SERVICEMEMBER'S GROUP LIFE INSURANCE FAMILY COVERAGE (FSGLI)**

The Veterans' Survivor Benefits Improvements Act of 2001 extended life insurance coverage to spouses and children of members insured under the SGLI program.

#### **Eligibility For SGLI Family Coverage**

Family coverage is available for the spouses and dependent children of:

- Active duty service members and
- Members of the Ready Reserve of a uniformed service

Note: Family coverage is available only for members insured under the SGLI program. Family coverage is not available for those insured under the VGLI program.

### Coverage Amounts

SGLI coverage for spouses and children is issued automatically. Coverage is issued based on the information in the service member's personnel record.

Group Covered	Coverage Amounts
Spouse	Up to \$100,000 coverage can be purchased for a spouse in increments of \$10,000. SGLI coverage for a spouse may not be greater than the amount of the service member's coverage. For example, if the service member has \$50,000 of SGLI coverage, the spouse can only be covered for up to \$50,000.
Children	Each dependent child of every active duty service member or reservist insured under SGLI is automatically insured for \$10,000 at no additional cost.  Note: The maximum benefit under family coverage for any one child is \$10,000. This means that if both parents are active duty personnel and are both insured under SGLI, the maximum payment upon the death of the child is \$10,000.

Members may decline coverage or may elect reduced coverage for their spouse by completing form SGLV-8286A, Family Coverage Election. If such a member later wishes to obtain or increase coverage for their spouse, the member must complete Form SGLV 8285A and provide proof of insurability (good health of the spouse).

### SGLI Family Coverage Premiums

Premiums for family SGLI are automatically deducted from a service member's pay and will continue to be deducted from pay until the service member's separation from service. Coverage will continue, at no extra cost, for 120 days following separation from service.

Premiums are not withheld for children since coverage for children is free.

Effective July 1, 2006, premiums for SGLI spouse coverage were reduced. The table below shows the monthly premiums for a spouse based on age and amount of coverage.

Servicemembers' Group Life Insurance – Spouse Coverage							
Monthly Premium Rates – <i>Effective July 1, 2006</i>							
Amount of Insurance	Age of Spouse						
	34& Below	35-39	40-44	45-49	50-54	55-59	60 & Over
\$100,000	\$5.50	\$7.00	\$9.00	\$14.00	\$27.00	\$40.00	\$52.00
90,000	4.95	6.30	8.10	12.60	24.30	36.00	46.80
80,000	4.40	5.60	7.20	11.20	21.60	32.00	41.60
70,000	3.85	4.90	6.30	9.80	18.90	28.00	36.40
60,000	3.30	4.20	5.40	8.40	16.20	24.00	31.20
50,000	2.75	3.50	4.50	7.00	13.50	20.00	26.00
40,000	2.20	2.80	3.60	5.60	10.80	16.00	20.80
30,000	1.65	2.10	2.70	4.20	8.10	12.00	15.60
20,000	1.10	1.40	1.80	2.80	5.40	8.00	10.40
10,000	0.55	0.70	0.90	1.40	2.70	4.00	5.20

Because premiums are automatically deducted from the member's pay for spouse coverage, and the existence of children for claim purposes is determined from military records, it is important that the information in the member's personnel and payroll files concerning their spouse and children is accurate and up to date.

### Termination Of Family Coverage

Coverage for a spouse will end 120 days after any of the following events:

- The date the service member elects in writing to terminate their spouse's coverage.
- The date the service member elects in writing to terminate their own SGLI coverage.
- The date of the service member's death.
- The date the service member separates from service.
- The date of the service member's divorce from spouse.

Note: A spouse can convert his or her coverage to an individual permanent plan life insurance policy with any one of 46 participating commercial insurance companies. See information under "Conversion Of Family Coverage" below.

Coverage for a child will end 120 days after any of the following events:

- The date the service member elects in writing to terminate their own coverage.
- The date the service member separates from service.
- The date of the service member's death.

- The date the service member's child is no longer their dependent. A child is considered to be a dependent if:
  - the child is unmarried and is under the age of 18. This includes all natural born children, legally adopted children and stepchildren who are members of the service member's household.
  - the child is unmarried, between the ages of 18 years and 22 years and is pursuing a course of instruction at an approved educational institution.
  - the child is unmarried and becomes permanently incapable of self-support before the age of 18.

### Conversion Of Family Coverage

A spouse may elect to convert his or her coverage to an individual permanent plan life insurance policy with any one of 46 participating commercial insurance companies within 120 days following one of the "termination of family coverage" events listed above. Spouses wishing to exercise this conversion privilege should contact OSGLI at their toll-free number in order to obtain a conversion package with the appropriate information.

There are no conversion options available to children.

### Payment Of Policy Proceeds

Payments of Family SGLI proceeds are made as follows:

<b>For the death of:</b>	<b>Proceeds are paid to:</b>
A spouse	The service member
A child of one SGLI participant	The service member
A child of two married SGLI participants	The service member who was eligible for SGLI coverage the longest
A child of two separated or divorced SGLI participants	The service member who has custody of the child

It is important to understand that family insurance coverage belongs to the SGLI insured member and not to the spouse.

For more information on SGLI Family Coverage, please visit VA's website at:  
<http://www.insurance.va.gov/sgliSite/FSGLI/sglifam.htm>

## TRAUMATIC INJURY PROTECTION PROGRAM (TSGLI)

The Traumatic Injury Protection (TSGLI) Program became effective December 1, 2005. TSGLI is automatic coverage for those covered under SGLI. It provides insurance payments to members who suffer certain serious traumatic injuries in service. The purpose of the program is to provide short-term financial assistance to traumatically injured service members in order to lessen the economic burden on them and their families during an often extensive recovery and rehabilitation process.

### Eligibility For TSGLI Coverage

All service members who have SGLI coverage are automatically covered by TSGLI. It is not optional coverage. TSGLI coverage applies to active duty members, reservists, funeral honors duty and one-day muster duty.

This coverage does not apply to spouses and children covered under Family SGLI, nor to those covered under the VGLI program.

A member who wants to file a claim for the traumatic injury benefit should contact their uniformed service to begin the certification process (go to [www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm) for contact information). Each uniformed service will determine a member's eligibility for traumatic injury protection benefits and will provide certification for payment to the member.

### Coverage Amounts

TSGLI payments will range from \$25,000 to a maximum of \$100,000, depending on the type and severity of injury. TSGLI does not provide payments for losses due to illness or disease. (For injuries that are covered by, or excluded from TSGLI, see "Injuries Covered by TSGLI" and "Losses Excluded From TSGLI Payment" below.)

#### Questions About TSGLI?

- Visit website:  
[www.insurance.va.gov](http://www.insurance.va.gov)
- or*
- Call OSGLI toll-free:  
1-800-419-1473

TSGLI benefits are also payable retroactively to any member (whether they were insured for SGLI or not) who suffered a qualifying traumatic injury between October 7, 2001 and December 1, 2005 in Operation Enduring Freedom or Operation Iraqi Freedom.

### TSGLI Premiums

Premiums for the traumatic injury coverage are \$1.00 per month and are deducted from the service member's pay.

### Injuries Covered by TSGLI

TSGLI covers certain specific losses as listed in the "TSGLI Schedule of Payments" (go to [www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm) for this schedule). These losses include the following categories and combinations thereof:

- Total and permanent loss of sight, speech or hearing
- Amputation of hand or foot
- Loss of thumb and index finger of the same hand
- Quadriplegia, paraplegia, or hemiplegia
- Burns
- Coma from traumatic injury
- Inability to carry out the activities of daily living due to traumatic brain injury
- Inability to carry out the activities of daily living due to other traumatic injury

### **Losses Excluded From TSGLI Payment**

The following losses are excluded from TSGLI payment:

- Losses caused by:
  - a mental disorder.
  - a mental or physical illness or disease, unless the illness or disease is caused by
    - a pyogenic (pus forming, often from a wound) infection, biological, chemical, or radiological weapon, or
    - accidental ingestion of a contaminated substance.
  - attempted suicide,
  - self-inflicted wounds,
  - medical or surgical treatment of an illness or disease, or
  - the member's willful use of an illegal or controlled substance, unless administered or consumed on the advice of a medical doctor.
- Injuries sustained while committing, or attempting to commit, a felony.

### **VETERANS' GROUP LIFE INSURANCE (VGLI)**

In 1974, the Veterans' Group Life Insurance (VGLI) program became available. VGLI, like SGLI, is supervised by the Department of Veterans Affairs, but is administered by the Office of Servicemembers' Group Life Insurance (OSGLI). VGLI provides for the conversion of SGLI coverage to a lifetime renewable term policy of insurance protection after a service member's separation from service.

#### **Eligibility For VGLI**

Full-time coverage is available for the following members:

- Full-time SGLI insureds who are released from active duty or the Reserves.

- Ready Reservists who have part-time SGLI coverage, and who, while performing active duty or inactive duty for training for a period of less than 31 days, incur a disability or aggravate a preexisting disability that makes them uninsurable at standard premium rates.
- Members of the Individual Ready Reserve (IRR) and Inactive National Guard (ING).

## Coverage Amounts

Effective September 1, 2005, the maximum amount of VGLI was increased to \$400,000. VGLI is issued in multiples of \$10,000 up to the maximum \$400,000 but not for more than the amount of SGLI coverage the member had in force at the time of separation from active duty or the reserves.

## VGLI Renewal

Members may renew their VGLI coverage under the following conditions:

- Members who have separated from service may renew their VGLI coverage annually for life.
- Members of the IRR or ING may renew their VGLI as long as they remain in the IRR or ING.
- Rather than renew, a member also has the right at any time to convert VGLI to an individual permanent plan life insurance policy with any one of 46 participating commercial insurance companies. The member can convert their VGLI in \$10,000 increments.

## How To Apply For VGLI

VGLI applications are mailed to eligible members three times: generally within 60 days after separation; just prior to 120 days after separation when the SGLI free coverage period ends; and again shortly before the end of the 16-month application period. Applications are mailed to the address shown on the member's DD Form 214 or equivalent separation orders. It is the member's responsibility, however, to apply within the time limits, even if they do not receive an application in the mail. Applications for VGLI coverage should be mailed to The Office of Servicemembers' Group Life Insurance, P.O. Box 41618, Philadelphia, PA 19176-9913. (Questions and general correspondence should be mailed to Office of Servicemembers' Group Life Insurance, 80 Livingston Avenue, Roseland, New Jersey 07068-1733.)

## Time Limits To Apply For VGLI

To be eligible, a member must apply for VGLI within the following time limits:

- Ordinarily, a member must submit an application to the OSGLI with the required premium within 120 days following separation from service.

- If a member is totally disabled at the time of separation from active duty and is granted extended free SGLI coverage by OSGLI, he or she will be automatically enrolled in VGLI at the end of the two year extension period.
- Individuals who are assigned to the IRR and ING have 120 days after assignment to apply, without evidence of good health, and one year after that with evidence of good health.
- If an application or the initial premium has not been submitted within the time limits above, VGLI may still be granted if an application, the initial premium and evidence of insurability (good health) are submitted to OSGLI within 1 year and 120 days following separation from service. Applications will not be accepted after one year and 120 days.
- An application for an incompetent member may be made by a guardian, committee, conservator or curator. In the absence of a court-appointed representative, the application may be submitted by a family member or anyone acting on the member's behalf.

### Payment Of Premiums

Once a VGLI application is approved, the OSGLI will send the insured a certificate of coverage and will begin billing the insured monthly. There are several options available for the payment of premiums. For some of these options, the insured will receive a discount of premiums.

Frequency of Payment	Methods of Payment Available	Premium Discount Rate
Monthly	Allotment from military retirement pay	No Discount
	Deduction from VA compensation payments	
	Check	
	On-demand deduction from checking account or credit card	
Quarterly	Check	2.50% Discount
	On-demand deduction from checking account or credit card	
Semi-annually	Check	3.75% Discount
	On-demand deduction from checking account or credit card	
Annually	Check	5.00% Discount
	On-demand deduction from checking account or credit card	

### VGLI Premium Rates

VGLI premium rates are determined by age group and amount of insurance. VGLI is available in \$10,000 increments. Effective July 1, 2008, VGLI premiums rates will be reduced for veterans ages 30-64. The amount of premium reduction will vary by age group, ranging from 4% to 12%. Sample premium rates are shown below:

VGLI Monthly Premium Rates Effective July 1, 2008						
Age	Amount of Insurance					
	\$400,000	\$300,000	\$200,000	\$100,000	\$50,000	\$10,000
Thru 29	\$32.00	\$24.00	\$16.00	\$8.00	\$4.00	\$0.80

30 thru 34	40.00	30.00	20.00	10.00	5.00	1.00
35 thru 39	52.00	39.00	26.00	13.00	6.50	1.30
40 thru 44	68.00	51.00	34.00	17.00	8.50	1.70
45 thru 49	88.00	66.00	44.00	22.00	11.00	2.20
50 thru 54	144.00	108.00	72.00	36.00	18.00	3.60
55 thru 59	268.00	201.00	134.00	67.00	33.50	6.70
60 thru 64	432.00	324.00	216.00	108.00	54.00	10.80
65 thru 69	600.00	450.00	300.00	150.00	75.00	15.00
70 thru 74	900.00	675.00	450.00	225.00	112.50	22.50
75 & Over	1,800.00	1,350.00	900.00	450.00	225.00	45.00

To lessen the high cost of term insurance at the older ages, veterans should consider gradually reducing the amount of their VGLI coverage as they get older since their insurance needs may lessen. The following is a suggested coverage reduction schedule that will allow the veteran to maintain a stable premium while reducing coverage.

Age Group	Coverage Level	Premium
60-64	\$200,000	\$216
65-69	\$150,000	\$225
70-74	\$100,000	\$225
75& Over	\$50,000	\$225

Following this schedule the veteran's monthly premium would remain at \$225.00 after age 65.

### Beneficiary Selection

Any beneficiary can be named. If none is selected, the insurance is distributed, by law, in the following order:

- spouse, or if none,
- children, or if none,
- parents, or if none,
- executor of estate, or if none,
- other next of kin.

### Payment Of Policy Proceeds

VGLI proceeds can be paid in a lump sum *or* over a 36-month period. If the proceeds are to be paid in a lump sum then beneficiaries of SGLI and VGLI will receive the payment of their insurance proceeds via an "Alliance Account". An Alliance Account is an interest bearing draft account with an account

book similar to a checking account. Insurance proceeds are deposited in the beneficiary's name and the beneficiary can write drafts for any amount up to the full amount of the proceeds. The Alliance Account:

- earns interest at a competitive rate.
- is guaranteed by Prudential Insurance Company of America.
- gives the beneficiary time to make important financial decisions while their funds are secure and earning interest.
- gives the beneficiary immediate access to their money at all times.

Note: Beneficiaries cannot deposit additional funds into the Alliance Account.

Beneficiary Financial Counseling Services (BFCS) is an extra benefit offered to beneficiaries of SGLI and VGLI policies as well as TSGLI claimants, at no charge. Once a claim is settled, a beneficiary or claimant can receive free professional financial advice provided by Financial Point by calling toll-free at 1-888-243-7351 (SGLI or VGLI) or 1-800-428-3416 (TSGLI). BFCS offers:

- Personalized Service – The beneficiary receives a financial plan tailored to their situation with action steps addressing their specific needs.
- Objective Advice – The beneficiary benefits from the advice of financial professionals who have no products to sell, do not receive a commission for their services and are not affiliated with any banks or investment firms.
- Convenience – The beneficiary can speak with a financial counselor at any time to get answers to questions they may have about their financial plan.

Accelerated Benefits Option (ABO) gives terminally-ill SGLI and VGLI policyholders access to the death benefits of their policies before they die. This is a one-time benefit only. The member may receive a portion of the face value of the insurance in a lump-sum payment subject to the following:

- Terminally ill insureds will have access of up to 50 percent of the face amount of their coverage during their lifetime.
- This money will be available in increments of \$5,000.
- An insured must have a medical prognosis of life expectancy of nine months or less.

### **On-line Policy Access For VGLI Policyholders**

VGLI policyholders can now access their policies online by going to the VA insurance website at [www.insurance.va.gov](http://www.insurance.va.gov) and following the link to the "Servicemembers' and Veterans' Group Life Insurance Web site." First time users can enter their Social Security Number and last name. After submitting this information they are then given the opportunity to create their own User ID and Password. The policyholder will then have access to his/her Veteran's Group Life Insurance record. Policyholders can view and verify account information, such as status of their coverage, payment and billing information, and beneficiary information. Address changes and name changes can also be done on-line.

## **SERVICEMEMBERS' CIVIL RELIEF ACT (SCRA)**

Congress and state legislatures have long recognized that military service can often place an economic and legal burden on service members. The Soldiers' and Sailors' Civil Relief Act of 1918 was passed in order to protect the rights of service members while serving on active duty. Service members were protected from such things as repossession of property, bankruptcy, foreclosure or other such actions while serving in the military. This Act remained in effect until shortly after World War I when it expired. The Soldiers' and Sailors' Civil Relief Act of 1940 (SSCRA) was passed in order to protect the rights of the millions of service members activated for World War II. The SSCRA has remained in effect until the present day and has been amended many times since 1940 to keep pace with the changing military. In December 2003, Congress passed legislation renaming SSCRA as the Servicemembers' Civil Relief Act (SCRA). The SCRA updates and strengthens the civil protections enacted during World War II.

### **Eligibility For Protection of Life Insurance Coverage under SCRA**

Under SCRA, the U.S. Department of Veterans Affairs (VA) will protect, from default for nonpayment of premiums, up to \$400,000 of life insurance for service members called to active duty. The protection provided by this legislation applies during the insured's period of military service and for a period of two years thereafter. The following are conditions for eligibility for protection:

- The policy must be whole life, endowment, universal life or term insurance.
- The policy must have been in force on a premium-paying basis for at least six months at the time the service member applies for benefits and prior to the date of the insured's entry into military service.
- Benefits from the policy cannot be limited, reduced or excluded because of military service. Policies for which an additional amount of premium is charged due to military service are not eligible for protection under SCRA.

The service member must apply for protection of their life insurance by filing VA Form 29-380 "Application For Protection Of Commercial Life Insurance Policy" with his/her insurance company and forwarding a copy of the application to VA.

### **Benefits Of SCRA Life Insurance Protection**

Once the service member has applied for protection of their life insurance policy and VA determines that the policy is eligible for protection under SCRA:

- The service member is still responsible for making premium payments. However, the policy will not lapse, terminate, or be forfeited because of the service member's failure to make premium payments or to pay any indebtedness or interest due during their period of military service or for a period of two years thereafter.
- The right of the service member to change their beneficiary designation or select an optional settlement for a beneficiary are not affected by the provisions of this Act.

### **Limitations Of SCRA Life Insurance Protection**

Once the service member has applied for protection of their life insurance policy and VA determines that the policy is eligible for protection under SCRA:

- Premium payments are only deferred, not waived. During this period, the government does not pay the premiums on the policy but simply guarantees that the premiums will be paid at the end of the service member's period of active duty.
- A service member cannot receive dividends, take out a loan, or surrender the policy for cash without the approval of VA. (Dividends or other monetary benefits shall be added to the value of the policy and will be used as a credit when final settlement is made with the insurer.)
- If the policy matures as a result of the insured's death, or any other means, during the protected period, the insurance company will deduct any unpaid premiums and interest due from the settlement amount.

### **Termination Of Period Under SCRA**

The service member has up to two years after their military service terminates to repay the unpaid premiums and interest to the insurer. If the amount owed is not paid before the end of the two years, then:

- the insurer treats the unpaid premiums as a loan against the policy.
- the government will pay the insurer the difference between the amount due and the cash surrender value (if the cash surrender value of the policy is less than the amount owed.)
- the amount the United States government pays to the insurance company under the SCRA Act, becomes a debt due the government by the insured.
- If the policy matures as a result of the insured's death, or any other means, during the protected period, the insurance company will deduct any unpaid premiums and interest due from the settlement amount.

# CHAPTER 24

## LIFE INSURANCE

### Part 4

#### PLANS OF INSURANCE

##### 5-Year Level Premium Term

- Available on all programs except "J," "JR," "JS"
- Renewable every five years
- May be converted to a permanent plan
- Provides low cost protection at younger ages but premiums increase substantially at the older ages
- Provides protection only and has no cash or loan values
- When premiums are not paid, the protection stops

##### Modified Life At Age 65

- Available on all programs except "K"
- Can only be purchased before the insured attains insurance age 61
- Affords a permanent plan of insurance at a premium that is lower than the Ordinary Life Plan premium
- Provides an automatic reduction by  $\frac{1}{2}$  of the face amount of the insurance on the day before the insured's 65th birthday. (The premium remains the same. The decreased amount of insurance may, without medical examination, be replaced with an Ordinary Life policy at an additional premium by making application no later than the day before the insured's 65th birthday.)

##### Modified Life At Age 70

- Available on all programs except "K"
- Has the same provisions as the Modified Life at Age 65 plan, except that reduction happens on the day before the insured's 70th birthday
- Conversion to this plan can be made through insurance age 69

##### Ordinary Life ("Whole Life")

- Available on all programs
- Premiums remain constant
- Premiums are payable for the lifetime of the insured

### **30-Payment Life**

- Available on all programs
- Premiums are slightly higher than on Ordinary Life
- Premiums are payable for 30 years from the effective date of the policy

### **20-Payment Life**

- Available on all programs
- Premiums are higher than on 30-Payment Life
- Premiums are payable for 20 years

### **20-Year Endowment**

- Available on all programs
- Premiums are payable for 20 years from the effective date of the policy
- Provides for payment of the face amount of the policy (less any indebtedness) to the policyholder at the end of the 20 years
- Policy proceeds paid in lump sum or on an installment basis

### **Endowment At Age 60**

- Available on all programs except "K"
- Provides for the payment of the face amount (less any indebtedness) on the anniversary date nearest the insured's 60th birthday

### **Endowment At Age 65**

Same as Endowment at Age 60 except proceeds payable on the anniversary date nearest the insured's 65th birthday

### **Endowment At Age 96**

- Available to "K" policyholders, age 65 or older, who were still carrying insurance under the term plan
- Regular endowment plan maturing at age 96 with a level premium from the date of issue
- Does not provide permanent and total disability benefits, or waiver of premium
- Provides a waiver of premiums provision to be purchased for an additional premium at the time the insurance was exchanged

### **NSLI "V" Term Insurance**

The high cost of term insurance for older veterans has long been a concern of the Insurance Program. Many World War II veterans chose to retain the NSLI term coverage they obtained while in service, but unfortunately failed to convert it to a permanent plan of insurance. Term insurance becomes very expensive at older ages. As of September 2007, there are approximately 208,000 NSLI veterans who have term policies.

## **The “Capping” of VA Term Policies**

In 1984, a VA regulation was approved which “capped” premiums on NSLI term policies at the age 70 rate.

- When the insured veteran renews at age 70 or older, the capped rate of \$61.80 per month for \$10,000 of insurance goes into effect.
- This rate will remain level for the remaining lifetime of the policy.

## **Dividends on VA Term Policies With “Capped” Premiums**

One consequence of “capping” premiums on term policies is a reduction in dividends that a policyholder receives. Dividends are a refund of excess premiums paid that are not needed to pay for the costs of death claims. Since term policyholders over the age of 70 had their premiums reduced as a result of the “capping”, less premiums are received. For this reason, a reduction had to be made to dividends paid on term policies that have had their premiums capped. This reduction was made in order to offset the loss of premium income to the NSLI trust fund. However, it should be noted that term policyholders are better off after premium “capping” than before premium “capping.” The premium savings realized as a result of the premium “capping” at the age 70 rate is greater than the amount by which dividends are reduced.

## **Long-term Cost of Term Policies**

NSLI term policies have been in effect for more than 50 years.

- The total amount of premiums paid, or net premiums paid (premiums minus dividends), very often exceeds the face amount of insurance, which is not unusual for term insurance.
- However, in return for their premiums, those insureds received many years of insurance protection.

## **The Importance of “Net” Payment Cost of Insurance**

When looking at the cost of a term policy, the following should be kept in mind:

- the premiums paid on the policy
- the dividends received on the policy

The “net” payment on the policy is the premiums paid on the policy minus the dividends received on the policy.

Consider the following typical NSLI term policy:

Veteran’s Age	Amount of Insurance	Number of Years Policy is in Effect	Total Premiums Paid on Policy	Total Dividends Received on Policy	“Net” Payments on Policy
81	\$10,000	59 years	\$17,000	\$9,000	\$8,000

The resulting “net” payment on this policy (premiums minus dividends) is \$8,000. This policyholder received 59 years of insurance protection for a net cost of \$8,000, an average of \$136 per year. VA does not make any profit on NSLI.

- The law specifies that NSLI be operated as a Trust Fund. Its revenues are used exclusively for the benefit of its policyholders and may not be used for any other government program.
- Any excess revenues resulting from favorable experience are returned to NSLI policyholders in the form of dividends.

### **The Cost of Declaring All NSLI Term Policies “Paid-up”**

The VA Insurance Service has examined the option of declaring all NSLI term policies “paid-up”. In other words, policyholders would no longer have to pay premiums. However:

- the federal outlay which would be required to accomplish this is approximately \$730 million. There are currently about 208,000 NSLI term policyholders.
- since the NSLI program is, by law, self-supporting, it appears unlikely that these policies will be declared paid-up, in light of the large cost involved.

### **VA Regulation Provides Paid-Up Insurance on VA Term Policies**

In 2000, the Department of Veterans Affairs put into effect a regulation to provide paid-up insurance on term policies. Prior to this regulation, term policies did not have paid-up insurance.

- Under the regulation, veterans who have NSLI term insurance (renewal age 71 or older) and decide to stop paying premiums on their policies are given a termination dividend that is used to purchase a reduced amount of paid-up insurance.
- This paid-up insurance insures the veteran for life and no premium payments are required. The amount of insurance remains level.

- The amount of paid-up insurance depends on the age of the veteran at the time he stops paying his term premiums. A veteran age 80 with \$10,000 of insurance would receive about \$4,500 of paid-up life insurance. (See table below.)
- This paid-up insurance has cash values, which increase each month.
- This paid-up insurance continues to pay dividends.
- The insured can cash surrender these paid-up additions at any time.

An insured over the age of 71 who has a \$10,000 term NSLI policy and decides he or she no longer wants to pay premiums can do so. The policy automatically has a termination dividend on that date and that termination dividend will be used to purchase a limited amount of paid-up insurance (PUA). The following table illustrates the termination dividend and amount of PUA that the termination dividend can purchase at various attained ages for such an insured.

<b>Insured's age at policy lapse</b>	<b>Basic insurance amount at policy lapse</b>	<b>Termination dividend at date of lapse*</b>	<b>Amount of PUA purchased with the termination dividend*</b>
72	\$10,000	\$367	\$602
75	10,000	1,494	2,284
80	10,000	3,212	4,452
85	10,000	4,786	6,109
90	10,000	6,249	7,421
95	10,000	8,887	9,331

\*All figures are rounded to whole dollars.

# CHAPTER 24

## LIFE INSURANCE

### Part 5

#### PAYMENT OF PREMIUMS

##### Methods Of Payment

- Direct payment (a check or money order payable to the Department of Veterans Affairs)
- Allotment from military retirement pay
- Deduction from VA benefits (if they are receiving VA pension or compensation)
- Deduction from the insured's checking account (VA MATIC)  
Paying premiums by allotment, deduction or VA MATIC protects against lapse. These options also save premium payment costs such as checks or money orders and postage.
- Applying annual dividends to automatically pay premiums.  
Insureds who apply their dividends to pay premiums also receive the same lapse protection and payment savings, provided their dividend is sufficient to pay the full annual premium. If it is not, the insured is billed for the difference.

##### Other Payment Options Available

An insured may provide for advance premium payments to be made quarterly, semiannually, annually, or as far in advance as the insured wishes. Insureds who pay premiums in advance benefit from:

- a premium discount
- a reduction of the insured's risk of lapse due to non-payment of premiums, and
- a savings in premium payment costs.

##### Premium Due Dates

Premiums are due the same day of the month as the day the policy became effective as shown on the insurance policy (called the "anniversary date"). If the policy was effective on the first day of the month, premiums are due on the first day of the month. For any month not having a date corresponding to the effective date of a policy (i.e., 29th, 30th, or 31st), the due date is always the last day of the month.

**Grace Period**

Insureds are allowed 31 days after the due date to pay any premium except the first one. If the insurance becomes a claim (insured dies) during the grace period, the unpaid premium will be deducted from the amount payable to the beneficiary.

# CHAPTER 24

## LIFE INSURANCE

### Part 6

#### WAIVER OF PREMIUMS

A *waiver of premiums* provision is included, at no extra cost, on the following policies:

- NSLI
- USGLI (except endowment at age 96)
- VSLI
- VRI
- S-DVI policies (except supplemental S-DVI coverage)

Currently, there are 99,932 veterans whose premiums are being waived (8 percent of all policyholders.)

#### Eligibility For Waiver Of Premiums

To qualify for a waiver of premiums:

- The insured must be totally disabled; this means they have a mental or physical disability that prevents them from engaging in substantially gainful employment.
- The total disability must begin before the insured's 65th birthday, and must continue for at least six consecutive months.
- The total disability may not begin prior to the effective date of the policy. (Exception: waiver may be granted if total disability commenced prior to the effective date only on S-DVI policies, provided the total disability is due to a service-connected disability.)

#### Application For Waiver Of Premiums

To apply for a waiver of premiums an insured should:

- File VA Form 29-357, *Claim for Disability Insurance Benefits*. (However, any communication that shows intent to apply for the benefit, either expressed or implied, will be accepted as an informal claim.)

- File promptly because, in most cases, premiums can only be waived up to one year prior to receipt of a claim. The only instance when premiums can be waived beyond one year is if the evidence shows circumstances beyond the insured's control prevented the filing of a timely claim. This usually means a mental disability.

Once waiver is granted, it is subject to review at regular intervals. The waiver can be terminated at any time if the insured returns to gainful employment, recovers from his or her disability, or fails to cooperate in the review procedure.

For more detailed information, see VA pamphlet 29-14 (revised January 1979), Information About Waiver Of Premiums And Total Disability Income Provision.

## Dividend Options

The amount of dividend paid to a veteran depends on the age of the veteran, the type of insurance, and the length of time the policy has been in force. Dividends are paid on the following programs:

- United States Government Life Insurance ("K")
- National Service Life Insurance ("V")
- Veterans' Special Life Insurance ("RS" and "W")
- Veterans' Reopened Insurance ("J," "JR" and "JS")

## Dividend Options Available

A policyholder may choose from several dividend options that are available:

- **Cash:** Paid to policyholder by U.S. Treasury check or directly deposited into the policyholder's bank account.
- **Credit:** Held in an account for the insured with interest
  - Can be used to prevent policy lapse
  - Will be refunded upon the insured's request
  - Will be included in the award to the beneficiary(ies) at the time of the insured's death
- **Deposit:** Held in an account for insured with interest
  - Available only on permanent plan policies
  - Can be used, with the net cash value, to purchase reduced paid-up insurance, or extended insurance if the policy lapses - *except* for "K" or "JS" policies
  - Will be refunded upon the insured's request
  - Will be included in the award to the beneficiary(ies) at the time of the insured's death
- **Premium:** Applied to pay premiums in advance

### Dividend Credit and Deposit Interest Rates

<u>Program</u>	<u>2008</u>
USGLI (K)	5.25%
NSLI (V)	5.50%
VSLI (RS & W)	6.50%
VRI (J, JR, JS)	5.75%

- **Paid-up Additions (PUA'S):** Used as a net single premium to purchase additional paid up insurance
  - Available only on “V,” “RS,” “W,” “J,” “JR” and “JS” policies
  - Will be whole life if the basic insurance is a term or whole life policy
  - Will be endowment if the basic insurance is an endowment policy

As of September 30, 2007, 376,159 veterans have policies with paid-up additions totaling \$6,914,379,870.

- **Indebtedness:** Applied toward a loan or lien on a policy
- **Net Cash:** Used to pay an annual premium with any remainder paid to the policyholder under the cash option
- **Net PUA:** Used to pay an annual premium with any remainder used to purchase paid-up additional insurance
- **Net Loan-Lien:** Used to pay an annual premium with any remainder used to reduce an outstanding loan or lien

# CHAPTER 24

## LIFE INSURANCE

### Part 7

#### DIVIDEND HOAX --- DON'T BELIEVE IT

*False* dividend announcements which declare that Congress has recently passed a bill which entitles veterans and service members to a dividend based upon their prior years of service, are part of a recurring problem of misinformation that dates back to 1965. Unfortunately, this misinformation unnecessarily raises the expectations of veterans and service personnel and detracts from VA's ability to serve veterans.

The dividend "hoax", as VA refers to it, had its origins in a special dividend that the Department of Veterans Affairs (VA), then known as the Veterans Administration, did pay to World War II veterans who had National Service Life Insurance policies. Approximately \$2.7 billion was paid in 1950 to over 16 million of these veterans under the "1948 special dividend."

Some time in 1965, the special dividend news announcements of 15 years earlier resurfaced and were mistakenly published by several newspapers. The special dividend had already been paid out to virtually all eligible government life insurance policyholders and there was no new special dividend. VA moved quickly to educate the news media, but some well-meaning individuals and organizations began to publish the announcements in smaller publications, newsletters and flyers. The actual scope of the original dividend became fictionalized and some publications declared the dividend available to all veterans (not just World War II) and even to those who never carried government life insurance while in the service. The latest rumor is that active servicepersons, reservists and persons separated within the last few years are eligible.

The 1948 special dividend program required veterans to apply for the payment. Over the years the dividend story has prompted hundreds of thousands of veterans and current service members to write and "apply" for this benefit. Although the number of letters has fluctuated, VA has received as many as 15,000-20,000 inquiries per week about this dividend in the past. Because of the volume of these requests for a nonexistent benefit, Congress passed a law in 1970 that prohibited payment of any special dividend declared prior to 1952 unless the application was received before 1954. There has been no recent legislation authorizing any "special" dividends.

Dividends are *not* payable to current service members insured under Servicemembers' Group life Insurance (SGLI) or Veterans' Group Life Insurance (VGLI). SGLI and VGLI are group term policies and do not pay dividends.

For your information, VA continues to pay routine dividends on several policy series, but *only* to veterans who have kept their policies in force. These veterans receive their dividends *automatically* on the anniversary date of their individual policy. They do *not* have to apply.

The following is an example of a typical application for this special dividend:

<b>GOVERNMENT OWES VETERANS MONEY</b>	
A bill passed in Congress gives Veterans a dividend of 55 cents to \$1,000 of their G. I. Insurance for each month of service. This is regardless of whether or not you still carry this insurance. You will not receive this dividend unless you ask for it. The Veterans Administration urges you to apply regardless of whether you had insurance or not. They will check for you.	
Years of Service	2 years                      \$264
	3 years                         \$316
	4 years                         \$528
Veterans Center P.O. Box 8075 Philadelphia, PA 19101	
Include Your:	
Name	_____
Address	_____
GI Insurance No. _____ (if known)	Birthdate _____
Branch of Service _____	Service Number _____
Enlistment Date _____	Discharge _____
Date _____	
***** <b>IF YOU KNOW OF ANY VETS - PASS THE</b> *****	
<b>WORD*****</b>	
I would like to take advantage of the G.I. Insurance Dividend now being offered to Veterans. Please send any monies that I qualify for to the address below:	
Respectfully:	
Name	_____
Address	_____

This is the response that VA sends to a veteran who submits such an application for this "special dividend":

A false and misleading rumor sweeping the nation is plaguing us at the Department of Veterans Affairs and leading thousands of veterans such as you to write us requesting dividends on insurance that you may have had in force while on active duty in the U.S. Armed Forces.
<b>Congress did not pass any new law giving veterans a dividend based on the amount of months their insurance was in force while on active duty. The information you received regarding such a dividend is a hoax.</b>
Also False is the rumor that individuals who are currently serving or who served in the military after 1965 and are or were insured under the SGLI (Servicemembers' Group Life Insurance) program are entitled to a refund. There have never been any dividends, rebates or refunds due to surplus funds in the SGLI program.
You can help us to eliminate these rumors by passing this information along to any of your friends or to any veterans' group to which you belong.
Thank you.
SGL 300

# CHAPTER 24

## LIFE INSURANCE

### Part 8

#### GUARANTEED VALUES

An important feature of permanent plan policies is that the premiums the policyholder pays build up a reserve cash value. This provides the policyholder with extra protection and more financial flexibility. Permanent plan policies have the following guaranteed values:

##### Cash Value

The cash value is the reserve plus any dividends held on deposit less any indebtedness. If a policyholder is considering surrendering their policy for its cash value, they should first consider the alternative of taking a policy loan, since policies that are surrendered for cash cannot be reinstated.

After premiums have been paid or waived for at least one year, the policyholder may apply for the cash value by submitting a completed VA Form 29-1546, Application for Cash Surrender Value or Policy Loan, or a written request stating the insured's wish to surrender the policy for the cash value.

##### Loan Value

Policy loans may be granted up to 94 percent of the reserve value, less any indebtedness. We suggest applying for a policy loan rather than the cash surrender value if a policyholder needs cash and the policy is not lapsed. After premiums have been paid or waived for at least one year, the policyholder may apply for a loan by submitting VA Form 29-1546, Application for Cash Surrender Value or Policy Loan, or a written request for a policy loan, specifying the amount desired.

##### Extended Insurance

A permanent plan policy that lapses after being in force for at least three months will automatically be extended as term insurance. Under this insurance the policyholder will be protected for a limited period of time as determined by the amount of the net cash value of the policy. The amount of the extended insurance will be the face amount of the policy less any indebtedness.

##### Reduced Paid-Up Insurance

A policyholder may use the net cash value (cash value minus any indebtedness) to buy a reduced amount of paid-up insurance if the policy is not lapsed. This insurance will remain in force for the life

of the policyholder, or to the end of the endowment period. No further premium payments are required. The cash value continues to increase and dividends continue to be earned. The policyholder may cash surrender the paid-up insurance for less than the face value of the policy, depending on the length of time the policy has been in effect. The policyholder can also obtain a loan on the policy at any time.

## CHAPTER 24

### LIFE INSURANCE

#### PART 9

#### POLICY LOANS

Policy loans are available on permanent plans of insurance.

- The policyholder can take up to 94% of the reserve (cash) value of their policy less any indebtedness.
- The policy cannot be lapsed, and premiums must be paid or waived at least one year before a policy has loan value.

#### Loan Interest Rates

- As of November 2, 1987, all new policy loans have a variable interest rate with a minimum rate of 5% and a maximum rate of 12%.
- Rate changes are tied to the “ten-year constant maturities”, a U.S. Treasury securities index.
- Each year the U.S. Treasury securities index is reviewed. If required, because of a change in the index, loan rates are adjusted effective October 1.

The current loan interest rate for adjustable rate loans is 5% (until at least September 30, 2008).

Interest Rates on NSLI Policy Loans*	
Prior to Jan. 11, 1971	4%
Jan. 11, 1971 – Jul. 28, 1981	5%
Jul. 29, 1981 – Nov. 1, 1987	11%
Nov. 2, 1987 – Sept. 30, 1992	8%
Oct. 1, 1992 – Sept. 30, 1993	7%
Oct. 1, 1993 – Sept. 30, 1995	5%
Oct. 1, 1995 – Sept. 30, 1998	6%

Oct. 1, 1998 – Sept. 30, 2000	5%
Oct. 1, 2000 – Sept. 30, 2001	6%
Oct. 1, 2001 – Sept. 30, 2008	5%

\*Interest on USGLI ("K" prefix) loans is fixed, by law, at 5%.

## Applying For a Policy Loan

A policyholder can now apply for a loan through two methods:

- Filing VA Form 29-1546, *Application for Policy Loan*. This application can either be faxed toll-free to 1-888-748-5828 or mailed to:

Department of Veterans Affairs  
Regional Office and Insurance Center  
P.O. Box 7327  
Philadelphia, Pennsylvania 19101

- Policyholders can now also apply for a policy loan by going to the VA insurance website at [www.insurance.va.gov](http://www.insurance.va.gov) and following the link to "Online Policy Access." The insured must have applied for, and received, a VA-issued PIN. Once they have received their PIN, they must also select a personal password to access the policy loan request page.

# CHAPTER 24

## LIFE INSURANCE

### Part 10

#### CONVERSIONS

##### Advantages Of Converting To A Permanent Plan

Term insurance is attractive at young ages because it gives low-cost financial protection. However, at the older ages it becomes very expensive, making the premiums difficult to pay. Policyholders who think they will want insurance protection at the older ages, should consider converting to a permanent plan of insurance at as young an age as possible. Although the premium rates are initially higher than for term policies issued at the same ages, permanent plan premiums stay the same throughout the life of the policy.

Policyholders who are considering converting to a permanent plan should consider the following:

- Their present and future needs for life insurance
- Their ability to pay present or future premiums
- The earlier they convert to a permanent plan, the lower the premium will be

The guaranteed conversion of a term policy to a permanent plan policy is an important feature for policyholders, especially for those policyholders who have health problems. A policyholder can convert from a term policy to a permanent plan policy without providing evidence of good health.

##### Application For Conversion

A policyholder can apply for conversion by submitting VA Form 29-0152, Application for Conversion, or a written request for conversion specifying the plan desired and the amount of insurance to be converted.

If the term policy is lapsed but eligible for reinstatement, the policyholder must apply for reinstatement and meet health requirements. The applications for reinstatement and conversion should be submitted at the same time.

Term insurance may be converted to permanent plan insurance in multiples of \$500 but not less than \$1,000. A policyholder can convert either a portion of their term coverage or the total amount.

### **Payment Of Premiums**

If the policyholder pays by check, at least one monthly premium for the new plan should accompany the conversion application.

If premiums are paid by deduction from VA benefits, allotment from retired pay, or by deduction from the insured's checking account (VA MATIC), VA will take care of any change in deduction or allotment that is needed. If the new premium exceeds the amount available by deduction or allotment, future premiums must be paid by check or other remittance.

# CHAPTER 24

## LIFE INSURANCE

### Part 11

#### PAID-UP ADDITIONAL INSURANCE

##### Availability Of Paid-Up Additional Insurance (Paid-Up Additions)

Since July 1, 1972, policyholders with participating policies can apply their annual dividends to purchase paid-up additional insurance (PUA). Paid-up additions are available on the following programs:

- National Service Life Insurance (“V”)
- Veterans’ Special Life Insurance (“RS” and “W”)
- Veterans’ Reopened Insurance (“J,” “JR” and “JS”)

Annual Insurance Policy Statements are mailed to policyholders each year on the anniversary date of their policy. In addition to policy information, the annual statement reflects any new paid-up additions credited to the policyholder's account.

##### Paid-Up Additional Insurance: A Way Of Increasing Coverage

Purchasing paid-up additions is the only way policyholders can increase their coverage (except for supplemental S-DVI). It is therefore, a very popular dividend option. Approximately 376,000 veterans have policies with paid-up additions, representing \$6.9 billion of extra coverage.

##### How PUA Works

If an insured chooses this option, his or her annual dividend is automatically applied as a single premium to purchase an amount of paid-up insurance. The amount of paid-up insurance is determined by:

- the age of the policyholder, *and*
- the plan of basic insurance in force, *and*
- the amount of the dividend.

Paid-up additions have cash and loan values, and earn dividends that automatically purchase more paid-up coverage.

The following table illustrates the amount of paid-up additional insurance that can be purchased using the same dividend amount but at different attained ages:

Attained Age	Dividend Amount	Amount of Whole Life PUA Purchased	
		“V”, “RS”, “W”, “J”	“JR”, “JS”
70	\$300	\$517	\$477
75	\$300	\$459	\$434
80	\$300	\$416	\$399

The paid-up additional coverage purchased is of the same type as the basic coverage:

If the basic coverage is:	The PUA coverage purchased is:
Endowment	Paid-up endowment insurance which matures at the same time as the basic contract
All other plans (including term)	Paid-up whole life insurance

The PUA dividend option is especially desirable for:

- Disabled policyholders who often cannot obtain commercial life insurance, or must pay high premiums for coverage. In many cases, this is the only means by which they can obtain additional life insurance.
- Policyholders who do not need extra coverage but want to lower their premiums by periodically reducing their basic insurance as new paid-up additions are purchased. (They keep the same amount of coverage but pay premiums on a smaller portion of that coverage.)
- Term policyholders whose premiums continue to rise as they become older. (They too can reduce their basic insurance and replace it with paid-up additions, thereby paying premiums on a smaller portion of coverage).

Since the PUA dividend option first became available in July 1972, an NSLI policyholder (now age 86) with a \$10,000 Ordinary Life policy issued in 1945 could have purchased \$56,763 of extra coverage.

### Changes In PUA Amounts And Cost

Because reserves on paid-up additions had earned higher interest rates, the following changes were made at no cost to the policyholders:

- In 1987, and again in 1990, the cost to purchase paid-up additions with annual dividends was lowered, i.e., more PUA could be purchased with the same amount of dividends. These

decreases resulted in approximately a 25 percent reduction in the cost to purchase paid-up additions with annual dividends.

- Also, existing paid-up additions were automatically increased by approximately 25 percent (over \$770 million) overall. The increase for individual policies depended on the policyholder's age and plan of insurance.

# CHAPTER 24

## LIFE INSURANCE

### Part 12

#### ANNUAL INSURANCE POLICY STATEMENT

The Annual Insurance Policy Statement provides information about their VA insurance including:

- The type of policy and effective date of the policy
- Amount of insurance (Basic and Paid-Up Additions)
- Cash and loan values
- Outstanding indebtedness
- Premium information
- Dividend information
- Date of the latest beneficiary designation

An Annual Statement is mailed to the insured on the policy anniversary date of each policy.

<b>THIS IS NOT A BILL</b>			
VA Department of Veterans Affairs			
<b>ANNUAL INSURANCE POLICY STATEMENT</b>			
Policy Holder	File Number	Policy Number	Mailing Date
John Q. Veteran	F V 0000 00 00	V 0000 00 00	01/17/08
2008 POLICY INFORMATION			
Plan	ORDINARY LIFE <span style="float: right;">Effective Date 1/21/59</span> Basic \$10,000 Paid-Up Additions - Whole Life - \$39,836 <span style="float: right;">TOTAL COVERAGE \$49,836</span>		
CASH/LOAN VALUES	Values As Of 02-20-07 Basic Policy <span style="float: right;">\$ 6,806.37</span> The current estimated amount to be paid to Paid Up Additions <span style="float: right;">\$24,903.48</span> survivors is shown below: TOTAL NET CASH VALUE <span style="float: right;">\$31,709.85</span> TOTAL NET LOAN VALUE <span style="float: right;">\$29,807.26</span> Survivor Benefit <span style="float: right;">\$49,836.00</span>		
Premiums	PREMIUM	MODE	HOW PAID
Other Data	Basic	\$124.20	Annual Direct
A. LOANS/LIENS	TYPE	INTEREST RATE	PRINCIPLE
	Loan	5%	\$3,596.99
		TOTAL PRINCIPLE	\$3,596.99
B. DIVIDEND OPTION	Current Option: NET PUA Your 2006 dividend of \$1,374.84 paid 1/17/08 was applied under the Net PUA option. A letter regarding payment of this dividend was sent under separate cover. <b>INSURANCE DIVIDENDS ARE NOT SUBJECT TO FEDERAL INCOME TAX</b>		
C.	We added new features to our website, <a href="http://WWW.INSURANCE.VA.GOV">WWW.INSURANCE.VA.GOV</a> . You may now access your beneficiary designation and apply for a policy loan online. You may also access current information about your policy. Click on the link, "Online Policy Access". You may obtain the Personal Identification Number (PIN), which is needed to log on, at this web site. The PIN will be mailed to you.		
D	The current interest rate for new loans, and existing variable rate loans is 5%. This rate will remain in effect until October 1 <sup>st</sup> , when it is subject to change. To apply for a loan, send a request over your signature to: P.O. Box 7327, Philadelphia, PA 19101-7327.		

Beneficiary Information	
Your last beneficiary designation of record was made in 2007.	
If you have any questions, call 1-800-669-8477 or visit us at <a href="http://www.insurance.va.gov">www.insurance.va.gov</a>	
VA FORM	
JAN 1994	29-0258

# CHAPTER 24

## LIFE INSURANCE

### Part 13

#### BENEFICIARY AND OPTION DESIGNATIONS

##### Beneficiary Selection

An insured may select any person, firm, corporation or other legal entity (including his or her estate) as beneficiary, either individually or as trustee. If no beneficiary survives the insured, payment is made to the insured's estate in one sum. The insured also has the right to select how the insurance proceeds will be paid to his or her beneficiary(ies).

##### The Insured Has The Right To Name And Change A Beneficiary

The insured is the sole owner of his or her policy. This ownership means:

- The insured can at any time change his or her beneficiary(ies), without the knowledge or consent of the current beneficiary(ies).
- A state court order, property settlement, or divorce decree cannot compel an insured to name or change his or her beneficiary(ies).
- Ownership of the policy may not be transferred to any other person or entity, including a trust. However, a trust may be designated as beneficiary.
- A beneficiary change cannot be made by Last Will and Testament.
- A beneficiary designation should not contain language that restricts the insured's right to change the beneficiary, or remove the insured as owner of the insurance policy.

##### Settlement Options Available For Payment Of Policy Proceeds

The insured has the right to select how the insurance proceeds will be paid to his or her beneficiaries. An option change can be made by Last Will and Testament. Most VA Forms contain a preprinted "1" (lump sum) in the option block because most insureds choose this option.

If the insured wants the beneficiary to receive monthly installments rather than a lump sum, the “1” must be crossed off and replaced by the desired option (2, 3 or 4). The settlement options available for payment of policy benefits are:

<b>Option 1:</b>	Lump sum payment for the face amount of the policy less any indebtedness.
<b>Option 2:</b>	Equal monthly installments with interest over 36 to 240 months. (The insured selects the number of monthly installments in multiples of 12, such as 36, 48, 60, 72, etc.)
<b>Option 3:</b>	A monthly life income with 120 payments guaranteed (240 for USGLI policies).
<b>Option 4:</b>	Equal monthly installments are made until the face amount of the policy less any indebtedness is paid. If the principal beneficiary lives beyond this period, payments continue throughout their lifetime.

It should be noted that although payments under Option 3 may be higher than those under Option 4, if payments are being made under Option 3 and the principal beneficiary dies soon after the guaranteed payments are made, no further payments will be made to a contingent beneficiary, *even if* the full face amount of the policy less any indebtedness has not been paid. However, under option 4, payments would continue to the contingent beneficiary until the face amount of the policy has been paid.

### **If A Beneficiary Dies Before Receiving The Insurance Proceeds**

General information:

If a beneficiary survives the insured but dies before he or she receives some or all of the proceeds, the following rules apply:

- If the proceeds were payable under an installment option, and the beneficiary dies before all of the guaranteed installments are paid, the present value of the unpaid installments is payable in one sum to the insured’s estate (NSLI policies) or to the estate of the last surviving beneficiary (USGLI policies).
- If the proceeds are payable in a lump sum payment, the proceeds are paid to the beneficiary’s estate. To allow the proceeds go to the contingent beneficiaries in a “common disaster” situation, rather than to the principal beneficiary’s estate, the phrase “provided the principal beneficiary survives me for \_\_\_ days” may be added. Any number of days up to a maximum of 30 may be shown.

Special circumstances involving children of a beneficiary:

If the insured designated more than one principal beneficiary or designated both principal and contingent beneficiaries, the share of a beneficiary who predeceases the insured will be paid to the surviving beneficiaries according to the pre-printed phrase on the application “or to the survivor(s)”. If this automatic distribution is not desired, the insured can cross it out or designate that the share of a deceased beneficiary go to that beneficiary’s “issue” (children). This is referred to as a “per stirpes” distribution.

### **Designation Of Beneficiary And Optional Settlement (Completing the Form)**

It is important that the insured submit a properly completed and updated beneficiary and settlement option selection. If the insured is uncertain about his or her beneficiary and option designation, he or she can obtain the information from the Insurance Center in Philadelphia. The submission of a new designation, reflecting the insured’s current intentions, will replace any prior designation for the same policy.

The following factors should be kept in mind when completing a beneficiary and option selection form:

- One beneficiary designation applies to all policies unless otherwise specified. VA Form 29-336, Designation of Beneficiary and Optional Settlement (dated June 1982 or later) does not contain a separate block to list the insured’s policy numbers. Unless otherwise specified in the remarks block on these forms, a designation applies to all policies.
- Most VA Forms 29-336 contain a preprinted “1” (lump sum) as the option. If the insured wants the beneficiary to receive monthly installments rather than a lump sum, the “1” must be crossed off and replaced by the desired option (2, 3 or 4). If option 2 is selected, the number of monthly installments should be shown. Payments under this option are 36 to 240, in multiples of 12.
- A beneficiary change cannot be made by Last Will and Testament. (VA regulations do permit an option selection for government life insurance policies to be made by Will.)
- Principal and contingent beneficiaries should be clearly differentiated on the form. Where the insured lists multiple principal or contingent beneficiaries, their shares should be clearly shown and should always add up to “1” (for example,  $\frac{1}{2} + \frac{1}{2}$ ).

Policyholders can now view an image of their most recent beneficiary designation online using the VA insurance website. The insured must have applied for, and received, a VA issued PIN. Once they have received their PIN, they must also select a personal password to view their beneficiary designation. See 83 for more information on “Online Policy Access.”

### **Typical INCORRECT Beneficiary Designations**

The following are examples of beneficiary designations that may *delay* payment of the insurance proceeds because the designations are *unclear*:

## Alternate Beneficiary Legislation

On December 16, 2003, the President signed a law that authorizes the Department of Veterans Affairs to pay National Service Life Insurance (NSLI) and United States Government Life Insurance (USGLI) to a contingent beneficiary or beneficiaries, when the principal beneficiary does not claim the insurance within two years of the date of the insured's death.

This means that:

- If the principal beneficiary, who has been named by the insured, does not claim the insurance within two years of the insured's death, then payment may be made as if that principal beneficiary had predeceased the insured.
- If there is a contingent beneficiary, or beneficiaries, who have been designated by the insured, the insurance may then be paid to the contingent beneficiary or beneficiaries.
- If neither the principal nor contingent beneficiary files a claim for the insurance within four years of the insured's death, VA is authorized to pay the insurance to another person who, in the judgment of the Secretary, is equitably entitled.
- Once payment is made in this manner, proceeds are not payable to any other individual.

### Insured's State Of Mind

The following rules apply when completing a beneficiary and option designation:

- If it appears that the insured does not fully understand their actions or is not acting completely freely, a statement from the witness or another party who is present will help VA to determine whether the designation is valid. The statement should be submitted to VA with the designation, and should list all pertinent details, including the insured's reason for making the beneficiary designation, if known. Mental illness, drugs or alcohol intoxication can cause lack of full understanding. Other factors such as duress or undue influence can result in the insured not acting freely in making the designation.
- If an insured is incompetent, his or her legal representative (guardian, conservator, etc.) may make a beneficiary designation on the insured's behalf with the authorization of a court order. If the designation can be made while the insured is lucid it should be done in the presence of a physician who should verify in writing that the insured had the capacity to understand the consequences of the action. Although the physician's statement is not required, it will help VA determine whether the designation is valid.
- An insured or claimant can sign by a mark ("X") if:
  - the insured is unable to sign due to physical disability,
  - the insured is of sound mind, AND
  - the "X" is witnessed by two people not named on the designation.

**!!! Important Facts !!!**

One Beneficiary Designation applies to all of your policies unless you specify otherwise. Make sure the distribution of shares equals 1 (e.g.  $\frac{1}{2} + \frac{1}{2}$ ).

A beneficiary change *cannot* be made by Last Will and Testament, but a settlement option change can.

*NOBODY* can order the insured to change their beneficiary, including State Courts or Divorce Orders.

# CHAPTER 24

## LIFE INSURANCE

### Part 14

#### FILING DEATH CLAIMS

All death claims, (except SGLI and VGLI), should be mailed or faxed to the Insurance Center in Philadelphia:

<b>Mailing Address:</b>
Department of Veterans Affairs Regional Office and Insurance Center P.O. Box 7208 Philadelphia, Pennsylvania 19101

OR

<b>Toll-free fax number:</b>
1-888-748-5822

#### How To File A Claim

<b>If the beneficiary is:</b>	<b>He or she must file:</b>
A principal beneficiary	<ul style="list-style-type: none"> <li>•Photocopy of death certificate showing date and cause of death of insured</li> <li>•Claim Form, VA Form 29-4125, <i>Claim for One Sum Payment</i><sup>1</sup></li> </ul>
A contingent beneficiary	<ul style="list-style-type: none"> <li>•Death certificates for the insured and principal beneficiary(ies)</li> <li>•Claim Form, VA Form 29-4125, <i>Claim for One Sum Payment</i><sup>1</sup></li> </ul>
A representative of the estate	<ul style="list-style-type: none"> <li>•Death certificate(s)</li> <li>•Copies of letters testamentary, letters of administration, or a court order of distribution along with claims from the entitled parties<sup>2</sup></li> <li>•Claim form signed by the executor or administrator of the estate</li> </ul>
A minor or incompetent	<ul style="list-style-type: none"> <li>•Death certificate(s)</li> <li>•A claim from the next of kin, personal representative (guardian, custodian, etc.) or logical person to receive payment for the minor or incompetent</li> <li>•Letters of guardianship, conservator ship, etc. (if any)</li> <li>•Address of minor or incompetent</li> </ul>
Filing for VMLI benefits	<ul style="list-style-type: none"> <li>•Insured's death certificate</li> <li>•Payoff statement from the veteran's mortgage lender showing the outstanding mortgage balance owed as of the veteran's death</li> </ul>

1. If the beneficiary wants monthly payments, he or she should use Claim Form, VA Form 29 4125k for USGLI policies OR VA Form 29-4125a for NSLI policies, Claim for Monthly Payments instead of the claim forms mentioned above. If a lifetime income option (3 or 4) is selected the beneficiary's birth certificate (or other official proof of age) must be submitted.

2. If these are not available, a statement that there will be no administration of the estate, and VA Form 29-541, Certificate Showing Residence and Heirs of Deceased Veteran, must be filed.

**NOTE:**

- Photocopies of death certificates are acceptable.
- A letter claiming the proceeds and showing a mailing address for the check may be used instead of a VA claim form (29-4125, etc.). The claimant should be sure to show the insurance file number and to sign the letter.
- Payment cannot be made if it would cause the insurance to escheat to a State (this happens where there are no heirs to pay so the assets of the estate default to the State).

The following factors should be kept in mind when filing a death claim:

- Most death awards are authorized by the Insurance Center within 10 days of receipt of the documents needed for payment.
- An insured's Will can be used as evidence that he or she intended a lump sum payment, regardless of when it was executed. The Will does not have to specifically mention the insurance, nor must it be probated.
- If the award check is to be mailed to the claimant's bank account, the account number and type of account (checking or savings) must be shown on the claim in addition to the name and address of the bank.
- Award checks can be directly deposited into a claimant's account. The claimant must provide their checking or savings deposit account number as well as their social security number. Claimants must also provide the name, address, phone number, and the routing transit number for their financial institution.
- A beneficiary may assign all or a portion of his or her share of the insurance to a restricted class of the insured's relatives.
- Any additional questions on filing a death claim please call 1-800-669-8477.

# CHAPTER 24

## LIFE INSURANCE

### Part 15

#### GRATUITOUS S-DVI (POLICIES PREFIXED BY "ARH")

##### Eligibility Requirements For Gratuitous S-DVI

Gratuitous Service-Disabled Veterans' Insurance (S-DVI) is granted posthumously to veterans who:

- Met the basic eligibility requirements for S-DVI (prefixed "RH"); and
- Did not apply for S-DVI because of a continued mental incompetence due to a service connected disability; and
- Died before the appointment of a guardian or within two years of such appointment.

##### Application For Gratuitous S-DVI Benefits

VA must receive an application for payment of Gratuitous S-DVI within two years from the date of the veteran's death. However, if the person making the claim is mentally or legally incompetent at the time the right to apply for Gratuitous S-DVI expires, they may apply within one year after their incompetency ends.

##### Payment Of Gratuitous S-DVI

Gratuitous S-DVI is granted in an amount that, together with any other United States Government Life Insurance or National Service Life Insurance in force, totals \$10,000. Gratuitous S-DVI is payable to the beneficiary only as a lump sum payment.

##### Payment of Gratuitous S-DVI is made to the following beneficiaries in the order named:

- To the widow or widower of the insured, if living. If not,
- To the child or children of the insured, if living, in equal shares. If not,
- To the parent or parents of the insured, if living, in equal shares.

# CHAPTER 24

## LIFE INSURANCE

### Part 16

#### PHONE NUMBERS, FAX NUMBERS AND MAILING ADDRESSES

##### Points of Contact for VA Administered Policies (USGLI, NSLI, VSLI, VRI, S-DVI, VMLI)

There are several ways for a policyholder to contact VA about their VA Life Insurance. Besides the old fashioned letter in a mailbox, policyholders can contact the Insurance Center through a toll-free number, by facsimile, by e-mail and through the world wide web.

Insurance Toll Free Service -- 1-800-669-8477

Customers calling the Insurance Toll Free Service can speak to an Insurance Specialist or use the Insurance Interactive Voice Response (IVR) System.

Insurance Specialists are available 8:30 AM to 6:00 PM (Eastern Time) Monday – Friday (*The best days to call are Wednesdays through Fridays*).

##### Insurance Interactive Voice Response (IVR) System

The Insurance IVR system allows customers using the toll-free telephone number to access their own insurance records 24 hours per day, 7 days per week. The Insurance IVR system provides four basic functions for callers:

Informational letters and forms: By making a touch-tone input, callers can have the following letters and forms mailed to them:

Forms/ Applications	Informational Letters/Statements
Beneficiary Designation	Premium status letter
Application for a loan or cash surrender	Dividend status letter
	Loan and cash values letter
	Annual policy statement

Policy information: Callers can hear detailed insurance policy information within three major categories:

- Dividends

- Loan and cash values
- General policy and premium information

Voice mail: During the hours when Insurance Specialists are not available, 6:00 PM to 8:30 AM (Eastern Time) on weekdays, and 24 hours per day on the weekends, callers can leave voice messages requesting information and service. An Insurance Specialist will respond to the messages by the next business day.

Pre-recorded informational messages: Callers also have the option to listen to prerecorded information after hours and weekends concerning a variety of insurance topics.

#### Toll-Free Facsimile Service

Philadelphia: Death Claims:	1-888-748-5822
All other requests or questions:	1-888-748-5828

#### **Mailing Addresses for VA Administered Policies (USGLI, NSLI, VSLI, VRI, S-DVI, VMLI)**

Department of Veterans Affairs  
Regional Office and Insurance Center  
P.O. Box (SEE BELOW FOR P.O. BOX NUMBER)  
Philadelphia, Pennsylvania 19101

**For Correspondence concerning:**

- |  |                |
|--|----------------|
| • Death, waiver of premium or VMLI Claims, and S-DVI applications: | P.O. Box 7208  |
| • Loans and Cash Surrenders:                                       | P.O. Box 7327  |
| • Premium and Loan/Lien Payments:                                  | P.O. Box 7787  |
| • All Other Insurance Mail:  | P.O. Box 42954 |

Contact Us Link for VA Administered Policies (USGLI, NSLI, VSLI, VRI, S-DVI, VMLI)

<https://insurance.va.gov/inForceGliSite/mypolicy/mypolicy.htm>

## Points of Contact for VA Supervised Policies (SGLI, VGLI)

If you are looking for information about the SGLI and VGLI programs and cannot find answers to your questions on the SGLI/VGLI portion of the Insurance website (see below) you can call, email or write to the Office of Servicemembers' Group Life Insurance (OSGLI). OSGLI administers the SGLI and VGLI programs including the processing and payment of claims. OSGLI can be reached at:

<b>Toll-free telephone</b>	1-800-419-1473
<b>E-mail</b>	Death and Accelerated benefit claims: <a href="mailto:osgli.claims@prudential.com">osgli.claims@prudential.com</a> All other inquires: <a href="mailto:osgli.osgli@prudential.com">osgli.osgli@prudential.com</a>
<b>Toll-free fax</b>	Death and accelerated benefits claims: 1-877-832-4943 All other fax inquiries: 1-800-236-6142
<b>General Correspondence</b>	The Office of Servicemembers' Group Life Insurance 80 Livingston Avenue Roseland, New Jersey 07068-9913
<b>New VGLI Application and VGLI Reinstatements</b>	OSGLI PO Box 41618 Philadelphia, PA 19176-9913
<b>Non-toll-free telephone (To contact OSGLI from overseas)</b>	973-548-5699
<b>Non-toll-free fax (To contact from OSGLI from overseas)</b>	973-548-5300
<b>Website</b>	<a href="http://www.insurance.va.gov/sgliSite/default.htm">http://www.insurance.va.gov/sgliSite/default.htm</a>

# CHAPTER 24

## LIFE INSURANCE

### Part 17

#### VA INSURANCE INFORMATION AVAILABLE ON THE INTERNET

Insurance information is available through the Internet at [www.insurance.va.gov](http://www.insurance.va.gov)

Through the VA insurance website, an insured can access *two* insurance sites from the VA home page:

- The VA Insurance Website
- The SGLI & VGLI Website

The VA Insurance Website contains information about:

- National Service Life Insurance (NSLI, VSLI, VRI)
- Service-Disabled Veterans Insurance
- United States Government Life Insurance
- Veterans Mortgage Life Insurance

On-line Policy Access is available for all of these policies except VMLI (see “On-line Policy Access” below).

The SGLI & VGLI Website contains information about:

- Servicemembers' Group Life Insurance
- Veterans' Group Life Insurance
- Family SGLI (FSGLI)
- Traumatic Injury Protection (TSGLI)
- Other SGLI/VGLI policy features

#### **On-line Policy Access**

Insureds can now access their insurance policy information online at our website by clicking on the link “On-line Policy Access”.

**To access VA administered policies (USGLI, NSLI, VSLI, VRI, S-DVI)**

A Personal Identification Number (PIN) is necessary to access this information and can be requested at this website by clicking on the “PIN Request Link”. This link takes the insured to the “Government Life Insurance PIN Registration” webpage.

The following information is required to receive a PIN number:

- Insurance File number
- Social Security number
- Date Of Birth

Once the PIN number is received in the mail the insured will have access to information about their policy plan, values, premium status, dividends, loans, and beneficiary designation. Policyholders can also apply for a policy loan online. An additional password is required to access this feature.

To access VA supervised policies (Veterans' Group Life Insurance):

First time users must enter their Social Security Number and last name. After submitting this information they are then given the opportunity to create their own User ID and Password.

NOTE: This feature is not yet available for Servicemembers' Group Life Insurance (SGLI) policyholders.

### **Apply for S-DVI Insurance Online**

Veterans can now apply for Service-Disabled Veterans' Insurance with the click of a button. The new AutoForm (Automated Form) application will walk the veteran through the application step- by-step. The new application offers the following advantages:

Ease of Use - The step-by-step format and online help screens take the guesswork out of applying. The applicant can review different insurance plans and calculate premiums with the click of a mouse. VA will help the veteran determine if they are eligible for this insurance.

Flexibility – The application does not have to be completed all in one session. The application can be saved on our secure server until the applicant can get back to it.

Convenience - The application can be submitted electronically via our secure server. VA begins working on it right away. The application can also be printed and mailed or faxed to VA.

### **Life Insurance Needs Calculator**

This interactive website feature helps veterans determine if they have enough life insurance to meet their family's needs. VA's Life Insurance Needs Calculator provides veterans with an estimated amount of life insurance necessary to support their survivors. The calculator is located in the SGLI/VGLI section of the VA website.

By using the following information that the veteran inputs:

- current assets (these include such things as investments, bank accounts, savings bonds, social security benefits, retirement funds, etc.)
- net income survivors will need (the annual income that will provide the standard of living desired for survivors minus the annual income available to survivors)
- financial obligations (these include such things as car loans, credit card debt, funeral/burial expenses, children's educational expenses, mortgages, etc.) the calculator suggests the amount of life insurance the veteran should have.

Note: VA's Life Insurance Needs Calculator does not include every financial situation that may affect a veteran. The Calculator should be used as a guide only and is not a substitute for a financial planner.

### Insurance Website Features

Among the many options available on our website an insured can:

<b>Link</b>	to the Department of Veteran's Affairs Home Page which provides links for all Veterans Benefits & Services.
<b>View</b>	various information on all of VA's life insurance programs, including SGLI and VGLI such as: <ul style="list-style-type: none"> <li>• Insurance benefits for service-disabled veterans</li> <li>• How to file a death or waiver of premium claim</li> <li>• Dividend options available</li> <li>• Frequently Asked Questions about VA life insurance, SGLI, SGLI Family coverage, TSGLI, and VGLI</li> <li>• Buying life insurance</li> </ul>
<b>Apply for</b>	<ul style="list-style-type: none"> <li>• Service-Disabled Veterans' Insurance using the AutoForm (Automated Form) application.</li> <li>• A policy loan</li> </ul>
<b>Calculate</b>	the estimated amount of life insurance necessary to support their survivors should the veteran die.
<b>Access</b>	their insurance policy information. (All policies <i>except</i> VMLI and SGLI.)
<b>Ask</b>	questions about, or request an action be taken on, their VA life insurance policy.
<b>Search</b>	a database to determine if VA is holding unclaimed insurance funds. This money represents death awards, dividend checks and premium refunds that were mailed to policyholders. These payments were returned to VA by the Post Office because they could not be delivered.
<b>View, Download or Print</b>	<ul style="list-style-type: none"> <li>• this VA Life Insurance Programs handbook</li> <li>• the SGLI/VGLI handbook, which provides a comprehensive overview of these programs.</li> <li>• SGLI forms and VA insurance forms such as Designation of Beneficiary, Application for Reinstatement, Claim for Disability Insurance Benefits, and many others.</li> </ul>
<b>Contact</b>	<ul style="list-style-type: none"> <li>• the VA Insurance Center</li> </ul>

	<ul style="list-style-type: none"><li>• the Office of Servicemembers' Group Life Insurance</li></ul>
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## CHAPTER 25

# HOME LOAN GUARANTY

VA home loan guaranties are issued to help eligible service members, reservist and unmarried surviving spouses obtain homes, condominiums, residential cooperative housing units, and manufactured homes, and to refinance loans. For additional information or to obtain VA loan guaranty forms, visit <http://www.homeloans.va.gov/>.

### Loan Uses

A VA guaranty helps protect lenders from loss if the borrower fails to repay the loan. It can be used to obtain a loan to:

- Buy or build a home.
- Buy a residential condominium.
- Buy a residential cooperative housing unit.
- Repair, alter or improve a home.
- Refinance an existing home loan.
- Buy a manufactured home with or without a lot.
- Buy and improve a manufactured home lot.
- Install a solar heating or cooling system or other weatherization improvements.
- Buy a home and install energy-efficient improvements.

### Eligibility

In addition to the periods of eligibility and conditions of service requirements, applicants must have a good credit rating, sufficient income, a valid Certificate of Eligibility (COE), and agree to live in the property in order to be approved by a lender for a VA home loan.

To obtain a COE, complete VA Form 26-1880 - "Request for a Certificate of Eligibility for VA Home Loan" - and mail to: VA Loan Eligibility Center, P.O. Box 20729, Winston-Salem, NC 27120. It is also possible to obtain a COE from your lender. Most lenders have access to VA's "WebLGY" system. This Internet-based application can establish eligibility and issue an online COE in seconds. Not all cases can currently be processed online - only those for which VA has sufficient data in its records. However, veterans are encouraged to ask their lenders about this method of obtaining a certificate before sending an application to the Eligibility Center. For more information about this please visit our website at: <http://www.homeloans.va.gov/eligibility.htm>

## PERIODS OF ELIGIBILITY

### World War II

- Active duty service after September 15, 1940, and prior to July 26, 1947;
- discharge under other than dishonorable conditions; and
- at least 90 days total service unless discharged early for a service-connected disability.

### Post-World War II period

- Active duty service after July 25, 1947, and prior to June 27, 1950;
- discharge under other than dishonorable conditions; and
- 181 days continuous active duty service unless discharged early for a service-connected disability.

### Korean War

- Active duty after June 26, 1950, and prior to February 1, 1955;
- discharge under other than dishonorable conditions; and
- at least 90 days total service, unless discharged early for a service-connected disability.

### Post-Korean War period

- Active duty after January 31, 1955, and prior to August 5, 1964;
- discharge under other than dishonorable conditions;
- 181 days continuous service, unless discharged early for a service-connected disability.

### Vietnam War

- Active duty after August 4, 1964, and prior to May 8, 1975;
- discharge under other than dishonorable conditions;
- 181 days continuous service, unless discharged early for a service-connected disability.

### Post-Vietnam period

- Active duty after May 7, 1975, and prior to August 2, 1990;
- active duty for 181 days continuous days, all of which occurred after May 7, 1975; and
- discharge under conditions other than dishonorable or early discharge for service-connected disability.

### 24-Month Rule

If service was between September 8, 1980, (October 16, 1981, for officers) and August 1, 1990, veterans must generally complete 24 months of continuous active duty service or the full period (at least 181 days) for which they were called or ordered to active duty, and be discharged under conditions other than dishonorable. Exceptions are allowed if the veteran completed at least 181 days of active duty

service but was discharged earlier than 24 months for hardship, the convenience of the government, reduction-in-force, certain medical conditions, or service-connected disability.

### **Gulf War**

Veterans of the Gulf War era – August 2, 1990, to a date to be determined – must generally complete 24 months of continuous active duty service or the full period (at least 90 days) for which they were called to active duty, and be discharged under other than dishonorable conditions.

Exceptions are allowed if the veteran completed at least 90 days of active duty but was discharged earlier than 24 months for hardship, the convenience of the government, reduction-in-force, certain medical conditions, or service-connected disability. Reservists and National Guard members are eligible if they were activated after August 1, 1990, served at least 90 days, and received an honorable discharge.

### **Active Duty Personnel**

Until the Gulf War era is ended, persons on active duty are eligible after serving 90 continuous days.

### **VA Guaranty Varies with Size and Type of Loan**

The VA guaranty varies with the size of the loan, and is issued to protect lenders so they may make loans to eligible borrowers. Because the lenders are able to obtain this guaranty from VA, borrowers do not need to make a down payment, provide they have enough home loan entitlement.

The maximum guaranty amount is equal to 25 percent of the Freddie Mac conforming loan limit for a single family home. This limit changes yearly, but is set at \$417,000.00 for calendar year 2008 (\$625,000.00 for Hawaii, Alaska, Guam and the U.S. Virgin Islands).

### **2008 VA Home Loan Guaranty**

The new Interest Rate Reduction Refinancing Loan (IRRRL) loan amount may be equal to, greater than, or less than the original amount of the loan being refinanced. This may impact the amount of the guaranty on the new loan, but not the veteran's use of entitlement. The total loan amount may include the Funding Fee, as well as up to \$6,000 of home improvements to make the home more energy efficient.

An eligible borrower who wishes to use a VA-guaranteed loan to refinance an existing mortgage generally can borrow up to 90 percent of the home's appraised value. However, a loan to reduce the interest rate on an existing VA-guaranteed loan may include the entire outstanding balance of the prior loan, the costs of energy-efficient improvements, as well as closing cost, including up to two discount points. An eligible borrower who wishes to obtain a VA-guaranteed loan to purchase a manufactured home or lot can borrow up to 95 percent of the home's purchase price.

<b>Loan Amount</b>	<b>Loan Type(s)</b>	<b>Maximum Potential Guaranty</b>	<b>Special Provisions</b>
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Up to \$45,000	All	50% of the loan amount	Minimum guaranty of 25% on IRRRL*
\$45,001 - \$56,250	All	\$22,500	Minimum guaranty of 25% on IRRRL
\$56,251 - \$144,000	All	40% of the loan amount, with a maximum of \$36,000	Minimum guaranty of 25% on IRRRL
Greater than \$144,000	Purchase or construction of a home  Purchase of a condominium unit  Refinancing with an IRRRL.	Up to an amount equal to 25% of the Freddie Mac single family conventional conforming loan limit.	Cash-out refinances have a maximum guaranty of \$36,000  Minimum guaranty of 25%.

## VA Appraisals

No loan can be guaranteed by VA without first being appraised by a VA-assigned fee appraiser. A buyer, seller, real estate agent or lender can request a VA appraisal by completing VA Form 26-1805, "Request for Determination of Reasonable Value". The requester pays for the appraisal upon completion, according to a fee schedule approved by VA. This VA appraisal estimates the value of the property. It is not an inspection and does not guarantee the house is free of defects. VA guarantees the loan, not the condition of the property.

## Closing Costs

For purchase home loans, payment in cash is required on all closing costs, including title search and recording fees, hazard insurance premiums and prepaid taxes. For financing loans, all such costs may be included in the loan, as long as the total loan does not exceed 90 percent of the reasonable value of the property. Interest rate reduction loans may include closing costs, including a maximum of two discount points.

All veterans, except those receiving VA disability compensation and unmarried surviving spouses of veterans who died in service or as a result of a service-connected disability, are charged a VA funding fee. For all types of loans, the loan amount may include this funding fee.

## 2008 VA Funding Fees

Loan Category	Active Duty & Veterans Pay	Reservists & National Guard Pay
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Loans for purchases or construction with down payments of less than 5%, refinancing, and home improvements.	2.15%	2.40%
Loans for purchase or construction with down payments of at least 5% but less than 10%.	1.50%	1.75%
Loans for purchase or construction with down payments of 10% or more.	1.25%	1.50%
Loans for manufactured home.	1.00%	1.00%
Interest rate reduction loans.	0.50%	0.50%
Assumption of VA-guaranteed loans.	0.50%	0.50%
Second or subsequent use of entitlement with no down payment.	3.3%	3.3%

### Required Occupancy

To qualify for a VA purchase home loan, a veteran or the spouse of a service member must certify that he or she intends to occupy the home. When refinancing a VA-guaranteed loan solely to reduce the interest rate, a veteran need only certify to prior occupancy.

### Financing, Interest Rates and Terms

Veterans obtain VA-guaranteed loans through the usual lending institutions, including banks, savings and loan associations and mortgage brokers. VA-guaranteed loans can have either a fixed interest rate or an adjustable rate, where the interest rate may adjust up to one percent annually and up to five percent over the life of the loan. VA does not set the interest rate. Interest rates are negotiable between the lender and borrower on all loan types.

Veterans may also choose a different type of adjustable rate mortgage called a hybrid ARM, where the initial interest rate remains fixed for three to 10 years. If the rate remains fixed for less than five years, the rate adjustment cannot be more than one percent annually and five percent over the life of the

loan. For a hybrid ARM with an initial fixed period of five years or more, the initial adjustment may be up to two percent. The Secretary has the authority to determine annual adjustments thereafter. Currently annual adjustments may be up to two percentage points and six percent over the life of the loan.

If the lender charges discount points on the loan, the veteran may negotiate with the seller as to who will pay points or if they will be split between buyer and seller. Points paid by the veteran may not be included in the loan (with the exception that up to two points may be included in interest rate reduction loans). The term of the loan may be for as long as 30 years and 32 days.

### **Loan Assumption Requirements and Liability**

VA loans made on or after March 1, 1988, are not assumable without the prior approval of VA or its authorized agent (usually the lender collecting the monthly payments). To approve the assumption, the lender must ensure that the assumer is a satisfactory credit risk and will assume all of the veteran's liabilities on the loan. If approved, the assumer will have to pay a funding fee that the lender sends to VA, and the veteran will be released from liability to the federal government. A release of liability does not mean that a veteran's guaranty entitlement is restored. That occurs only if the assumer is an eligible veteran who agrees to substitute his or her entitlement for that of the seller. If a veteran allows assumption of a loan without prior approval, then the lender may demand immediate and full payment of the loan, and the veteran may be liable if the loan is foreclosed and VA has pay a claim under the loan guaranty.

Loans made prior to March 1, 1998, are generally freely assumable, but veterans should still request VA's approval in order to be released of liability. Veterans whose loans were closed after December 31, 1989, usually have no liability to the government following a foreclosure, except in cases involving fraud, misrepresentation, or bad faith, such as allowing an unapproved assumption. However, for the entitlement to be restored, any loss suffered by VA must be paid in full.

### **VA Acquires Property Foreclosures**

VA acquires properties as a result of foreclosures. Ocwen Loan Servicing, LLC, under contract with VA, is currently marketing the properties through listing agents using local Multiple Listing Services. A listing of "VA Properties for Sale" may be found at <http://www.ocwen.com/reo/home.cfm>. Contact a real estate agent for information on purchasing a VA acquired property.

### **Loans for Native American Veterans**

Eligible Native American veterans can obtain a loan from VA to purchase, construct or improve a home on Federal Trust land, or to reduce the interest rate on such a VA loan. The maximum loan amount is equal to the Freddie Mac conforming loan limit for a single-family home. This limit changes yearly. In 2008, the limit is \$417,000 for the continental United States and \$625,500 for Hawaii, Alaska, Guam, and the U.S. Virgin Islands.

Veterans who are not Native American, but who are married to Native American non-veterans, may be eligible for a direct loan under this program. To be eligible for such a loan, the qualified non-Native American veteran and the Native American spouse must reside on Federal Trust land, and both the veteran and spouse must have a meaningful interest in the dwelling or lot.

A funding fee must be paid to VA unless the veteran is exempt from such a fee because he or she receives VA disability compensation. The fee, which is 1.25 percent for loans to purchase, construct or improve a home, and 0.5 percent to refinance an existing VA loan, may be paid in cash or included in the loan. Closing costs such as VA appraisal, credit report, loan processing fee, title search, title insurance, recording fees, transfer taxes, survey charges or hazard insurance may not be included in the loan.

### **Safeguards Established to Protect Veterans**

The following safeguards have been established to protect veterans:

- VA must suspend from the loan program those who take unfair advantage of veterans or discriminate because of race, color, religion, sex, disability, family status or national origin.
- The builder of a new home (or manufactured home) is required to give the purchasing veteran either a one-year warranty or a 10-year insurance-backed protection plan.
- The borrower obtaining a loan may only be charged closing costs prescribed by VA as allowable.
- The borrower can prepay without penalty the entire loan or any part not less than one installment of \$100.
- VA encourages holders to extend forbearance if a borrower becomes temporarily unable to meet the terms of the loan.

## CHAPTER 26

### UNEMPLOYMENT COMPENSATION

Unemployment Compensation is designed to provide income to unemployed workers who have lost employment through no fault of their own. A person receiving Unemployment Compensation must register with [www.workintexas.com](http://www.workintexas.com) within 3 business days of filing a claim. Once a claim is filed and benefits were granted, the veteran will be required to perform a weekly job search and make a specified number of employment contacts. Here are some helpful tips to provide veteran claimants:

When applying for benefits Unemployment Compensation, the veteran will need the name of the last employer, mailing address and start and end dates of the last job. To apply for Unemployment Compensation benefits call 1-800-939-6631, TDD users 1-800-735-2989 or by visiting [www.texasworkforce.org](http://www.texasworkforce.org).

The job seeker must respond to all TWC correspondence in a timely manner to include Unemployment Compensation eligibility statements, potential job matches etc. Failure to do so may result in delay or refusal of benefits.

It is important to remember that employees of the TVC are not affiliated with nor employ any specific personnel to handle questions concerning Unemployment Compensation. Answering specific questions can be complicated and potentially problematic. VER staff should only answer questions within the scope of their knowledge. If the VER does not know or is unsure about the answer to a particular question, a referral to the veteran to an Unemployment Compensation specialist at 1-800-939-6631 should be conducted. Many answers to common questions can be found by visiting: [www.twc.state.tx.us/ui/bnfts/bi-99.pdf](http://www.twc.state.tx.us/ui/bnfts/bi-99.pdf)

## CHAPTER 27

# TRANSITION ASSISTANCE PROGRAM

The Transition Assistance Program (TAP) was established to meet the needs of separating service members during their period of transition into civilian life by offering job-search assistance and related services.

The law creating TAP established a partnership among the Departments of Defense, Veterans Affairs, Transportation and the Department of Labor's Veterans' Employment and Training Service (VETS), to give employment and training information to armed forces members within 180 days of separation or retirement.

TAP helps service members and their spouses make the initial transition from military service to the civilian workplace with less difficulty and at less overall cost to the government. An independent national evaluation of the program estimated that service members who had participated in TAP, on average, found their first post-military job three weeks sooner than those who did not participate in TAP.

TAP consists of comprehensive three-day workshops at selected military installations nationwide. Professionally-trained workshop facilitators from the State Employment Services, military family support services, Department of Labor contractors, or VETS' staff present the workshops. Workshop attendees learn about job searches, career decision-making, current occupational and labor market conditions, and resume and cover letter preparation and interviewing techniques. Participants also are provided with an evaluation of their employability relative to the job market and receive information on the most current veterans' benefits.

Service members leaving the military with a service-connected disability are offered the Disabled Transition Assistance Program (DTAP). DTAP includes the normal three-day TAP workshop plus additional hours of individual instruction to help determine job readiness and address the special needs of disabled veterans.

Although experience shows that veterans generally enjoy a favorable employment rate in the nation's job market, many veterans initially find it difficult to compete successfully in the labor market. The TAP program addresses many barriers to success and alleviates many employment related difficulties.

For more information about U.S. Department of Labor employment and training programs for veterans, contact the Employment and Training Service office nearest you, listed in the phone book in the United States Government under the Labor Department or visit our site:

<http://www.dol.gov/vets/aboutvets/contacts/main.htm>.

## CHAPTER 28

# BURIAL IN NATIONAL CEMETERIES

### Jurisdiction and Eligibility

The National Cemetery System was for many years administered by the United States Army. Public Law 93-43, enacted June 18, 1973, transferred the entire system to the Department of Veterans Affairs. The VA assumed jurisdiction on September 1, 1973, and is now responsible for burials in all active national cemeteries, with the exception of Arlington National Cemetery in Washington, D.C., which remains under the control of the Army.

Chapter 24, Title 38, United States Code, Veterans Benefits, established the National Cemetery Administration.

Section 2402 of Title 38 states that the following persons may be buried in any open national cemetery:

- Any veteran (which for the purposes of burial in a national cemetery includes a person who died in the active military, naval or air service).
- Any member of a Reserve component of the Armed Forces, and any member of the Army National Guard or the Air National Guard, whose death occurs under honorable conditions while he is hospitalized or undergoing treatment, at the expense of the government, for injury or disease contracted or under honorable conditions while he is performing active duty or inactive duty training or undergoing that hospitalization or treatment at the expense of the United States.
- Any member of the Reserve Officer Training Corps of the Army, Navy, or Air Force, whose death occurs under honorable conditions while such member is:
  - attending an authorized training camp or practice cruise;
  - performing authorized travel to or from such camp or cruise;
  - hospitalized or undergoing treatment, at the expense of the United States government, for injury or disease contracted or incurred under honorable conditions while such member is:
    - attending that camp or on that cruise
    - performing that travel;
    - undergoing that hospitalization or treatment at the expense of the United States.

- Any citizen of the United States who, during any war in which the United States is or has been engaged, served in the Armed forces of any government allied with the United States during that war, and whose last such service terminated honorably.
- The spouse, surviving spouse, (which for purposes of this chapter includes a surviving spouse who had a subsequent remarriage) minor child, (which for purposes of this chapter includes a child under 21 years of age, or under 23 years of age if pursuing a course of instruction at an approved educational institution and at the discretion of the Secretary, unmarried who become incapable of self support before age 21 or 23 if full time student of eligible veteran.
- Such other persons or classes of persons as may be designated by the Administrator of Veterans Affairs.
- Any person who at the time of death was entitled to Retired pay under Chapter 1223 of Title 10 or would have been entitled to Retired pay under that Chapter but for the fact that the person was under 60 years of age.
- Any individual at the time of death.
  - Was a citizen of the United States or an alien lawfully admitted for permanent residence in the United States and:
  - Resided in the United States.
- S.S 2411 of Title 38 U.S.C. Chapter 24 prohibits interment or moralization in National Cemetery of persons who have committed Federal or State Capital crimes

For the purpose of this section.

- The term Federal Capital Crime, means offenses under Federal Law for which a sentence of Life Imprisonment or the Death Penalty may be imposed.
- The term “State Capital Crime” means the willful deliberate or premeditated unlawful killing of another human being for which a sentence of Imprisonment for Life or the Death Penalty may be imposed.

### **Grave Sites for Members of Family**

The spouse of an eligible veteran or service member may be buried in a national cemetery if space is available. Some national cemeteries are unable to provide for burial of dependents due to limited grave space.

When burial of an eligible veteran, serviceperson, or dependent is desired, contact should be made with the Superintendent of the national cemetery. This contact should be made by the funeral

director who is handling the burial service. If grave space is available, the Superintendent will inform the funeral director of the date and time for burial.

There is no charge for grave space when an eligible person is buried in a national cemetery, nor is there any charge for the opening or closing of the grave. The necessary expenses of preparation of the remains and purchase of the casket must be accomplished at no cost to the government. Also, the cost of transporting the remains to the national cemetery must be borne by the next of kin or other person or persons, unless the death occurred while a patient in a Department of Veterans Affairs hospital. In such event, the VA may pay the costs of transporting the body from the hospital to the national cemetery.

The VA burial allowance, as well as the burial payment from the Social Security Administration, may be used to pay all or part of the necessary expenses involved in the burial of a veteran. The VA is not authorized to pay any burial allowance for a dependent of a veteran, but the Social Security Administration does pay the burial benefit for anyone who has the required coverage providing the other spouse is still living, a minor child exists or a helpless child exists.

### **Headstones in National Cemeteries**

As soon as possible after burial in a national cemetery, the grave is marked with a government headstone, furnished and erected at government expense. The graves of all persons buried in national cemeteries are marked with government headstones of white marble, upright slab design. These grave markers are prepared and erected at VA expense, and no application or request of any next of kin is required. The request for the marker is made by the Superintendent of the national cemetery in which the burial is accomplished.

### **Procedure for Burial**

Immediately following the death of an eligible veteran, serviceperson, or a dependent, the funeral director handling the burial services should make contact with the Superintendent of the national cemetery where interment is desired. At the time of the initial contact, the following information must be furnished concerning the person to be buried: name, VA claim number, service serial number, Social Security Number, dates of Latest period of active military service, and character of discharge. If the person to be buried is a dependent, then the above information must be provided concerning the veteran on whose military service the burial eligibility is based, along with the full name of the deceased, and his or her dates of birth and death and relationship to the veteran.

The date and time of the burial may be determined only by the Superintendent of the national cemetery, and the body of the deceased should not be delivered until the approval to do so is given by the Superintendent. Military troops for honor guard, firing squad, buglers, etc., are sometimes available for burial of veterans in national cemeteries. When no military personnel are available, veterans organizations sometimes have groups formed for this purpose.

Public Law 94-433, effective October 1, 1976, provided that when a veteran dies as the result of a service connected disability, or is in receipt of VA compensation at the time of death, or would have been except for the receipt of military retired pay, the VA may pay the costs of transporting the body

to a national cemetery for burial. This transportation cost will not exceed the cost of transporting the body from the veteran's place of death to the national cemetery nearest the veteran's last place of residence in which burial space is available. This transportation cost will be in addition to the regular VA burial allowance, which is \$2000.00 in a service connected death case.

## CHAPTER 29

### HEADSTONE OR MARKER

#### Eligibility For Veterans And Members Of Armed Forces.

- Any member of the Armed Forces of the United States who dies on active duty
- Any veteran who was discharged under conditions other than dishonorable. Exceptions are service as an enlisted person beginning after September 7, 1980 or as an officer whose service is after October 16, 1981, must be for a minimum of 24 months or the full period for which the person was called to active duty. Veterans with discharges less than honorable may qualify for this benefit if a determination of eligibility is made by a V.A. Regional Office. Cases of Veterans with several discharges of varying characters of service are also referred to a V.A. Regional Office.

#### Eligibility For Members and Veterans of Reserve components and Reserve Officers Training Corps

- Members of Reserves and National Guard who at the time of death were entitled to Retired Pay under Chapter 1223 Title 10, Section 12731 United States Code, or who would have been, but were not age 60 at the time of death.
- Members of Reserve components who die while hospitalized or receiving treatment for medical conditions incurred under honorable service while performing training as outlined in Title 10. The medical treatment must be at the expense of the United States.
- Members of Reserve Officer Training Corps (all branches), who die while attending authorized training camp or cruise or traveling to or from said training or cruise or while receiving medical treatment for conditions incurred while engaged in one of those activities. Medical treatment to include hospitalization must be at the expense of the United States.
- Reserve Component members who were disabled or died from a medical condition incurred or aggravated by active service, found to be in the line of duty, or who incurred disabilities or died from medical conditions found to be in the line of duty while on inactive duty training.

#### Commissioned Officers, National Oceanic and Atmospheric Administration

- Commissioned Officers of the National Oceanic and Atmospheric Administration, (formally titled The Coast and Geodetic Survey and Environmental Science Services Administration), with full time duty on or after July 29, 1945.
- Commissioned Officers who served before July 29, 1945 and:
  - Was assigned to area of immediate military hazard during time of war, or of a presidentially declared emergency as determined by the Secretary of Defense;

- Served on December 7, 1941 in the Philippine Islands, and continued to serve in such islands or;
- Transferred to Branches of Departments of Army or navy under provisions of the Act of May 22, 1917. (40 SAT. 87; U.S.C. Sec. 855)

## **Public Health Service**

A Commissioned Officer of the Public Health Service, Regular or Reserve who served on full time duty on or after July 29, 1945. If death occurs during active duty for training, as deferred by section 101 (22); Title 38 United States Code; disability to death must be found to be in the line of duty.

A Commissioned Officer, Regular or Reserve of the Public Health Service prior to July 29, 1945.

- In time of war;
- Duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard;
- Served attire Military Forces due to Executive Order of the President of the United States.

Commissioned Officers serving on Inactive duty training as defined in Section 101 (23) Title 38, whose disability or death was found to be in the line of duty.

## **World War II Merchant Marines**

- With ocean going service during period of armed conflict from December 7, 1945 to December 31, 1946 if death occurred on or after November 11, 1998.
- United States Merchant Marines who served on Block Ships in support of Operation Mulberry during World War II.

Note: DD 214 may be issued for service by submitting an application on DED Form 2168 to: Commandant (G-MVP-6) United States Coast Guard 2100 2<sup>nd</sup> Street W. Washington, D.C. 20593

Spouses and Dependents and Persons Not Eligible for Government Headstones or Markers

- Disqualifying Character of Discharge – A former service member who's only DD214 reflects dishonorable conditions or character of service which bars veteran's benefits
- Discharge from Draft – A person who failed when ordered to report to induction station and never inducted into military service.
- A person who has been convicted or is found to have committed a Federal Capital crime. Any person who was convicted of a Federal Capital crime for which a sentence of imprisonment for life or the death penalty may be imposed. Note: President can commute sentence – person

is then eligible. Any person who would have been convicted of Federal Capital Crime but not given a trial due to death or flight to avoid prosecution.

- Persons convicted or found to have committed a State Capital Crime.
  - Any person convicted of the unlawful killing of another human being for which a sentence of life imprisonment or the death sentence may be imposed.
  - Persons who would have been convicted of State Capital crime but not given a trial due to flight to avoid prosecution or death.
  - Members of National Guard or Reserve whose only service is active duty for training without injury or death.
  - Members of group determined by the Secretary of the Air Force not warranting entitlement under provision of Public Law 95-22.
  - Spouses and Dependents only when burial is in a National Cemetery, State Veterans Cemetery, or Military Post/Base Cemetery.
  - A veteran (eligible) whose grave is unmarked in any cemetery around the world, regardless of date of death.

Veterans who died after November 1, 1990, may have headstones or marker for graves already marked. Their graves may be marked by one of the following: traditional VA headstone, marker or new device, (available Spring of 2009). Headstones and markers are provided at no charge; however, private cemeteries sometimes have fees for setting markers, headstones, in place, any fees at a private cemetery are at family expense.

## CHAPTER 30

### DISCHARGES

#### Certificate of Discharge

At the time of separation the veteran is informed that their certificate of discharge, DD-214, should be safe guarded. They are told to take the Discharge to their County Clerk to have it registered.

#### How to Apply

When proof of honorable service is required and is unavailable. Replacements may be requested from the National Archives in St. Louis. An SF 180 should be completed and mailed to the National Archives: address is on back of the form SF 180, block #14.

When the archives is not in control of the DD-214, because of misplaced file or the fire of 1973, while some other military records reflect honorable service which is in their control, they will issue documentation reflecting honorable service, statement of service, but this document is not a true copy of the DD-214.

Veterans who have filed claims for VA compensation or pension will most likely find copies at the VA Regional Office that has control of their C-File.

Widows of veterans requesting copies of DD-214 will be given true copies if available to St. Louis; other dependents requesting copies will be given an official Statement of Service.

#### Discharge Reviews Authority Title 10 USC Sec. 1553; E. 0937

All military branches have established Discharge Review Boards. The purpose is to ensure former active duty members were given discharges that correctly reflect their character of service. The Board can not review discharge given by General Court. Equitable relief is found through Army Board of Correction of Military Record.

Application is made by completing DD Form 293. Completed applications along with any supporting documentation should be submitted to the appropriate branch of service whose address is listed on the bottom of page 2 of the DD 293 form. The board will contact the applicant by mail of time a place of hearing.

- Discharge Review Boards for the Army and Air Force due to travel to Texas for hearings. The Army comes to Dallas Texas and the Air Force goes to San Antonio Texas. The other branches do not travel from Washington D.C. to Texas.
- Applications for Discharge Reviews can be made by former service members, surviving spouse, next of kin, or legal representation.

- Representation at travel Boards held in the borders of the State of Texas is available from Counselors from the Texas Veterans Commission at any time until applicant is called in for hearing. Texas Veterans Commission counselors are present at all in State Travel Boards. Services of the Texas Veterans Commission are at no cost to applicant.
- Applicants, who are unable to appear at Travel Boards and can not travel to Washington D.C., may still receive representation from the National Veteran's Organizations or: Pro Bono: attorneys. The request should be made at the time the DD 293 is submitted. The Board will send the applicant a current list of contact points for attorneys and National Veteran's Groups whose services are at no cost to applicant.

### **Correction of Discharge Authority: Title 10, Sec. 1553 E. 09397**

The purpose of the Board of Correction of Military Records is to ensure removal of injustice or errors after all lower level administration remedies have been exhausted to include Discharge issued by General Courts Marshall or discharge is more than 15 years old.

Persons wanting to apply for correction of discharge may do so by completing DD form 149. (Address is on back of form.)

The Board recommends that all completed 149's be sent with copies of evidence that will be used in review.

- Representation is requested by completing Item 11a stating which National Veteran's Organization applicant wants to represent them or by attaching a letter to the Board requesting a list of "Pro Bono Attorneys".
- The Boards of Correction do not travel.
- Correction of Discharge should be requested within three years of discovery of error or injuries. This requirement may be waived.

### **Unconditional Discharge or Release from Active Duty Authority Title 38 CFR 3.13c (Program Administered at VA Regional Office)**

The active military does not issue unconditional discharges. Veterans will be considered to have had an unconditional discharge or release from active when the following conditions are met:

- The veteran served on active duty the entire duration of first enlistment as stated on contract.
- The veteran was not discharged due to an intervening enlistment or re enlistment.
- The veteran would have been discharged or released under condition other than dishonorable except for intervening enlistment or re enlistment.

# CHAPTER 31

## STATE OF TEXAS BENEFITS

### Property Tax Exemption

Disabled veterans, their spouses and the spouses and minor children of a person who dies on active duty in the U.S. Armed Forces are eligible for property tax exemptions on the appraised value of their property. Eligible veterans must have a minimum 10% service connection disability rating by the U.S. Department of Veterans Affairs (VA) or a branch of the Armed Forces. Veterans with a rating of 10% or less are not entitled to a property tax exemption.

<b>Disability Rating</b>	<b>Tax Exemption</b>
10% through 30%	First \$5,000 of appraised value
31% through 50%	First \$7,500 of appraised value
51% through 70%	First \$10,000 of appraised value
71% or more	First \$12,000 of appraised value

A veteran who has a disability rating of 10% or higher and is 65 years or older is entitled to the maximum property tax exemption. A veteran whose disability consists of the loss of use of one or more limbs or total blindness in one or both eyes is entitled to the maximum exemption.

The surviving spouse of a person who dies on active duty is entitled to exemption of the first \$5,000 of the appraised value of the spouse's property. A surviving child of a person who dies on active duty is exempt on the first \$5,000 of appraised value of the property, as long as the child is unmarried and under 21 years of age. The surviving spouse of a deceased veteran, who at the time of death had a compensable disability and was entitled to an exemption, is also entitled to that exemption if the surviving spouse is unmarried.

Applications for the exemption must be completed between January 1 and April 30. To apply, obtain an application from the local appraisal district office for the applicable county.

### No Cost Medical Records

Under the Health and Safety Code, Chapter 161, Subchapter M, Medical Records or Mental Health Records, Texas veterans are eligible for no cost medical records when they are obtained to file a claim for a disability with the U.S. Department of Veterans Affairs (VA). The health care provider or health care facility is not required to provide more than one complete record for the patient or former patient without charge. Also it should be noted, that some medical facilities may charge a small administrative fee for obtaining the records.

### Special License Plates

Disabled Veterans, Former Prisoners of War, Pearl Harbor Survivors, Purple Heart and Medal of Honor plates are among the special license plates available for personal use on an automobile or light commercial vehicle of one ton or less. Disabled veterans must have a service connected disability rating of 50% or more or 40% due to amputation of a lower extremity. Former military and civilian prisoners of war are eligible if they were captured or incarcerated by an enemy of the U.S. and were U.S. citizens at the time of capture. Cost of these plates are \$3.00 per vehicle and more than one vehicle can be tagged in a household with special plates, if applicable. These tags allow parking in city lots and metered spaces at no charge, under certain guidelines.

### **Free Recording Charges**

Under Local Government Code, Sec 192.002, the county clerk in each county is required to record, free of charge, the official discharge of a veteran who served in the U.S. Armed Forces. The veterans must take his/her DD Form 214 to the county clerk to have it filed, at which point the form DD 214 will become a confidential record for 75 years from the file date. This free service is very important as it provides veterans with a ready source from which they can obtain a certified copy of their discharge whenever it is needed.

### **Free Drivers License for Disabled Veterans**

Texas drivers licenses may be furnished free of charge to veterans who have service connected disabilities rated 60% or more by the VA or by a branch of the U.S. Armed Forces. Application must be made prior to the time the preset drivers license expires. Application forms may be obtained from the Department of Public Safety's license examining offices located throughout the State. Proof of the veteran's disability rating must accompany the application.

### **Disabled Parking Placard & Registration of Vehicles for Disabled Veterans**

A disabled veteran who is receiving compensation for a service-connected disability rating of 50% or more or 40% due to amputation of a lower extremity may register 2 vehicles without payment of fees (except fee for a specialty plates) that are owned by the veteran and have a manufacture's rated carrying capacity of 2 tons or less. The issuance of disabled veterans plates also entitles the veteran to 2 disabled parking placards without providing additional documentation.

### **Fishing and Hunting Licenses for Disabled Veterans**

A disabled veteran who has a service connected disability rating of 60% or higher, or has the loss of use of a lower extremity, can receive hunting & fishing licenses at a reduced cost. Reduced cost hunting and fishing license can be obtained anywhere such licenses are sold. The veteran must provide proof of the service connected disability rating at the time of purchase of the license.

### **Reduced Fees for Concealed Hand Gun License**

Concealed handgun license fees for the issuance of an original, duplicate, modified, or renewed license is waived for members of the U.S. armed forces, including a member of the reserves, national guard, or state guard. Fees are also waived for a veteran who, within 365 days preceding the date of application,

was honorably discharged. Fees are reduced by 50% for a veteran who, more than 365 days preceding the date of the application, was honorably discharged.

### **Free State Park Admission for Disabled Veterans**

The State Parklands Passport provides free admission to Texas State parks for any veteran who has a service connected disability rating of 60% or higher, or a service connected disability that resulted in the loss of use of a lower extremity. Application for the State Parklands Passport can be made at the headquarters office of any Texas State Park by providing evidence of the service connected disability rating. The State Parklands Passport is available to any veteran who meets the requirements, whether or not the veteran resides in Texas. Veterans will only receive free admission to State parks; the Passport does not exempt veterans from payment of other charges, such as camping fees.

### **Educational Assistance (Hazlewood Act)**

The Texas Hazlewood Act is an education benefit of up to 150 credits hours of tuition at a state-supported college or university.

To be eligible, veterans must:

- Be a US citizen and Texas resident upon entry into military service;
- Be classified as a resident by the institution for the term or semester for which the veteran applies for the Hazlewood Act;
- Have served at least 181 days active duty service;
- Have a military discharge of honorable or general, under honorable conditions;
- Have no federal veteran's education benefits, or if he/she has such benefits, the benefits are less than the value of the tuition and fees for the term or semester for which the veteran applies for the exemption;
- Not be in default on a federal education loan or student loan made or guaranteed by the State of Texas.

This benefit also is available to children of Texas servicemembers who died or were killed in military service, and to children of Texas military personnel who are shown to be missing in action or prisoner of war. Also eligible are children of members of the Texas National Guard or the Texas Air National Guard killed since January 1, 1946, while on active duty either in service of Texas or the United States. Effective June 16, 2007, children of Texas service members who receive 100% VA disability benefits as a result of being individually unemployable are also eligible for this benefit. Any Veteran claiming this benefit must contact the registrar or the veteran's office of the school he/she plans to attend.

### **Veteran's Preference & Military Service Credit**

Veterans have preference in employment with State agencies or office, as do widows/widowers and children of those killed on active duty. State agencies must practice veteran's preference until they have reached 40% veterans employment. Non-retiree veterans who are employed by the State of Texas are entitled to claim their active duty military time toward retirement, provided they present a proper request and pay to the Employees Retirement System the specified amount of retirement contribution for the time spent in the military. Such contribution is paid at the rate which was applicable at the

time the employed veteran first was covered by the State Retirement System. All veterans may also use their military time toward retirement if they are members of the State Teachers Retirement System.

### **Troops to Teachers**

Troops to Teachers (TTT) is a federally funded program that assists military personnel and veterans with transitioning into a new career as public school teachers in “high-needs” school districts. There are 25 state TTT support offices to help with certification requirements. Eligible veterans can receive up to \$5,000 in stipends or bonuses of \$10,000 if they agree to teach 3 years in schools that meet Department of Education criteria.

### **Students Sounding Taps at Military Funerals**

The Texas Veterans Commission has established a program to encourage students in grades 6 through 12 or post-secondary educational institutions to sound “Taps” on a bugle, trumpet, or coronet as part of military honors funerals held in Texas for deceased veterans. A student, in exchange for sounding “Taps”, will be issued a voucher in the amount of \$25 to be exchanged for an exemption from payment of tuition and required fees in that amount at a State of Texas public institution of higher education.

There is no limit to the number of vouchers a student can accumulate. Those vouchers may be used by the student at any time for tuition and fees and are not transferable.

### **Contract Preferences**

All state agencies, when purchasing goods, including agricultural goods, shall give preference to goods produced or offered by a Texas bidder. A Texas bidder that is owned by a service-disabled veteran who is a Texas resident shall be given a first preference and goods produced in this state or offered by other Texas bidders shall be given second preference, if the cost to the state and quality are equal.

All state agencies procuring services shall give first preference to services offered by a Texas bidder that is owned by a service-disabled veteran who is a Texas Resident and shall give second preference to services offered by other Texas bidders if the services meet state requirements regarding the service to be performed and expected quality and the cost does not exceed the cost of other similar services of similar expected quality that are offered by a bidder that is not entitled to a preference.

### **Texas Veterans Land Board**

The Texas Veterans Land Board offers land loans, home loans, and home improvement loans to veterans and surviving spouses that meet the eligibility requirements.

Eligibility:

- No fewer than 90 cumulative days of service on active duty or active duty training in the Army, Navy, Air Force, Marine Corps, Coast Guard, United States Public Health service, or recognized reserve component,
- Completion of all required active duty training in National Guard or reserve'

- Service in the Armed Force of the Republic of Vietnam (ARVN) between 2/28/61 and 5/7/75 (for Home and Home Improvement Loans only).
- Service after September 16,1940
- Not been dishonorably discharged.
- Listed Texas as home of record at time of entry into the military,
- A legal resident of Texas for at least one year immediately prior to application. Presence in Texas due solely to military service may not establish legal residency.
- Must also be bona fide resident of Texas at the time of application.
- Successfully repaid in full any other active VLB loans in good standing.
- An unmarried, surviving spouse of an eligible Texas veteran who is missing in action, died in the line of duty, or died from a service connected cause may be eligible. Veteran's home of record must have been Texas at the time of entry into the military, or the veteran must have been a legal resident of Texas at the time of death.

### **Texas State Veterans Cemetery Program**

Through a partnership with the VA, the Veterans Land Board builds and operates Texas State Veterans Cemeteries. Currently there are two cemeteries in operation with more in the planning stage. These State Veterans Cemeteries are located in Killen and Mission.

Eligibility rules & burial benefits for Texas State Veterans Cemeteries are the same as National Cemeteries.

- For veterans, their spouses or surviving spouses, and dependent children.
- Open for interments Monday through Friday; open visitation 8-5 every day.
- Options for interment include full-casketed burial, in ground burial of cremated remains, a columbarium niche for cremated remains, or a memorial garden for scattering of ashes.
- Services include opening and closing of grave or columbarium niche, provision of a grave liner, and a facility for committal service.
- Beneficiaries are entitled to all veterans' benefits including memorial headstone or marker, memorial flag, presidential certificate, and military honors.
- There is no charge for veterans and a charge of \$300 for spouses and dependents.

## Texas State Veterans Home Program

Currently, the Texas State Veterans Home Program operates nursing homes in Bonham, Floresville, Big Spring, McAllen, El Paso, Temple and Amarillo. It offers affordable, nursing home care for Texas veterans, their spouses and Gold Star Parents. Each of the state veterans homes are designed to enhance the quality of life for its residents who have diverse health care needs. Because the VA subsidizes much of a veteran's cost to stay in a Texas State Veterans Home, daily out-of-pocket rates are well below market average and include the cost of medications for veterans. Soon veterans with a service connected disability rate of 70% or greater will be able to stay in our state veterans homes for FREE. The homes are owned and managed by the Texas Veterans Land Board and operated by professional long-term care providers. With seven homes around the state and more being planned, Texas veterans can now receive affordable, dignified nursing home care.

- Exclusive for Texas Veterans, their spouses and Gold Star parents
- Affordable long-term nursing care
- Medicare and Medicaid certified
- Certified Alzheimer's Unit with beautifully landscaped, secure courtyard
- Clean, caring, family environment
- Professional, highly trained staff
- Spacious private and semi-private rooms
- Comprehensive rehabilitation (Physical, occupational, and speech therapy services)
- Supported by volunteers and veterans

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*Texas State Veterans Homes*

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Clyde W. Cospers (Bonham)

Lamun-Lusk-Sanchez (Big Spring)

Ambrosio Guillen (El Paso)

Ussery-Roan (Amarillo)

Frank M. Tejada (Floresville)

Alfredo Gonzalez (McAllen)

Wm. R. Courtney (Temple)

# CHAPTER 32

## CIVIL SERVICE RIGHTS

### What is Veterans Preference

Veterans Preference is a system of rights and benefits established by various acts of Congress by which most veterans are given many advantages over the general public in obtaining and keeping jobs with the Federal Government. Most veterans, surviving spouses, and the spouses of a few disabled veterans, may also benefit under the preference system.

Every honorably discharged veteran who served for 180 days or more after January 31, 1955, and before October 15, 1976, or after service during a war or in a campaign for which a campaign badge has been authorized (including those who served on active duty during the Gulf War), is entitled to a five-point preference, except those on active duty for training purposes only. Five-point preference is also granted to veterans who served in peacetime campaigns and expeditions for which campaign badges have been authorized by the government. Preference is available to all veterans on the same basis and under the same conditions.

Five-point preference means that five points are added to the score received on any competitive register. When a veteran is eligible for the preference, an additional five points are added to their score.

Honorably discharged veterans who served either in peace or war and who have established existence of a service-connected disability, or who were awarded the Purple Heart for a wound or injury received in service, or who are receiving compensation or disability retirement benefits, are eligible for ten-point preference. Every veteran with a service-connected disability is entitled to request a ten-point preference letter for Civil Service purposes. If their service-connected disability is rated 0%, then the VA Rating Board is required to make a special rating for Civil Service purposes to determine whether the disability is in fact compensable, that is, 1% or more. If so, then the veteran is entitled to a ten-point preference. A Purple Heart veteran is entitled to ten-point preference even if their disability is only 0%.

Spouses of certain disabled veterans are entitled to a ten-point preference, when because of service-connected disablement, the veteran could not be appointed to a Civil Service job in their usual line of work. The veteran and his or her spouse cannot, at the same time, receive ten-point preference as a result of the veteran's disability. Certain surviving spouses of veterans are also entitled to ten-point preference. All surviving spouses, in order to qualify, must have been married to the veteran at the time of their death and must not have remarried since the veteran's death. Certain mothers of veterans who died on active duty are also eligible for ten-point preference. The mother must be widowed, divorced or separated, or the father must be permanently and totally disabled.

Persons granted ten-point preference have ten-points added to their grades on Civil Service examinations, in the same way that five points are added to the scores made by non-disabled veterans. These preferences are not accumulating - no person has more than ten points added to his grade.

The names of ten-point preference eligible are placed at the heads of most Civil Service lists, and their name will stand higher on the list than that of a non-disabled veteran who made a similar score on the test. The higher an individual stands on the Civil Service list, the better and quicker are their chances for employment.

A copy of the veteran's discharge showing service within the appropriate period will normally suffice to establish the five-point preference. To establish a ten-point preference, the veteran should request from the VA a statement showing that he or she does have a service-connected disability and/or that he or she is in receipt of compensation for a service-connected disability. The Purple Heart veteran may submit a copy of the award of Purple Heart to establish their entitlement to ten-point preference. In order for a spouse to obtain a ten-point preference he or she must submit a copy of the veteran's honorable discharge and a letter from the VA dated within the past six months stating that the veteran is suffering from a service-connected disability and unable to accept employment. This type of claim will be passed on by a Medical Officer of the Civil Service Commission.

Anyone interested further information or to apply for Civil Service employment can do so online at the following website: [www.usajobs.gov](http://www.usajobs.gov).

## CHAPTER 33

# REEMPLOYMENT RIGHTS OF VETERANS

### Reemployment Rights - General

The right of the veteran, including Ready Reservists and National Guardsmen, to return to the job held before going into military service continues to be in full force and effect.

The Universal Military Training and Service Act provides a reemployment rights program for men and women who leave their jobs to perform training or service in the Armed Forces. The Office of Veterans' Reemployment Rights has the responsibility for informing veterans and employers of the reemployment program and assisting them in connection with any problems they may have. The purpose of this law is to ensure that those who serve their country in the interest of national defense do not lose their jobs and other employment benefits because of such services.

Reemployment rights are available to the person who leaves a position (other than a temporary position) with a private employer or the Federal Government for the purpose of entering the Armed Forces of the United States, either voluntarily or involuntarily. Part-time and seasonal are not necessarily classified as temporary position. Entitlement exists if the person does not serve for more than four years active duty after August 1, 1961, plus one additional year of voluntary extension, or a five year total. Only active military service entered from employment to which restoration is claimed, is to be included in computing the time limitations on the active duty. In addition, the person must have satisfactorily completed the period of active duty and have a certificate to that effect, and he or she must be qualified to perform the duties of his position or be given the opportunity/training for a comparable position. If he is disabled during military service and cannot perform the duties of his old job, he may be entitled to the nearest comparable job he is qualified to perform.

Reemployment requires that the person make timely application for resumption of his old job following release from service. Application must be made within 90 days after release from service, unless the person is disabled from service and is hospitalized, in which case the application may be delayed for up to one year.

Under the law, the employer must reemploy the veteran within a reasonable time after he makes the proper application. He is to be returned to his old position if it is available or comparable position. He is entitled to full restoration of all seniority, pay status, etc., that he would have earned had he remained on the job instead of entering service.

The U. S. Department of Labor is charged with the responsibility of administering the Veterans Reemployment Rights laws. Contact the nearest Veterans Employment and Training Service Office for assistance. The offices serving Texas are:

Dallas Regional Office is located at: 525 Griffin Square Building, Room 205  
Dallas, Texas 75202  
Other Texas office located at: TEC Building

Suite 516-B (P. O. Box 1468)  
1117 Trinity  
Austin, Texas 78767

## CHAPTER 34

# SERVICEMEMBERS CIVIL RELIEF ACT

Servicemembers Civil Relief Act (SCRA) is a federal statute that allows military personnel, and sometimes military dependents, to postpone or suspend some civil obligations so they can devote their energy and attention to defense needs of the Nation. Some states have also enacted similar statutes, and you should not overlook those state statutes when seeking protection. This chapter provides general information about portions of SCRA your clients may come into contact with, but is not a substitute for seeing an attorney. If you think your situation involves a protection under the SCRA, see an attorney for a more detailed discussion about your rights and responsibilities

### General Provisions

- **Persons Protected:** Active duty members are covered by the SCRA. Reservists are covered while activated and on annual training, but are not covered while on inactive duty training. National Guard members are covered only if in active federal service (Title 10 status). State National Guard personnel on full-time state duty are not covered by the SCRA, and must look to similar state statutes for protection. Military dependents are covered in certain situations.
- **Periods of Coverage:** Active duty members are protected as of the date they receive orders. Reservists are sometimes protected as of date they receive orders, but will most often be protected as of the date they report to duty. Ordinarily, the date of discharge terminates all coverage. Some important protections however, extend for a limited time beyond discharge, but are directly tied to the discharge date.

### Major Protection

- **Termination of Property or Motor Vehicle Leases:** A service member may terminate a rental property or motor vehicle lease under certain circumstances. For rental property leases, the leased premises must have been occupied for dwelling, professional, business, agricultural, or similar purposes by the service member and/or his/her dependents. Also, the lease must have been entered into pre-service, or the member must have received PCS or deployment orders for at least a 90 day tour. For motor vehicle leases, the vehicle must have been used by the servicemember or dependants for personal or business purposes. Also, the member holding the lease must be called to active duty for a term of at least 180 days, or the member must have received overseas PCS or deployment (for at least 180 days) orders. The termination must be in writing, and must be delivered to the landlord or leasing company. For motor vehicles, the car must be surrendered within 15 days of the notice. For a month-to-month lease, termination is effective 30 days after the first date on which the rent is due after the notice is given. In other cases termination is effective on the last day of the month following the month in which the notice was given.

- **Interest on Credit Obligations:** With the exception of government student loans, any credit obligation incurred prior to entry on active duty is eligible for a statutory reduction in the interest rate to 6% per annum. The creditor must reduce the interest rate to 6% for the period of military service unless the creditor can prove in court that the member's ability to pay the higher interest rate is not "materially affected" by his/her military service.
- **Installment Contracts:** If a military member entered into an installment contract for the purchase of real or personal property (including motor vehicles) before entering active duty, and paid a deposit or installment on the contract, the creditor cannot exercise any right or option to rescind or terminate the contract or resume possession of the property because of nonpayment or other breach, except by court order. In order to gain the protection of this provision, the member must show that his/her military service "materially affected" his/her ability to pay. If the member does not prove this "material affect" the contract can be terminated, however, the court may order the repayment of the member's prior deposit or installment(s).
- **Life Insurance Policies:** A private insurance policy on the life of a service member, which is owned and held by the member, may be protected against lapse or termination for nonpayment of premiums while the member is serving on active duty, and for at least 1 year thereafter. The policy must have been in effect for at least 180 days prior to the member entering active duty status. The court may refuse to grant such relief to the member if in the court's opinion, the ability of the member to comply with the terms of the policy is not "material affected" by reason of military service.

## Other Protections

There are other areas in which the SCRA affords protection to military members regardless of whether the obligation was incurred prior to or after entry on active duty.

- **Default Judgments:** No plaintiff can obtain a default judgment (a judgment for plaintiff based on the defendant's failing to answer or appear) without first filing an affidavit asserting facts showing that the defendant is not in the military service. If such facts cannot be shown or if the defendant is in the military service, the court will appoint an attorney to protect the member's rights. If a default judgment is granted against a military member while on active duty, or within 30 days after leaving active duty, the court may reopen the case if the member can show he/she had a meritorious defense to the action. The member must file an application to reopen the proceeding no later than 90 days after leaving active duty.
- **Stay of Court Proceedings:** At any stage of a civil proceeding involving a military member as either the plaintiff or defendant during the member's service on active duty or 90 days thereafter, the member can seek to stay the proceedings. The member must show a "material affect" and offer a date when he/she will be available, and must submit a letter from his/her commander stating that military duties preclude the member from appearing and that leave is not authorized. The court must grant an automatic 90 day stay of proceedings if these conditions are met.

- **Statute of Limitations:** The statute of limitations for bringing a civil action is suspended while on active duty. For example, if an individual normally has 2 years from the date of the accident to sue for an injury, a military member injured during service on active duty would have 2 years to sue from the date he/she leaves the service. On the flip side, if the military member causes an injury, the injured party will also have the statute of limitations suspended, giving that person more time to sue the military member. If a military member is injured or causes an injury before entering active duty, the statute of limitations stops on the day he/she enters the service, and starts again on the day he/she leaves the service. This provision does not apply to IRS statutes of limitation.
- **Protection of Eviction:** A landlord may not evict a military member and/or his/her family or dependents without approval of a court. This protection covers any residence chiefly occupied by the member and/or his/her family or dependents if the rent does not exceed \$2400 per month. The court will grant a 90 day stay in any eviction proceeding unless it determines that the member's ability to pay is not "material affected" by virtue of military service.

### **Other Areas of Interest**

**Taxation:** A service member's state of legal residence may tax military income and personal property. A member does not lose legal residence because of a transfer due to military orders. Also, a state or locality may not use the military compensation of a non-resident service member to increase the tax liability for their spouse.

**Adverse Actions:** Creditors and insurers are prohibited from pursuing adverse actions (i.e. notifying credit agencies, denying credit, changing terms) against service members who exercise their rights under the SCRA.

### **Material Affect**

The SCRA often refers to "material affect." This requires a showing that military service has put the member at some disadvantage making him or her unable to address the situation adequately; thus shifts the burden to the creditor or institution. Material affect will usually be geographic or financial. What it does mean is that if you were unemployed before joining the military, your current steady paycheck may preclude you from using many SCRA provisions.

This information is only a guide. If you need help and are entitled to military legal assistance, please contact your nearest military base for information on legal assistance. If you are not entitled to legal assistance, consult a civilian attorney.

## CHAPTER 35

### PRE-EVALUATION BOARD (PEB)/ MEDICAL EVALUATION BOARD (MEB)

#### Pre-Evaluation Board

A Pre-Evaluation Board is conducted to determine if a service member's condition is severe enough to warrant separation from service due to his/her disability that was incurred while on active duty.

The individual has 10 days to rebut the findings. (agree or disagree)

#### Medical Evaluation Board

A Medical Evaluation Board is the final stage in determining if the evaluation performed in the PEB warrants discharge and the level of disability assigned to the disabilities which were incurred while on active duty. A percentage of disability is assigned and the veteran is put into one of two categories:

- 30% or higher and put on TDRL for up to 5 years (max), at which time, it is determined if the individual has improved. If not, he/she is medically retired and given a retired military ID card with the following benefits:
  - Tri-Care Insurance
  - Commissary and PX privileges on any Military installation
- 20% or lower – given a severance pay and discharged.

The individual has 3 days to appeal the decision. If he/she appeals the decision, the Commander will add another 24 hours before the decision is final.

Once the MEB has been completed and a veteran has been separated from service (not on TDRL), to appeal the decision it has to go to the Board of Corrections for that Branch of Service in order for the MEB to be overturned. In the application for correction, the following items need to be in the packet:

1. All medical documentation that the MEB reviewed
2. Copy of the VA Rating Decision
3. Copy of the VA C&P Exams, if possible

## CHAPTER 36

# MEDICARE / SOCIAL SECURITY

## MEDICARE

### Health Insurance for:

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

### Part A Hospital Insurance

Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

### Part B Medical Insurance

Most people pay a monthly premium for Part B. Medicare Part B helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

### Prescription Drug Coverage

Most people pay a monthly premium for this coverage. Started January 1, 2006, new Medicare prescription drug coverage will be available to everyone with Medicare. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. Beneficiaries choose the drug plan and pay a monthly premium. Like other insurance, if a beneficiary decides not to enroll in a drug plan when they are first eligible, they may pay a penalty if they choose to join later.

### Contact Information

TX Dept of Aging and Disability Services 512-438-3011  
Medicare Benefit Information <http://www.dshs.state.tx.us/medicare>

## MEDICAID

Available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. Medicaid does not pay money to you; instead, it sends payments directly to your health care providers. Depending on your state's rules, you may also be asked to pay a small part of the cost (co-payment) for some medical services. Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services. Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age, whether you are pregnant, disabled, blind, or aged; your income and resources (like bank accounts, real property, or other items that can be sold for cash); and whether you are a U.S. citizen or a lawfully admitted immigrant. The rules for counting your income and resources vary from state to state and from group to group. There are special rules for those who live in nursing homes and for disabled children living at home. In general, you should apply for Medicaid if your income is low and you match one of the descriptions of the Eligibility Groups. (Even if you are not sure whether you qualify, if you or someone in your family needs health care, you should apply for Medicaid and have a qualified caseworker in your state evaluate your situation.)

### Categorically Needy

Families who meet states' Aid to Families with Dependent Children eligibility requirements.  
Pregnant women and children under age 6 whose income is at or below 133% of the Federal poverty level.

Caretakers who take care of children under 18 years of age.

Supplemental Security Income (SSI) recipients or in certain states aged, blind, and disabled people who meet requirements that are more restrictive than those of the SSI program.

Individuals and couples who are living in medical institutions and who have monthly income up to 300% of the SSI income standard.

### Medically Needy

This category of people has too much money or resources to be eligible as categorically needy. In Texas, this includes pregnant women through 60-day postpartum period, children under age 18 or 19-21 who are full-time students, certain newborns for one year and certain protected blind persons.

Caretaker relatives or legal guardians who live with and take care of children. Persons who would be eligible if not enrolled in a health maintenance organization.

### Special Groups

Medicare Beneficiaries-If an individual is below the poverty level their medical premiums are waived.

Qualified Working Disabled Individuals-Individuals who lose Medicare coverage because of work.

States may approve eligibility for working disabled people between 16 and 65 years old who have income and resources greater than that allowed under the SSI program.

Eligibility groups such as breast or cervical cancer and tuberculosis that is uninsured.

Long Term Care for those who are Medicaid eligible and qualify for institutional care.

## What is Not Covered

Medicaid does not provide medical assistance for all poor persons. Even under the broadest provisions of the Federal statute (except for emergency services for certain persons), the Medicaid program does not provide health care services, even for very poor persons, unless they are in one of the designated eligibility groups. Low income is only one test for Medicaid eligibility; assets and resources are also tested against established thresholds. Medically needy persons who would be categorically eligible except for income or assets may become eligible for Medicaid solely because of excessive medical expenses.

## Contact Information

Texas Health and Human Services Commission 1-800-252-8263  
<http://www.hhsc.state.tx.us/research/MedicaidEnrollment/MedicaidEnrollment.asp>

## SOCIAL SECURITY

Social Security (SS) was first proposed by President Franklin D. Roosevelt in 1934, and was signed into law Aug 1935. It was created as a social insurance program designed to pay retired workers age 65 and older a continuing income. Monies to fund SS are obtained from employee payroll taxes. Today's workers pay payroll taxes and accumulate "credits". For each \$1050.00 earned they will receive one credit, up to 4 per year. Employers pay a matching amount to what each employee pays to the SS system. Currently, 40 credits are needed to receive retirement benefits from SS. Benefit amounts are based on earnings averaged over most of a working career. Higher earnings result in higher benefits. Benefits are suspended if an individual is incarcerated, and the person must request reinstatement upon release. Now, Social Security taxes pay for 3 kinds of benefits: survivors, retirement, and disability.

To be eligible for SS survivors benefits one must be a widow or widower 60 or older or 50 and disabled or any age if he or she is providing for a child under the age of 16 or a disabled child. Parents who rely on their working children for at least half of their support are eligible for their children's SS benefits. For those individuals who work until retirement, their SS payments increase significantly.

SS retirement benefits is currently paid at age 65 for people born before 1938. Longer life expectancies have increased the retirement age to 67. Early retirement at age 62 will permanently reduce your benefits by 25% lower. Retirement benefits can be delayed and will increase the total amount of benefits by increasing life time earnings and adding a certain percentage each year until you reach retirement of age 70. Even if retirement is delayed, Medicare must be mandatory applied for at age 65. For disabled workers different rules apply.

Disability benefits can be paid at any age if a severe physical impairment prevents a worker from working 1 year or more or suffers a medical condition that will result in death. Generally, these benefits will continue as long as the medical condition does not improve. From time to time, all recipients' medical conditions are reviewed for continuation of disability pay. As a rule, this benefit is not taxable unless a tax return is filed with someone in the household earning more than \$25,000.00. SS pays disability benefits under 2 programs: Social Security Disability Insurance Program (SSDI) which is for the person and certain family members if the individual worked long enough and paid SS taxes. The second is Supplemental Security Income (SSI) and is based on financial need.

Processing of SS claims are expedited for military service members who became disabled while on active duty on or after Oct 1, 2001, regardless of where the disability occurred. An Active Duty military member is entitled to receive SSI or SSD based on the work activity possible by that member and not the amount of pay received.

For more information please contact the toll free-number at 1-800-772-1213 or the web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

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TEXAS VETERANS COMMISSION

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**CLAIMS REPRESENTATION AND  
COUNSELING MANUAL**

**Part II  
TVC Claims Procedures**



**JULY 2009**

# PART 2

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# CHAPTER 1

## INTERVIEW PROCESS

### Initial Contact

First impressions make lasting impressions. The Veteran's initial meeting with their Service Officer should establish that they are in a professional environment with a serious focus on helping the veteran. The service officers and veterans counselors should take pride in their appearance. Your professional image is important. Business dress everyday, except for business casual on Fridays and business dress for public speaking. Our office must be user friendly, and our attitude must be inviting, open, willing to help with enthusiasm. The workspace should allow ample space to accommodate handicap to include wheelchair/electric chair accessibility. Remember to standup to greet and welcome the veteran to your office. Introduce yourself as the County Veterans Service Officer or the Texas Veterans Commission Veterans Counselor. Always ask for the veterans to sign-in on a log for recording daily activity. This is a good time to tell the veteran that you do not work for the Department of Veterans Affairs and that you do not determine what benefits or entitlements they will receive. Do tell the veteran that you can help explain what benefits they may be eligible for and help them file for VA or State entitlements. Also, tell the veteran that if their claim is denied, you can help them file an appeal to challenge the VA decision. Ask the veteran if they have visited your office before; if not, introduce the mission of your office and the Texas Veterans Commission. The meet and greet should only take a few brief minutes. Remember this is not the time to share war stories and make a new best friend. Keep your efforts professional and focus on helping the veteran.

We need to participate in effective communications to create an environment that is compatible with the job we're trying to accomplish. This is a refresher on the basic communication process. The effective communication process has four elements: Sender, Message, Receiver, and Feedback. The Sender and Receiver are both the service officer/veterans counselor and the veteran. The message is the questions and answers. Together the feedback is the beginning process of developing the veterans' claims. Be aware of some common problems that are barriers to communication. Some people don't listen, they only hear, or have hearing impairment. Some people don't pay attention and are unable to understand the message. Some people don't read well and some can't read. Some may have personality conflicts or mental disabilities or emotional barriers. We need to overcome communication barriers and examine how our listening skills create barriers to effective communications. If people don't listen they may ask the wrong questions and get people off track of the intended message. If people don't pay attention they might not get the message the first time. Listening is critical to the receiver; if the message is transmitted verbally and effective listening isn't practiced, the communication process is interrupted; resulting in a possible breakdown in communication.

If people aren't listeners, they might not receive the entire message. A claim might be completed, but it might be the wrong claim. We can overcome barriers to listening. We can guard against non-verbal reaction. We can be open minded and see the other person's point of view. Be aware that we are poor listeners. Be objective and hear the other person out and show interest in the speaker by looking at them. Ask questions if you don't understand remarks made by the veteran. Don't interrupt when someone else is talking. Don't change the subject. Most important of all watch your emotions if you don't agree with what others are saying; remember, we are not on a debate team. Good communication skills are important in every step of the way to gather information to help veterans.

When you exhaust the information from the veteran consider they may not be reliable historian and contact the Texas Veterans Commission Regional Office for assistance. Now that you have refreshed your communicative skills you are ready for the next step.

The next step is to ask the veterans how you may help him or her. That will start the needs assessment process. To help with the veterans profile you may review and use the attached sample interview questions. The questions and answers may help you determine the benefits and entitlements the veterans may be eligible for. The information will also help you determine what forms will be used during the interview. Explain the VA claims process.

Ensure that the veteran understands the VA claims process is lengthy; it requires a claim, medical evidence, and most often a VA comp/pen exam. Reassure the veteran that you will help him or her through the process to assist them with their claim needs.

The next step is to review previous VA decisions, military and medical records, if they are available. Discuss the veterans' concerns about his/her issues and explain the basic rules for filing a VA claim and an appeal. Be mindful that the decision to file a claim or an appeal is made by the veteran. When the appropriate action has been determined, prepare their claim or appeal. Review the claim with the veteran and ensure they understand their claim and secure their signature. Provide a copy for the veteran. Prepare the veteran with what to expect from the VA. They will receive several VA letters. Tell them the first VA letter will verify their claim has been received. Tell them to expect a second VA letter that will request a reply and more information; A follow-up appointment may be needed for you to assist with the veteran's reply to the VA. Another VA letter may request for the veteran to report for an exam. Explain that the veteran must report for the exam; that the VA will most likely render a denial to their claim based on failure to report for an exam. If a claim is not prepared, ensure the veteran understands why it wasn't and what needs to be done. Establish a future appointment with the veteran if it is necessary. Ask the veteran if he/she has any questions and if they were satisfied with the service provided. Encourage the veteran to inform other veterans that we are available to assist them. Thank the veteran for allowing you to assist him/her and escort them to the door.

## Basic Eligibility Requirements

### Non-Service Connected Pension

1. Live Pension
  - a. Character of Discharge
  - b. Wartime Service
  - c. Length of Service
    - 1) 65 or over, or
    - 2) Disability social security, or
    - 3) Patient in nursing home, or
    - 4) Disability under CFR 4.16 or 3.331b2
2. Death Pension
  - a. Character of Service
  - b. Wartime Service
  - c. Length of Service
  - d. Relationship to Veteran

### Service Connected Compensation

1. Live Compensation
  - a. Character of Discharge
  - b. Disability Aggravated or incurred during service
  - c. Has medical evidence showing disability exists
2. Death Compensation
  - a. Character of Discharge
  - b. Relationship to veteran
  - c. Death caused by service connected disability
  - d. Service connected disability materially connected to death
  - e. Meet requirement under USC 1318-10 year rule or 1 year rule for POW

## Claims Tracking Form

The Claims Tracking Form is designed to assist the County Service Officer, the Texas Veterans Commission and the Veterans Administration (VA) in submitting, receiving and reviewing a complete claim. It also saves the VA processing time if the claim is complete.

The concept of the Claims Tracking Form is to benefit all areas involved in the claim process. A complete claim requires little-to-no development to grant the claimed condition. It will save 3-6 months on the processing time and allow the veteran to receive benefits in a timelier manner.

In reference to a complete claim, included is all of the supporting documentation provided when the claim is initially submitted. This will save the VA additional development time by not having to ask for additional information or medical evidence in support of the claim. The Tracking Form has the potential to cut the normal processing time from 12 months to 9 months, which would be more beneficial for the veteran and the VA. It tracks all evidence provided by the veteran which helps the VA determine what additional evidence is needed to support the claim.

The goal behind the tracking form is to submit more substantially completed claims, which in turn will reduce the VA processing time, decrease issues denied and decrease the issues deferred. It is a claim development tool that provides accountability, statistical data and feedback for not only the County Service Officer and TVC counselors but also the VA. The tracking form allows the representative the opportunity to work more one-on-one with the veteran. In working closely with the veteran, the representative has a better chance of determining all or most of the issues/disabilities to be claimed. First-hand knowledge of the veterans' claim will also better assist the representative when it is determined by the VA what additional evidence is required or; if the claim is denied, what information is needed to go through the appeal process.

When submitting the claim for the first time, the veteran's status must be verified, the existence of a disability determined, and the condition/disability's connection to the service. Being able to provide information of the severity of the disability will be helpful to the VA when assigning the percentage of compensation for the claimed condition. The effective date is normally determined by the date in which the claim was submitted and stamped in as being received by the Veterans Administration.

The Tracking Form itself takes about 30 seconds to complete and needs to be filled out in triplicate to ensure a copy is attached to the claim to the VA, a copy for the field representative and a copy for the TVC Regional Office personnel. This enables the TVC personnel at the Regional Office to communicate more efficiently and effectively with the County Service Officers and TVC field personnel in reference to the quality and completeness of the claim.

Veteran: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Claimant: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 C/CSS: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DATE: \_\_\_\_\_

- Original Claim** (First VA Fm 21-526 or informal claim)  
 **New Claim** (increase, new disability, different benefit)  
 **Re-Opened Claim** (application for benefits after a previous final disallowance of an earlier claim)  
 **Supporting Information** (address change, DD214, birth/death/divorce documents, medical records, etc.)  
 **Appeal or Reconsideration** (NOD, Form 9)

Enclosed	Pre-Determination	Complete		
		Yes	No	N/A
<input type="checkbox"/> VA Fm 21-22	POA Established _____	___	___	___
<input type="checkbox"/> VA Fm 21-4138	Signed w/phone # shown	___	___	___
<input type="checkbox"/> DD Fm 214	Military Svc Verified	___	___	___
	Wartime Svc Verified	___	___	___
	In-Vietnam/Iraq Verified	___	___	___
<input type="checkbox"/> VA Fm 21-526	Specific in-svc information	___	___	___
	Trauma/exposure info	___	___	___
<input type="checkbox"/> VA Fm 21-0781	PTSD Stressor Info	___	___	___
<input type="checkbox"/> VA Fm 21-527	Income/net worth info	___	___	___
<input type="checkbox"/> VA Fm 21-530	Death Cert attached	___	___	___
<input type="checkbox"/> VA Fm 21-534	Income/net worth info	___	___	___
<input type="checkbox"/> VA Fm 21-674	School attendance info	___	___	___
<input type="checkbox"/> VA Fm 21-686c	Martial/dependency info	___	___	___
<input type="checkbox"/> VA Fm 21-4142	Complete address shown	___	___	___
	Dates of treatment shown	___	___	___
<input type="checkbox"/> VA Fm 21-4140-1	Employment info	___	___	___
<input type="checkbox"/> VA Fm 21-8416	Unreimbursed medical expense information	___	___	___
<input type="checkbox"/> Nursing Home Ltr	Signature & date shown	___	___	___
<input type="checkbox"/> VDVA Fm 10-B14/ or VA Fm 21-2680	Physician's Statement signed & dated	___	___	___
<input type="checkbox"/> Funeral Bill	Payee name & payment date shown	___	___	___
<input type="checkbox"/> Marriage Certificate				
<input type="checkbox"/> Birth Certificate				
<input type="checkbox"/> Divorce Decree				
<input type="checkbox"/> Death Certificate				
<input type="checkbox"/> VA Fm: _____				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Medical Record	VA/private med records	___	___	___
	Svc Medical Records	___	___	___
	Svc Personnel Records	___	___	___

All documents signed		
-------------------------	--	--

## CHAPTER 2

### CLAIMS ASSISTANCE PROCESS

The process starts when a veteran or dependent of a veteran seeks assistance at a Texas Veterans Commission Office or at a County Service Officer's Office. The service officer advises the claimant of any available Federal or State benefits and assists in completion of the claim. Claims are forwarded to the VA Regional Office of jurisdiction for review by a TVC Counselor. After review, the claims go to the VA for processing.

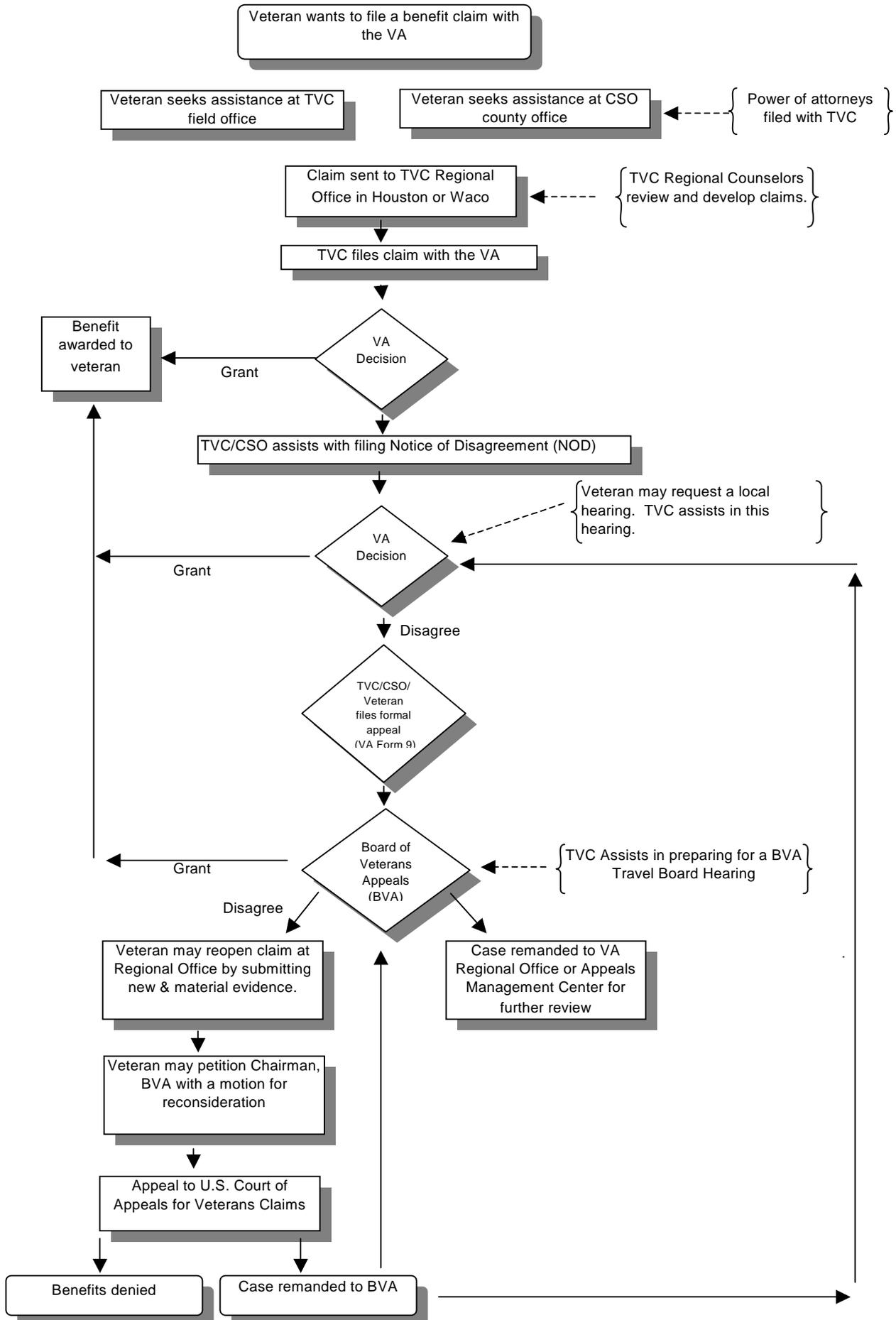
Once VA completes their review, benefits are awarded or denied and the claimant is notified of the decision. If there is dissatisfaction with the decision, the claimant seeks assistance from a TVC Counselor or County Service Officer in filing an appeal. The first step in the appeal process is a Notice of Disagreement (NOD).

Following receipt of the NOD, a VA appeals team member reviews the claim and either grants the claim or continues the denial and furnishes the claimant a Statement of the Case (SOC). If a hearing is desired, it should be requested at this time. Also, a formal appeal should be filed (VA Form 9, Appeal to Board of Veterans Appeals). The VA Form 9 has to be timely returned to VA (within one year of the notification letter or 60 days of the SOC). A TVC Counselor assists the claimant if a Board of Veterans Appeals (BVA) Travel Board Hearing or Video Conference hearing has been requested. Subsequently, the case goes to the BVA in Washington, D.C. for their decision.

The BVA may grant or deny all or part of the claim or remand the case including all or part of the issues to the Appeals Management Center (AMC) in Washington, D.C. for additional evidence. If the case is remanded to AMC, action directed by the BVA will be undertaken. Following receipt of evidence, examination etc., AMC makes a decision and notifies the claimant, either by grant of the claim or Supplemental Statement of the Case (SSOC), if the denial is continued. If a SSOC is issued, the case will go back to the BVA for their decision. While the case is at the BVA, the claimant has the option of seeing a representative for the purpose of reopening the claim by submitting new and material evidence.

If the claimant believes the BVA has erred in their decision, the Chairman of BVA may be petitioned with a motion for reconsideration. Also the claimant has 120 days to file a notice of appeal with the U.S. Court of Appeals for Veterans Claims (CAVC). At that point, the claimant may elect an attorney to represent them before the Court. The CAVC may remand the case back to the BVA for additional consideration or deny the claim.

TEXAS VETERANS COMMISSION CLAIMS ASSISTANCE PROCESS



## CHAPTER 3

### OIF/OEF CLAIMS

The VA has developed a process wherein to expedite claims for OIF/OEF claims by dedicating a team to work those claims only. The procedures listed below are designed to take advantage of this opportunity for faster processing of these recently discharged veterans, especially those who are seriously injured.

1. Put all claims for those who have served since 9/11/01 on the OIF/OEF claims log (we will provide our log to the CSO's and ask that they use it or in some way identify these types of claims).
2. Forward these claims to the TVC counselor (by name) who has been tasked as the OIF/OEF coordinator in each Regional Office.
3. Each Regional Office will have a specific clerical assigned to process the mail for these claims.
4. Once this is accomplished, the claims will be given to the coordinator who will review each claim to insure accuracy, and that all the appropriate documentation and or evidence is with the claim. If not, appropriate follow up will be accomplished (at all times protecting the effective date of claim).
5. The coordinator will then carry them to the triage coach to insure they are processed appropriately.
6. OIF/OEF claims will be placed in the dbase with a specific identifier so their progress can be checked based on the diary suspense as appropriate (this diary period could possibly be different at the two RO's based on the VA's pending workload and resultant processing time).

DATE: \_\_\_\_\_

### OIF/OEF CLAIMS

NAME	CLAIM#	SSN#	POA	S/C COMP	NSC PEN

#### SERVICE DATA

- |  |                               |                                      |
|--|-------------------------------|--------------------------------------|
| <input type="checkbox"/> OIF               | <input type="checkbox"/> ARMY | <input type="checkbox"/> ACTIVE DUTY |
| <input type="checkbox"/> OEF               | <input type="checkbox"/> NAVY | <input type="checkbox"/> RESERVE     |
| <input type="checkbox"/> SERIOUSLY INJURED | <input type="checkbox"/> USMC | <input type="checkbox"/> GUARD       |
|  | <input type="checkbox"/> AF   | <input type="checkbox"/> MALE        |
|  | <input type="checkbox"/> USCG | <input type="checkbox"/> FEMALE      |

#### REGIONAL OFFICE COORDINATION

- |  |  |
|--|--|
| <input type="checkbox"/> TVC R/O COORDINATOR | <input type="checkbox"/> VA TRIAGE COACH |
| Initial Review Date: _____                   | Date: _____                              |
| Sign Off Date: _____                         | <input type="checkbox"/> VA GWOT         |
| Initials: _____                              | Date: _____                              |

#### DEVELOPMENT OF CLAIM WITH TVC/CSO FIELD ACTION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### STATUS UPDATES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## CHAPTER 4

### FORMER PRISONER OF WAR CLAIMS

A TVC counselor assisting a former Prisoner of War should be thoroughly familiar with all laws, regulations and directives concerning former POWs to include 38 CFR 3.304 (e), 38 CFR 3.309 (c) M21-1 MR, Part IV, 2.E.

The claim should relate all conditions with residual disability, which may be attributed to service incidents, which were incurred during or immediately prior to confinement. Although, VA is supposed to afford the Former POW a POW Protocol Examination, the counselor should make the request on all original claims. All claims for traumatic arthritis should include the nature of the trauma; statement of type and severity of injuries received; and frequency of traumatic injuries such as how often a Former POW was beaten by his or her captors.

The counselor should strive to furnish a complete claim. This would include medical evidence showing a current diagnosis as well as continuity of the claimed disability. If the evidence consists of private medical evidence, have the Former POW complete VA Form 21-4142, Authorization and consent to Release Information to the Department of the Veterans Affairs (VA).

If the veteran expresses dissatisfaction with either the initial examination or rating decision based on the initial examination, along with the Notice of Disagreement, request reexamination.

Note: As of October 6, 2008 prisoners of war who died in captivity have purple heart eligibility.

## CHAPTER 5

### HARDSHIP CASES/HOMELESS CASES

#### **Hardship**

Purpose: All of those who come to the Texas Veterans Commission for assistance deserve our best effort. There are those however, whose situation requires more immediate attention from a humanitarian stand point because of extreme circumstances. In the following types of cases, “crisis intervention” is of the utmost importance because of immediate need:

Veteran is terminally ill and has supporting medical documentation, or

Veteran or survivor has a verifiable financial hardship and provides documentation of loss of job, eviction notice, foreclosure of a home loan, etc., or

Veteran has a disability that presents an undue burden and has a disability picture that is outside the normal of the rating schedule, or

The Veteran is homeless.

Once the counselor has determined that the claim meets the “hardship” criteria, every effort will be made to compile a complete claim package as expeditiously is possible. Once the claim is complete, the counselor will take it to the rating specialist, in triage, who has been tasked with processing hardship claims. Each counselor will maintain a “Hardship Claim” log in their office and do daily computer inquires, or follow up visits to appropriate individuals, to insure the claim progresses as quickly as possible. This log must be kept up to date and available for a supervisors inspection at all times. The counselor will also keep the veteran, or claimant, advised as to the progress of the claim to alleviate as much stress as possible, and these contacts will be entered on the log as well.

#### **Homeless Veterans**

Purpose: To provide services, referral and coordinate homeless resources and services available to homeless veterans in Texas. This includes assistance with federal and state benefits for veteran’s disability, employment and education. We will also provide referral contact points for housing, food and medical care at the local level through state, local and private sector providers.

Goals: To reduce homelessness with the ultimate goal of ending homelessness statewide.

Responsibility: The Texas Veterans Commission (TVC) is an active member of the Texas Interagency Council for the Homeless (TICH). TICH was created in 1989 to coordinated homeless resources and services of all state agencies that provide services to homeless. TICH is responsible for an annual progress report to the governor’s office.

TVC is responsible for tracking the number of homeless veteran’s contacts in the claims, education and employment areas. This requires we count the

number of interviews, claims and phone calls we have with homeless veterans.

Function:

1. Coordinate the delivery of services to homeless veterans.
2. Increase the flow of information between providers.
3. Provide technical assistance where and when needed.
4. Develop coordination of services within our own agency and identify areas where this can be improved.
5. Maintain a central resource and information center.

Scope: See the attached Homeless Veteran Contact Log Sheet as a starting point for gathering data. These are some suggested contact points to obtain information for local providers to assist homeless veterans in your individual areas.

National Coalition for Homeless Veterans

333 ½ Pennsylvania Ave., SE

Washington, DC 20003-1148

202-546-1969

202-462-4822

1-800-VET-HELP

[www.nchv.org](http://www.nchv.org)

Texas Homeless Network

1713 Fortview Rd.

Austin, TX 78704

512-482-8270

E-mail: [newsletter@thn.org](mailto:newsletter@thn.org)

DATE: \_\_\_\_\_

**HARDSHIP CASE/HOMELESS**

CLAIM#: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_

TYPE OF HARDSHIP

PHYSICIAN  
STATEMENT

HOMELESS

FINANCE

DISABILITY  
 CAUSED UNDUE  
BURDEN

EVIDENCE RECEIVED

PHYSICIAN  
STATEMENT

LOSS OF JOB

MEDICAL REPORT

EVICTION NOTICE

STATEMENTS FOR  
UNDUE BURDEN

HOME  
FORECLOSURE

DAILY CONTACT REPORT

VA TRIAGE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

VETERAN

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

CASE COMPLETED: \_\_\_\_\_  
DATE & INITIALS

## CHAPTER 6

### CAUSE FOR APPEAL

The following criteria for evaluation will determine whether a decision of the U.S. Department of Veterans Affairs, contains sufficient cause for filing an appeal. The criteria for evaluation consists of questions, which will identify if an appeal will benefit the veteran. Carefully examine each question regarding the VA rating basis for decision. If you answer no to one or more questions then you have revealed sufficient cause for filing an appeal.

1. Does the rating cover all issues?
2. Was all the evidence considered and cited?
3. Service Connected Grants:
  - Effective date(s) correct?
  - Diagnostic code correct?
  - Combined evaluation and effective date(s) correct?
  - Inferred issues considered?
  - Does objective medical evidence match evaluation assigned?
    - Special Monthly Compensation
    - 38 CFR 3.324
    - Dependents Education Assistance (DEA) 38 USC 1702
    - Psychosis 38 USC 1702
    - Specially adapted housing
    - Automobile and adaptive equipment
    - 38 CFR 3.114a
4. Service connected death claims:
  - Contributory death considered?
  - 38 USC 1318 considered?
  - Accrued considered?
  - DEA 38 USC Chp 35?
5. POW claims:
  - Protocol exam of record?
  - Presumptive SC POW conditions?
6. Pension / Special Monthly Pension;
  - Effective date correct (was 38 CFR 3.400)?
  - Does veteran have potential retroactive entitlement under 38 CFR 3.400 (b)(1)(ii)(2)?
  - 38 CFR 3.321 (b)(2) considered?
  - If veteran has a 100% evaluation was Special Monthly Pension (SMP) considered?

## **Appeal Procedures (38 CFR 3.103)**

Purpose: The appeal process can be invaluable in a claim, but great care should be taken to use it to the veteran's greatest benefit. The VA is bound by the regulatory process, wherein our responsibility is to present the veterans case in the best possible light. As the claim progresses through the process, the counselor can use many different tactics along with personal resourcefulness to the veterans benefit. Every opportunity for a favorable decision should be explored and taken advantage of. Keep in mind, human nature being what it is, every time an unfavorable rating decision is made potentially makes it harder to get it overturned. In all instances every effort should be made to satisfy every claim at the lowest possible level, and the best way to accomplish this is to provide all available evidence at the earliest possible time. The appeal process lends itself to a great deal of latitude and initiative on the part of the counselor, and lesser experienced counselors must use the good judgment to ask for advice from senior counselors, their supervisor, the Regional Director, or the Director of Claims Representation and Counseling. Hearings can be critical in the appeal process, so critical in fact, they will be discussed in and of themselves in a separate procedure.

## **Notice of Disagreement**

Once the veteran receives an unfavorable decision, he/she has one year from the date of the notification letter to file a Notice of Disagreement (NOD). It is very important to be very specific what is being disagreed with and why, especially if multiple issues are involved. It is not acceptable to simply say, "I disagree with your decision on my claim". A proper NOD would be "I disagree with your decision dated 1/1/07 which denied service connection for my right knee condition. I injured it during a training exercise at Ft Hood Texas, in May of 1984 and was treated at Darnell Army Medical Center. I was put on light duty for two weeks, and was given anti-inflammatory medications. I have had lateral instability with intermittent redness and swelling ever since the injury." Obviously, in many instances the veteran will not remember that much detail but every effort should be made to bring out as much pertinent information as possible, and using proper interview techniques can be very valuable in doing so. As a rule, it is not a good tactic to ask for a hearing with the notice of disagreement because once a hearing is requested, all activity on the claim stops until the hearing is held and it is most beneficial to have the Statement of the Case (SOC) in hand before proceeding. If a TVC counselor assists in filing a NOD, a Decision Review Officer (DRO) review should be requested. If the veteran filed the appeal and did not request a DRO review, the VA will correspond with the veteran asking if he/she wants to use the traditional appeal process or the process DRO. In all instances, you should advise the veteran to choose the DRO process, as the DRO's are the most experienced of all the rating specialists and have more procedural and interpretive latitude in their decision making.

## **Statement of the Case**

The Statement of the Case (SOC) is generated by the VA as a result of the NOD. A VA Form 9 will be sent to the veteran along with the SOC. The Form 9 will be discussed separately. The SOC is a complete explanation of the decision the VA

has made along with a specific listing of all the evidence considered, as well as regulations on which the denial is based. One of the most important aspects of counseling with the veteran about the SOC, is to insure that all the evidence provided was identified and listed as evidence, and was actually considered in arriving at the decision.

### **VA Form 9**

The Form 9 is the substantive appeal and this form must be received by the VA within 60 days of receipt of the SOC or the rest of the one year period from the date of the decision letter being appealed, whichever is later. The process is very unforgiving in that if the veteran misses the time limits involved, the appeal dies, and he/she must re-open the claim with new and material evidence, and in some cases this is virtually impossible. The Form 9 is specifically for a veteran to explain, in their own words, why they believe the VA has erred in the decision. It is very important to remember that any issue under appeal which is not addressed on the Form 9 is presumed to be in agreement. As stated above, the VA wants the veteran to explain in his/her own words why they think the decision is wrong, but we will assist the veteran in completing the form properly.

### **VA form 646**

This is the Statement by the Accredited Representative. It is literally the last document to be included in the file before it is sent to the Board of Veterans Appeals (BVA). This is very important in that as the veterans representative you will get the last say in the case, and we must make the very most of this fact. The following is an example of the format to be used and a description of what goes in each portion of the 646.

#### **Introduction**

This is simply a statement of the issue or issues.

Example: The issue in this case is service connection for PTSD.

#### **Statement of Facts**

This heading contains information that is relevant to the claim and is not in dispute by either the veteran or the VA.

Example: The veteran served Honorably in the United States Army from June 1 1966 to May 15 1967. He was discharged for injuries incurred in combat in the Republic of Vietnam. His awards and decorations include the Bronze Star Medal with V, the Purple Heart with OLC, Vietnam Service Medal, Vietnam Campaign Medal, and the Combat

Infantry Badge. He is service connected as follows:  
5243 Invertebral Disc Condition rated at 40%  
7801 Muscle Loss rated as Burn Scar rated at 40%  
6260 Tinnitus rated at 10%  
6100 Hearing Loss rated at 0%

## **Procedural Posture**

This portion of the 646 is a map of the current claim from its beginning with great care to point out every procedural aspect of the claim. Procedural errors made by the VA should be noted, but discussion or argument about the claim will take place later under "Discussion."

Example: The veteran filed his claim for PTSD on a 4138 dated 4/13/2004. The Regional Office inappropriately sent the veteran a letter requesting his stressor statement (his combat decorations require the VA concede the stressor requirement under 38 CFR 3.304(F)) on 7/21/2004 to which he responded on 8/10/2004. The veteran was scheduled for a C&P exam which was conducted at the Dallas VAMC on 11/15/2004. His claim was denied by rating dated 2/1/2005. The veteran provided his NOD on 2/17/2005 and the VA issued him a SOC on 5/18/2005. The veteran returned his completed Form 9 on 6/21/05. The vet provided further evidence in the form of a private physician report on 11/3/05 to which the VA responded with a Supplemental Statement of the Case on 2/1/06.

NOTE: Obviously the above is an abbreviated version, but the point is to give the BVA a quick reference to how the claim progressed and take the opportunity to draw specific attention to all positive evidence in the claim.

## **Discussion**

This is the section wherein the representative should present argument about the case and especially highlight the positive evidence and aspects of the claim. During the discussion, be sure to quote any appropriate CFR citations and reference applicable United States Court of Appeals for Veterans Claims decisions as they are binding case law on the VA. In short, this is the representative's opportunity to point out any errors in fact and law made by the VA, as well as addressing favorably any interpretive issues.

Example: The veteran served as an infantryman, participating in combat operations in the Republic of Vietnam. He was wounded on two separated occasions: once by sniper fire, and once by shrapnel from an enemy mortar round. During his tour he participated

in nine “named campaigns” and numerous unnamed ones. The VA has denied his claim because the VA examiner did not diagnose PTSD. The C&P exam was conducted at the Dallas VAMC by a doctor, well known to representatives as one who routinely does not diagnose PTSD, but does regularly diagnose them with either anxiety reaction or dysthymic disorder. He is a M.D. but does not hold any specialty certification in psychiatry. The veteran provided an exam report from a psychiatrist who has been treating him for approximately two years, along with his treatment records, and appropriate psychiatric test results. It is our contention that his longstanding treating physician should be given more weight in the adjudicative process than the C&P examination by a physician who spent approximately thirty minutes interviewing the veteran and did not administer any testing. For the above referenced reasons we are requesting that this case be remanded specifically for a “specialist” C&P exam, to be conducted by a psychiatrist along with all appropriate testing.

We rest assured that the Board will render a decision which presents sound principles consistent with the administration policy of liberal interpretation and application of existing laws and regulations.

At the very least, we urge that the final appellate decision be one which has given careful consideration to the evidence of record and we would further request that all reasonable doubt associated with your review be resolved in favor of the claimant.

A properly written 646 is a powerful tool and should be carefully prepared with the specific purpose of highlighting the positive evidence in the claim and at the same time taking advantage of any weaknesses in the VA’s position.

In a case that is denied by the BVA, the veteran has three choices which are to petition the Chairman of the BVA for “Reconsideration,” appeal to the United States Court of Appeals for Veterans Claims, or re-open at the Regional Office with new and material evidence.

MOTION FOR RECONSIDERATION – If the BVA denies the veterans claim and he/she feels strongly their decision is wrong, a Motion for Reconsideration can be sent to the Chairman of the BVA. It is a narrative document that should be clear, concise, well organized, and should point out all errors of fact and law in the claim. No new evidence can be added in that if the Motion is granted it must be considered exclusively on only the evidence that was used when the BVA decision was made. If the Chairman denies the motion the veteran is down to the other two options. If the Chairman grants the motion, he does not decide the case himself, but rather will convene a panel of BVA members who reconsider the case and render a new decision. Very few Motions for Reconsideration are granted and of those that are, even fewer result in a decision favorable to the veteran. Very few veterans are capable of preparing a proper Motion for Reconsideration. If a representative assists the veteran in preparing a motion they should do so utilizing a very factual approach. Here again, any applicable CFR or “Court” case cites should be referenced. If the veteran desires to appeal to the Court if the Motion is denied, they must inform the Court in order to preserve the time limit for the Notice of Appeal.

APPEAL TO THE  
UNITED STATES  
COURT OF

APPEALS FOR VETERANS CLAIMS – Once the BVA renders an unfavorable decision the veteran has 120 days from the date of notification to provide the “Court” with a “Notice of Appeal.” Along with the Notice of Appeal the veteran must provide a fifty dollar filing fee or a “fee waiver” request. All of this information (and more) is available on the “Courts” web site at [www.vetapp.uscourts.gov](http://www.vetapp.uscourts.gov). If the veteran does not timely file the Notice of Appeal, the Court will not hear the case. Here again, there is no margin for error with the time limitation. When the Court receives the veteran’s Notice of Appeal, they will send him/her a packet explaining the process along with a list of all the individuals and or organizations that are certified to practice before the Court. The Court is a procedural court. This means the issue they consider is, did the VA properly apply the laws in arriving at their decision rather than the decision itself? The Court is not part of the VA; it is part of the judicial system. The members are not VA employees, and as stated previously, their decisions are binding law on the VA in absence of being overturned by a higher court. The only courts having higher authority are the Federal Circuit Appeals Court in Washington D.C. and the United States Supreme Court. As is the case with a Motion for Reconsideration, no new evidence can be added because the Court can only consider evidence that was in the file at the time the BVA decision was made.

NOTE:TVC does not practice before the Court and as a TVC employee you cannot advise claimants on anything to do with the Court. We cannot even refer them to someone or an organization that is certified. All we can do is tell the veteran they can get a complete list of those certified to practice before the Court from the Clerk of the Court.

DO NOT try to assist or advise any veteran in regard to the Court as this would violate TVC policy and constitute the illegal practice of law.

RE-OPEN CLAIM AT REGIONAL OFFICE – The veteran can re-open at the Regional Office with new and material evidence simultaneously with a Motion for Reconsideration or appeal to the Court. At this point, the new and material evidence requirement is very difficult to meet as it must be new (the VA has never seen it before, and is not cumulative) and, material (probative to the issue). Attempting to re-open the claim without new and material evidence will simply result in the VA responding with “we have previously denied your claim, and in order to re-open it you must provide new and material evidence.”

## **Medical Appeals**

Any treatment offered by the VA Healthcare system, to include treatment at a NON-VA Facility for emergency treatment can be appealed if denied. Before filing the appeal the counselor should consider the type of benefit denied, i.e., (medical care, dental treatment, prosthetic appliances, payment for NON VA care, etc.) and refer to the applicable CFR or Title 38, Chapter 17 reference to see if the veteran meets the regulatory requirements for

the benefits sought. If you are comfortable that there is doubt that the veteran hasn't received his/her entitlements or the veteran feels that he/she has not and is seeking to appeal the denial, then an appeal should be initiated.

### **Notice of Disagreement**

The Notice of Disagreement is the beginning of the appellate process. The NOD should be directed to the established jurisdiction that denied the benefits sought. This could be the Directors of the DVA Hospitals, Outpatient clinics or Regional Offices. Usually one should consider it the office which made the determination to deny a claim and to which the claimant has expressed a disagreement. A veteran, their attorney or designated representative may file a "Notice of Disagreement." This notice must be filed within one year from the date of the letter of notification of the unfavorable decision. The wording of the NOD should be as such as to specify exactly what is being disagreed with. A proper NOD would be "Please be advised that I disagree with your decision to deny payment to Charity Hospital, Any Town, USA, per your letter dated 04/09/08 for unauthorized private hospitalization incurred from 01/02/08 through 01/05/08. Please accept this letter as a Notice of Disagreement and supply me with a statement of the case." In this instance the NOD would be directed to the hospital of jurisdiction which handles the Fee Basis or Mill Bill for that specific area.

### **Statement of the Case**

Should a review of the claim generated by the NOD, continue to be denied, a "Statement of the Case" will be issued. A Form 9 will be sent to the veteran along with the Statement of the Case (SOC). The SOC should contain the issue(s) on Appeal, Summary of Evidence, Pertinent Laws and Regulations on which the denial was based and the Decision. It must clearly dispose of each issue separately.

### **VA Form 9**

The Form 9 is the Substantive appeal and this form must be received by the DVA within 60 days of receipt of the Statement of the Case or the rest of the one year period from the date of the decision letter being appealed, whichever is the latter. The Form 9 is a chance for the veteran to explain why he/she feels that the DVA has made an erroneous decision. Although Hospital appeals usually have a single issue, all issues on appeal should be addressed on the Form 9 or it is presumed that the veteran is in agreement with the omitted issues.

### **Personal Hearings**

A veteran may request a Personal Hearing either before or after the Statement of the Case has been issued. If the hearing is held before the Form 9 is received, this hearing should be considered as a chance to present further evidence. All hearings are recorded and transcribed which can be requested by the veteran and his representative. The transcribed record will be a permanent part of the veteran's appeal and claims folder. The veteran may indicate on the Form 9 that he/she would like a Personal Hearing held at Washington DC, or at a Field Office. Although the BVA conducts Personal Hearings at Field Facilities, most hearings will be conducted by NON-BVA members.

Upon completion of the hearing, the original transcript will be incorporated with all other material and the appeal will be certified to the BVA through the Regional Office having custody of the Claims Folder.

## CHAPTER 7

### HEARING PROCEDURES

The purpose of this procedure is to insure that every veteran is properly represented in hearings before the VA. This will be accomplished by proper pre-hearing preparation and presentation of the case. When observing and the evaluating the counselors performance, the Regional Office Supervisor will take great care to point out what the counselor did well along with addressing areas of improvement. The Supervisor should also share his/her knowledge and expertise with the counselors during the hearing critique.

Hearings can be one of the most beneficial aspects of the appeal process, especially with certain types of claims such as PTSD wherein the Hearing Officer can personally observe the emotions and body language exhibited by the claimant. On the other hand, there are situations wherein a hearing is worthless, even to the point of bring detrimental. An example of a hearing that is not beneficial would be if the veteran is already receiving the maximum allowed by law for the condition which is being appealed. In that same example, if the veteran has not been evaluated at the current level for 20 years consecutively (and therefore protected from reduction), there is no possibility of an increase, so the only possibilities are a continuation of the current rating or a reduction. In a case such as this, the counselor should take great pains (up to and including actually showing them the rating schedule) to inform the veteran that there is no benefit to be derived from pursuing the claim unless the disability picture is so outside the norm that there is a possibility of an extrascheduler evaluation (38 CFR 3.321(b)(1)). If the counselor believes this to be a possibility, the Regional Office Supervisor and then Regional Director should be consulted before proceeding. Another example would be if the veteran is already scheduler 100%, or receiving individual unemployability. If the medical evidence does not show the need for special monthly compensation, then there would be no benefit to proceeding with the claim or appeal. Sometimes the veteran is adamant that “it is the principle” and in such cases great effort should be taken to advise the veteran about the possibility of a reduction. If they absolutely demand to continue, the counselor should conduct the hearing in such a manner as to simply “protect” the veteran’s benefits. There are situations wherein a hearing cannot result in a grant, such as a claim for non service connected pension if the veteran has no wartime service. In a case such as this the counselor should be polite yet direct in advising the veteran of the total futility of proceeding.

Once the hearing assignments are made, the counselor should make every effort to review the claim file at the earliest possible time. At no time will this be done less than one week prior to the date of the hearing. There are many things to be considered at this time such as is further evidence obtainable, is an examination needed, or can the claim be resolved favorably by simply pointing out to the appropriate VA decision maker that there has been an error made in the consideration of fact or law? Once the file review has been accomplished, the counselor should call the veteran, and discuss the various possibilities with him/her of how to proceed, with specific discussion concerning both the positive and negative aspects of the claim. If the decision is to have the hearing, the counselor should then construct the opening argument, questions, and closing argument. In doing the hearing preparation remember that it is our responsibility to present the veterans case in the most favorable light possible. We accomplish this by emphasizing the

positive elements of the case. Sometimes addressing the negative aspects is unavoidable and in those instances be sure to emphasize the positive and downplay the negative. The best tactic is to not address the negative aspects until the hearing officer brings it up (unless you have something that negates it) because as stated above, our responsibility is to present the case in the most favorable manner possible. Once this has been accomplished, if the counselor is a Counselor I or a Counselor II, he /she will discuss the hearing with the appropriate Regional Office Supervisor.

The Supervisor will review the above referenced hearing preparations and make any changes or additions needed making sure to share knowledge and experience appropriate to the claim at hand.

Once a quarter, the appropriate Regional Office Supervisor will accompany, observe, and evaluate each Counselor I and Counselor II in a hearing. This will be accomplished “no notice” and after the hearing, the counselor will be given a verbal evaluation of his/her performance. The purpose of this is to insure that the lesser experienced counselors are representing our veterans adequately, and for the Regional Office Supervisors to be able to share their knowledge and expertise with their counselors. If problem areas are noted, the Regional Office Supervisor will address them with the counselor, and point out methods of improvement. If a problem is detected, another hearing should be observed as soon as deemed appropriate to make sure improvement has been made. If a problem still exists, the counselor will be given a written improvement plan with expectations and a time limit.

Likewise the Regional Office Supervisor will conduct a no notice observation of each Counselor III, in a hearing, twice a year. Again, this assures that we are providing the best representation available for each and every veteran we serve.

The Regional Office Supervisors will develop the appropriate forms for keeping track of the hearings observed and their comments about same. These forms will be kept updated and available for inspection at any time.

The Regional Directors will observe each counselor in a hearing once a year and will maintain the same process as stated above, along with discussing his/her findings with the appropriate Regional Office Supervisor.

## **Opening**

Once the hearing as formally commenced (the recording machine has been turned on), an opening comment such as the following can be used:

“I would like to express our thanks for the opportunity for Mr/Ms to appear before you concerning his/her pending appeal/claim. As indicated on (Statement of the Case, Form 9, Notice of Disagreement, etc) the issue/s today is/are:

- 1
- 2

“At this point I  
would like to ask  
“claimant” a few

questions.

### **Closing**

“At this point I have no further questions.” (Addressed to claimant: Mr/Ms at this time, do you have anything that you would like to personally address to the (DRO, Administrative Law Judge, etc) for them to consider when making a decision on your claim.”

Thank you again for the opportunity to appear before you today.  
(No reiteration of the issues/facts/evidence is necessary here unless there is some obvious confusion about what has been presented.)



**NEGATIVE ASPECTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes       No

**IS THE DECISION TO CONTINUE WITH THE HEARING?**

**GIVE THE FOLLOWING INFORMATION TO THE VETERANS:**

1. Request that the veteran report to your office one hour early
2. Review of hearing procedures
3. Review of directions to the hearing location

**DATE AND TIME CALL WAS COMPLETED:** \_\_\_\_\_

Yes       No

**DID YOU DOCUMENT PCFILES?**

**IF THE HEARING WILL BE HELD:**

1. Use references/resources such as rating schedule, regulations, Amie Exam worksheet, M21-1, Dorland's Medical Dictionary, Merck's Manual, also review references regarding hearings such as 38 CFR 3.103, and the M21-1, Part IV, Chapter 35, etc.
2. If pertinent review SMR's, VA Exam and medical evidence of record
3. Construct the opening argument
4. Make up potential questions
5. Construct closing arguments
6. Prepare the hearing in the most favorable light
7. Emphasize the positive elements of the case
8. Downplay or don't mention the negative aspects of the claim unless the hearing officer brings it up

**CAN THE CLAIM BE RESOLVED FAVORABLY BY SIMPLY POINTING OUT TO THE APPROPRIATE VA DECISION MAKER THAT THERE HAS BEEN AN ERROR MADE IN THE CONSIDERATION OF FACT OR LAW?**

Yes

No

**CONDUCT DIRECT CONTACT WITH THE VETERAN BY TELEPHONE; DISCUSS VARIOUS POSSIBILITIES ON HOW TO PROCEED COVERING BOTH POSITIVE AND NEGATIVE ASPECTS OF THE CLAIM**

**POSITIVE ASPECTS:**

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**NEGATIVE ASPECTS:**

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Yes

No

**IS THE DECISION TO CONTINUE WITH THE HEARING?**

**GIVE THE FOLLOWING INFORMATION TO THE VETERANS:**

1. Request that the veteran report to your office one hour early
2. Review of hearing procedures
3. Review of directions to the hearing location

**DATE AND TIME CALL WAS COMPLETED:**

Yes

No

**DID YOU DOCUMENT PCFILES?**

## **IF THE HEARING WILL BE HELD:**

1. Use references/resources such as rating schedule, regulations, Amie Exam worksheet, M21-1, Dorland's Medical Dictionary, Merck's Manual, also review references regarding hearings such as 38 CFR 3.103, and the M21-1, Part IV, Chapter 35, etc.
2. If pertinent review SMR's, VA Exam and medical evidence of record
3. Construct the opening argument
4. Make up potential questions
5. Construct closing arguments
6. Prepare the hearing in the most favorable light
7. Emphasize the positive elements of the case
8. Downplay or don't mention the negative aspects of the claim unless the hearing officer brings it up
9. Veterans Counselor I and II must review the hearing preparations with the appropriate Supervisor. The Supervisor will review and make changes or additions needed making sure to share knowledge and experience appropriate to the claim at hand

## **IF THE HEARING IS NECESSARY AND THE VETERAN PRESENTS FOR THE HEARING:**

1. Prior to the hearing, go over the questions you have prepared with the veteran to ascertain the answers
2. Go over the appeal status, explaining time limits, etc.

## **AFTER THE HEARING:**

1. You may want to leave hearing notes in the office file as well as evidence photo copied out of the claims folder for the VA Form 646 purposes
2. Please note on the office file the number of issues

## **DRESS FOR THE HEARING:**

1. Non - BVA Hearings: - Gentlemen, dress shirt and slacks and Ladies will wear commensurate dress (even on Fridays).
2. BVA Hearings: Gentlemen, coat and tie and ladies commensurate dress

**OPENING ARGUMENT**

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**QUESTIONS**

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**CLOSING STATEMENT**

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## CHAPTER 8

### POTENTIALLY DAMAGING CLAIMS

The Schedule for Rating Disabilities (38 CFR part 4) is a complicated system of rating medical and psychiatric conditions, and as such can be difficult for veterans to understand the intricacies thereof. As the veteran's representative, we must thoroughly advise the veteran of the laws and regulations that apply in regard to the claim that he or she wishes to pursue. We must use these laws and regulations to present the veteran's case in the most favorable light, and be especially mindful to guard against the veteran doing anything that could in fact be injurious to the claim or the combined evaluation.

An example of this would be in the instance of a change in the Rating Schedule. Over the years, numerous revisions have been made in the Rating Schedule. Evaluations assigned under the previous rating schedule criteria are protected under the provisions of 38 CFR 3.951 (a). A reduction will not be made unless the disability at issue has improved to the extent that a reduction would have been warranted under the old criteria as well. In other words, an increased evaluation could only be granted under the new criteria; and the evaluation could only be reduced under the old criteria.

There are many situations wherein the possibilities should be thoroughly explained to the veteran before a claim for increase is pursued, such as the following:

Anytime a veteran files a claim for increase, obviously they feel their condition has worsened. However, the VA looks at it from the standpoint of "has the condition worsened; improved; or remained the same." VA considers the objective medical evidence and rates the condition accordingly.

The ten-year protection (38 CFR 3.957) and twenty-year protection (38 CFR 3.951(b)) should always be considered. Ten-year protection means that if a veteran has been service connected for a condition for ten years consecutively the service connection cannot be severed (in absence of a finding of fraud). The evaluation can be reduced if there is improvement, but as stated above, it cannot be severed. In order for a reduction to take place, there must be medical evidence which shows "sustained" (38 CFR 3.344) improvement and results of one C&P examination generally does not constitute sustained improvement. Twenty-year protection means if the veteran has been service connected for a particular condition at the same evaluation for twenty years consecutively; not only can it not be severed, it cannot be reduced. This is true even if there is drastic improvement.

Not all conditions are ratable at 0% through 100%. As an example, the highest evaluation available for a knee condition is generally 30% unless the knee is ankylosed at an unfavorable angle (in flexion at an angle of 45 degrees or more); in which case, it is rated the same as amputation at the same level and warrants a 60% evaluation. This is because of the "amputation rule" which states the level of disability cannot exceed the evaluation of amputation at the same location. Therefore, in this case, an increase is not possible unless in fact the knee is ankylosed as referenced above. In this case, unless the condition has been rated at 30% for 20 years consecutively, there is no chance for an increase (unless the knee is ankylosed or has instability and arthritis with painful or limited motion). Regarding knees rated on instability, the counselor should consider Office of General Counsel Precedent Opinion 9-98. If there is a 30% evaluation or less, based on instability with x-

ray evidence of arthritis and painful or limited motion, a separate rating may be assigned (38 CFR 4.59).

In claims for increased evaluations, the counselor should review the criteria for an increased evaluation with the veteran. If there is a possibility for reduction and the evaluation criteria is properly explained, most vets will see that it is not worth the risk. A different example would be PTSD. The only evaluations available for PTSD are 0%, 10%, 30%, 50%, 70%, and 100%. If the veteran wants to file for an increased evaluation, the representative should explain the requirements for the next higher evaluation and see if the veteran believes the PTSD has increased in severity. Another consideration in this case would be 38 CFR 4.7 which instructs the rating specialist to assign the higher of two evaluations. This means, if part of the 30% evaluation applies and part of the 50% evaluation applies, the 50% evaluation must be assigned if the disability picture more approximates that criteria. All of these things and more must be considered in order to properly advise the veteran, and a thorough knowledge of the rating schedule is required to do so.

Occasionally, a veteran who is a scheduler 100% will apply for service connection for a new condition, or for an increase in one of his/her already service connected conditions. In counseling with a veteran in this situation, all of the above (maximum evaluation, 10 and 20 year protection rules, and possibility of reduction) should be discussed. The representative should also give consideration to whether or not the veteran meets any of the special monthly compensation criteria. Special monthly compensation is a defined set of certain disability combinations which warrant additional compensation above and beyond the 100% evaluation. This too should be discussed with the veteran, and lesser experienced counselors should seek the advice of senior counselors, or their supervisor. Here again, the representative should counsel the veteran in an effort to assure that he/she does not do anything to jeopardize the benefits they are currently receiving.

Some veterans who are receiving individual unemployability (IU) (paid 100% money although not rated 100%) will want to apply for an increase as above, or want to receive 100% scheduler rather than IU. This again calls for the representative to fully discuss all of the applicable factors listed above. Some veterans believe there are more benefits associated with being rated 100% versus IU. This is not correct.

However, there is an exception when the veteran is receiving military retired pay based on twenty or more years of service. Federal statutes allow for a concurrent receipt of full military retired pay and VA disability compensation when the veteran is rated a scheduler 100%. Current law does not allow this for those retirees who receive the 100% rate based on IU.

One of the biggest misconceptions among veterans is that the spouse will not receive Dependency Indemnity Compensation (DIC) upon the veteran's death if they are receiving IU rather than 100% scheduler. This is incorrect because in both cases the surviving spouse will receive DIC if the veteran dies of a service connected condition (or a

service connected condition hastens or materially contributes to the cause of death). If the veteran is rated 100% or IU for ten years consecutively, DIC will be paid to the surviving spouse and/or eligible children. If the veteran is receiving 100% scheduler or IU, the cause of death must be adjudicated to be service connected in order to receive service connected burial benefits. If the death is not found to be for service connected, then the non-service connected burial benefit will be paid.

There are conditions for which there is only one rating, such as tinnitus. This is a condition in which there is ringing or tones in the veteran's hearing. A 10% evaluation is assigned for recurrent tinnitus, whether in one or both ears. If tinnitus began in service and is still present, determination of a specific etiology is not required to award compensation. However, a claim for tinnitus secondary to medication requires a medical opinion. If a zero percent evaluation was assigned before 06 10 99, 38 CFR 3.114 (a) would apply.

## CHAPTER 9

### TEXAS VETERANS STATE NURSING HOME

#### Procedures

Texas Veterans Commission counselors will make every effort to insure the most expeditious processing of our veterans in or applying for admittance to the Texas Veterans State Nursing Homes. Representatives assisting in these claims must remember that this is a very emotional time for the veteran and the family members so compassion and expedited processing of their claims are very important. At TVC's request the VA has agreed to provide special expedited handling of these claims in all possible situations. If the claim is submitted as a complete package, and there is already a file established; they will make a decision within forty eight hours of receipt of the claim. This applies in both regional offices. Thoroughly explain the process to the veteran or whoever is assisting, the time involved in processing these claims. As stated above, if a claim file has been previously established, and a complete packet is received the VA's target is forty eight hours. If the veteran has never filed a claim or a complete packet is not provided then the time will be considerably longer. It is very important that the veteran and family understand about processing time because until such time as a favorable decision is made the veteran is responsible for the entire cost of his/her care. The Texas Veterans Land Board is the operator of the State Homes and they are very sympathetic to these situations, but there is only so much that they can do. Once these claims are received in the TVC office of the appropriate Regional Office, the contact counselor for State Home claims will thoroughly check the claim and take it directly to the Triage Coach and identify it for expedited handling as a State Home case. The TVC has a designated contact counselor for State Home cases in both RO's. Once these claims are received in the appropriate R.O. the contact counselor for the State Home claims will thoroughly check the claim and take it directly to the Triage Coach, and identify it as a State Home case for expedited processing purposes. If it is determined that the packet is not complete, they will make every effort to work with the veteran or the family as required to obtain the needed information or documentation as soon as possible. The TVC contact counselors keep a log of all State Home cases and review it daily to make sure that these cases are being processed as quickly as possible, and will also keep both the State Home and family notified of the claims progress.

The following are the TVC field counselors and which State Homes they are in charge of assisting with:

Jim Sampson – Floresville  
Ron Swisher – Bonham  
Stephen Hanlon – Temple  
Jesse Flores – Big Spring  
Mike Batkin – El Paso  
Larry Witthar – Amarillo  
Martin Villarreal – McAllen



## CHAPTER 10

### PRIORITIZING CLAIMS

Prioritizing claims may be necessary when an office has more people to interview than humanly possible during business hours. When your workload reaches this level prioritize the order you will see clients based on the criteria listed below. It may also be necessary to refer clients to other service organizations such as the VFW and American Legion or the local County Veterans Service Officer. If you employ this procedure complete the attached log to record all referrals.

1. **Terminally Ill;** Expedite eminent death claims to established entitlements and a grant of benefits before the death of the veteran occurs.
2. **Homeless;** Immediate assistance to secure a safe shelter, food, health care and income to prevent the veteran from being homeless in the future.
3. **POW;** This group of veterans has given a great sacrifice to our nation. POW's have a special protocol exam given by the VA. Due to their special health needs the VA has POW Coordinators to follow their claims.
4. **Texas Veterans State Homes;** Compliance with the Memorandum Of Understanding (MOU).
5. **OEF/OIF;** Returning combat veterans must receive care and benefits as soon as possible.
6. **Service Connected;** Established running awards from the VA improves the veteran's standard of living and opens eligibility for additional federal and state benefits.
7. **Service Connected Widow (DIC);** Established running awards from the VA improves the widow's standard of living and open eligibility for additional federal and state benefits.
8. **Non Service Connected (live and death);** Disabled and limited income veterans and widows may receive supplemental income from VA pension.
9. **Appeals;** Appeals must be filed within one year of the VA award letter.
10. **Vocational Rehabilitation;** The Veteran's application for Voc Rehab may be submitted after service connected disability benefits are established.
11. **Request Waiver to VA Over Payment;** The VA gives the veteran time to submit their request for the debt to be forgiven or for a reasonable pay back plan which won't cause a financial hardship.
12. **Discharge Upgrade;**  
Normally

this requires more than one interview. The veteran needs to request copies of military records and produce positive civilian records that are post service.




## CHAPTER 11

### VA HOSPITAL OPERATING PROCEDURES

#### Clerical Duties

Walk-in clients will fall into two categories: those who are patients at the hospital and those who are not. When a clerk greets a walk-in client, it will be determined if the person is a patient at the hospital, is an outpatient at the hospital or is a veteran *or dependant* seeking assistance. The clerk will determine if the veteran has been in the office before, and run the veteran's social security number or claim number through the computer. If the veteran is in the computer, a printout will be made available to the counselor. The counselor will be advised and he/she will determine if an information sheet will be filled out and put into the computer. In all cases the patient data sheet will be put into a rack and the *client* will be seen on a first come, first serve basis.

All hospital personnel will ensure that their business cards are stamped with the stamp provided.

For hospital offices that receive the Gains and Loss report, should a hospitalized veteran die, a sympathy letter will be sent to the deceased veteran's family if they reside in a county in which there is a TVC office. The letter will advise the family of the sympathy that the Commission feels for them because of the loss of a loved one, that they may be potentially eligible for veteran's benefits, and that there is a Texas Veterans Commission field office close by which can assist them. The location and phone number of the office should also be included in the letter. Because this is a form letter, the responsibility for the preparation of this letter can be delegated to the clerk.

#### Veterans Counselors Responsibilities

The Veterans Counselor in charge will ensure that a routine procedure is established for picking up admission patient data sheets at the beginning of each work day or as soon as they are available.

Veterans Counselors will attempt to see every patient admitted. If a Veterans Counselor does not see a patient on the first attempt, the Veterans Counselor will continue to attempt to see the Veteran until he/she is discharged.

If it is necessary to screen patient data sheets in order to prioritize which veterans are to be seen first, each sheet will be screened individually, considering information from previous admissions and if the veteran warrants an interview according to the following criteria:

- a. The date the veteran was last seen by the Texas Veterans Commission.
- b. Whether the veteran receives compensation or pension. If the veteran receives compensation, what is the percentage? Is the veteran on a ward to be treated for a service connected condition? If the veteran is in receipt of pension, is A&A or Housebound possibly an issue?
- c. Has the veteran recently filed a

claim for benefits and does it appear that an award should have already been made?

- d. What does the Department of Veterans Affairs indicate as an eligibility code?
- e. Regularity and dates of previous admissions.
- f. Type of ward onto which admitted.
- g. Keep in mind cases which the Veterans Benefits Counselors are required to see.
- h. Has the veteran served only in peacetime or has he/she less than 90 days of service and no service connected disabilities?

### **Ward Procedures**

Locate patients by using the *daily alphabetical patient roster* or other means available. Visit the patient and record findings from the veteran and action taken by the Veterans Counselor. If the veteran is not on the ward on the first visit, check the day room, etc., and the veteran's room a second time prior to leaving the ward. Check with the nurses' station regarding missing patients. In the event the Veterans Counselor is unable to see the veteran, a business card should be left on the bedside table or on the veteran's pillow. Treatment records of the patients' may be reviewed at the nurses' station should the Counselor have the need.

In the event a patient is in isolation, the Veterans Counselor should follow Universal Precautions before entering the room. This includes gowning, gloving, masking and wearing protective shoe coverings when applicable. The Counselor should always be aware to follow these rules in every isolation case as the patient's health could be made at risk in a case of reverse isolation.

### **Interview Procedures**

1. When interviewing a veteran, the Veterans Counselor's name and agency should be given. It is very important that the veteran understand that the Veterans Counselor represents the State of Texas Veterans Commission. Also, the veteran should understand that the Texas Veterans Commission is not a Federal or volunteer agency, but is a State agency which has the purpose of ensuring that also understand that the Texas Veterans Commission is an advocacy agency and any questions asked are simply for the purpose of determining whether the veteran may be potentially entitled to benefits.

2. Questions concerning income,

degrees of disability, or any others of a personal nature should not be asked until the veteran fully understands the reason that the Veterans Counselor is asking these questions. If the veteran does not understand the purpose of these questions, he/she may become unduly alarmed and refuse to cooperate with the Veterans Counselor.

3. During the interview, the Veterans Counselor should inquire whether the veteran has recently been approached concerning veterans' benefits. If the veteran states that he/she has been approached concerning veterans' benefits by some other agency or a contact representative, the Veterans Counselor should determine what applications have been made prior to completing any applications for veterans' benefits.

If it is determined that the veteran has filed for benefits, an explanation should be given to the veteran concerning the benefits of being represented by a veterans organization or by the Texas Veterans Commission. If the veteran agrees to complete a power of attorney form, it should be explained that there is a list of the organizations on the back and any of those may be chosen.

4. If the veteran has not been seen by any other counselor, determine whether or not the veteran is in receipt of veterans' monetary benefits. Then, using the Interview checklist, review the veteran's eligibility for benefits. When it is determined that the veteran is or may be eligible for a benefit, the proper form should be completed to apply for that benefit. In some instances there may be a question of eligibility for A&A or Housebound benefits. If eligibility is questionable, it should be discussed with the *physician, charge nurse or social worker*. When necessary, obtain medical statements from the physician to expedite last illness on emergency cases. Make sure emergency cases are discussed with the Regional Office staff personnel prior to submitting for benefits or write a memo describing the situation.

5. Regardless of the fact that the veteran has or has not been seen by a counselor, be sure to explain the State's veterans benefits programs. Also, give the veteran a copy of the TVC pamphlets which are applicable to the veteran's situation. If the veteran is interested in the housing or land program, offer the VLB pamphlets if there is an available supply.

After returning from the ward to the office, list all activities other than submittals on a TVC-6 worksheet. Ensure that diaries are established and, when necessary, establish an inter-office diary concerning reports expected from the wards.

## **Files**

The only files maintained will be TVC form 17 or computer records, whether they are patients or non-patients. Patient data information will be completed in such a manner that it is concise and complete in describing actions taken. It should always be remembered that because this is the only permanent file which the Commission maintains in a hospital on a veteran, it should always be a record of all actions taken with regard to the veteran. This includes brief summaries of letters received from veterans, as well as summaries of

letters written on behalf of veterans.

In cases in which records of a large amount of documentation are needed, i.e.: Appeals or Discharge *upgrades*, a file should be established.

## CHAPTER 12

### POSSIBLE FRAUDULENT CLAIMS

Texas Veterans Commission (TVC) is a veterans' advocacy agency. TVC represents the veteran by presenting his or her claim in the best possible light. A TVC counselor strives to assure that every claimant receives all VA benefits they are entitled to under the law. "Under the Law" is the subject of this process because no TVC counselor will knowingly assist a veteran in the commission of fraud. Therefore each counselor must walk that fine line between our commitment to never doing anything injurious to any veteran or claimant and reporting violations of law. A TVC counselor should take information a veteran provides at face value. TVC has neither the capability nor the resources to investigate the validity of everything a veteran says or every piece of evidence they provide, and that is not the role of an advocate. However, if in assisting a veteran, a counselor believes that a claimant is trying to present false evidence or a fraudulent claim the following process will be followed:

1. Upon discovery of evidence or a claim that is "questionable," take all the available information to your supervisor. Such information should be more than a feeling or suspicion, but credible evidence that contradicts the assertions of the claimant.
2. The supervisor will give careful consideration and thoroughly review all the assembled information.
3. In all instances the appropriate Regional Director will be briefed, who will then advise the Director of Claims Representation and Counseling. This briefing will consist of all of the assembled information and documentation.
4. If the Director of Claims Representation and Counseling determines that the information and documentation reveals that false evidence or a fraudulent claim exists, he or she will notify both the Executive Director, and Deputy Executive Director and consult with the TVC General Counsel.
5. If it is finally determined that TVC has direct knowledge that a claim contains false or deceptive information, the appropriate Regional Director will report that fact to the Veterans Service Center Manager in the Regional Office of jurisdiction.
6. Throughout this entire process, only those mentioned above will be involved. Without exception, strictest confidentiality will be observed.
7. A log will be kept by the both Regional Directors about all questionable claims and the disposition thereof.

**CHAPTER 13**  
**HELPFUL CONTACTS**

Location / Organization	Phone Number	Website	E-mail Address
Abilene VA Clinic	325/695-3252		
Air Force Aid Society		<a href="http://www.afas.org/">http://www.afas.org/</a>	
Air Force Sergeants Assn. (San Antonio)	210/977-6908	<a href="http://afsadivision610.org/">http://afsadivision610.org/</a>	afsa610@yahoo.com
Amarillo C&P	806/355-9703 Ext. 7825		
Amarillo VAMC	806/355-9703 or 1-800-687-8262		
Amarillo Vet Center	806/354-9779		
American Ex-Prisoners of War (San Antonio)	210/725-5894		
American Legion Dept. Headquarters (Austin)	512/472-4138	<a href="http://www.txlegion.org/">http://www.txlegion.org/</a>	
American Legion Pension Center	612/970-5660		
American Legion R.O. Houston	713/383-2755	<a href="http://www.txlegion.org/">http://www.txlegion.org/</a>	alreyee@vba.va.gov
American Legion R.O. Waco	254/299-9960	<a href="http://www.txlegion.org/">http://www.txlegion.org/</a>	seymouro@txlegion.org
American Merchant Marine Veterans (Richardson)	972/231-5464		issob@sbcglobal.net
American Military Retirees Assn. (Belton)			centurion@aol.com
AMVETS Dept. Headquarters (Dallas)	214/309-1980		amvetsdept@sbcglobal.net
AMVETS National Headquarters (Maryland)	301/459-9600 or 1-877-726-8387	<a href="http://www.amvets.org/">http://www.amvets.org/</a>	amvets@amvets.org

AMVETS R.O. Houston	713/383-2757		
AMVETS R.O. San Antonio	210/699-5090		
Appeals (Washington)	866/258-0341		
Armed Forces Services Corp.		<a href="http://www.afsc-usa.com/services.html/">http://www.afsc-usa.com/services.html/</a>	
Army Emergency Relief		<a href="http://www.aerhq.org/">http://www.aerhq.org/</a>	
Austin VA Clinic	512/389-1010		
AustinVet Center	512/416-1314		
Beaumont VA Clinic	409/981-8550 or 1- 800-833-7734		
Beeville VA Clinic	361/358-9912		
Big Spring C&P	432/263-7361 Ext. 4885		
Big Spring VAMC	432/263-7361 or 1- 800-472-1365		
Blind Veterans Association (Dallas)	214/857-1119	<a href="http://www.bva.org/">http://www.bva.org/</a>	
Blinded Veterans Association	210/657-0059		docsgo@swbell.net
Blue Star Mothers of America, Inc.		<a href="Http://www.bluestarmothers.org/">Http://www.bluestarmothers.org/</a> <a href="http://www.bsmhoustonarea.org/">http://www.bsmhoustonarea.org/</a>	BlueStarMomsHoustonArea@yahoo.com
Bonham VAMC	903/583-2111 or 1- 800-924-8387		
Bridgeport VA Clinic	940/683-2297		
Brochure ordering Waco Region	Fax # : 254/299-9430		
Brownwood VA Clinic	325/641-0568		
Burial & Memorial Benefits		<a href="http://www.cem.va.gov/">www.cem.va.gov/</a>	

BVA	202/565-5436		
Casualty Assistance Ft. Hood	254/288-5609		
Catholic War Veterans (El Paso)	915/565-4656	<a href="http://www.freewebs.com/cwvdeptx/">http://www.freewebs.com/cwvdeptx/</a>	
Cedar Park VA Clinic	512/260-1368		
Childress VA Clinic	940/937-3636		
Coast Guard Mutual Aid		<a href="http://www.cgmahq.org/">http://www.cgmahq.org/</a>	
College for Texans		<a href="http://www.collegefortexans.com/military/">http://www.collegefortexans.com/military/</a>	
College Station VA Clinic	979/680-0361		
Conroe VA Clinic	936/522-4000		
Corpus Christi VA Clinic	361/806-5600		
Corpus Christi Vet Center	361/854-9961		
CRCS Service Center	866/281-3254		<a href="mailto:crsc.info@us.army.mil">crsc.info@us.army.mil</a>
CRSC Airforce	210/565-1600		
CRSC Army	703/325-2207		
CRSC Navy/USMC	202/685-6052		
Dallas C&P	214/857-1442		
Dallas Medical Center	1-800-827-0648		
Dallas VAMC	214/742-8387 or 1-800-849-3597		
Dallas Vet Center	214/361-5896		
Dallas-Fort Worth National Cemetery	214/467-3374		
DAV Dept. Headquarters (Grand Prairie)	972/262-8600		

DAV National Headquarters (Kentucky)	859/441-7300 877-426-2838	1-	<a href="http://www.dav.org/">http://www.dav.org/</a>	
DAV R.O. Houston	713/383-2715			
DAV R.O. San Antonio	210/699-5064			
DAV R.O. Waco	254/299-9932			
Debt Management	800-827-0648			
Defense POW/ Missing Personnel Office	703 602 2102		<a href="http://www.dtic.mil/dpmo/">http://www.dtic.mil/dpmo/</a>	
Denton VA Clinic	940/213-4100			
Department of Defense			<a href="http://www.defenselink.mil/">www.defenselink.mil/</a>	
Deployd Stats (Pentagon)	703/697-5133			<a href="mailto:les.melnik@osd.mil">les.melnik@osd.mil</a>
Desert Shield/ Desert Storm Association (Odessa)	432/368-4667		<a href="http://www.odessa.com/">http://www.odessa.com/</a>	<a href="mailto:jsilvester602@aol.com">jsilvester602@aol.com</a>
DFA's	1-800-321-1080			
Education	1-888-442-4551			
Education (Oklahoma)	888/442-4551			
Education Benefits			<a href="http://www.gibill.va.gov/">www.gibill.va.gov/</a>	
Educational Financial Aid for Veterans and their Dependents			<a href="http://www.finaid.org/military/veterans.shtml">http://www.finaid.org/military/veterans.shtml</a>	
El Paso VAMC	915/564-6100 800-672-3782	or 1-		
El Paso Vet Center	915/772-0013			
Federal Jobs			<a href="http://www.usajobs.opm.gov/">www.usajobs.opm.gov/</a>	
Fleet Reserve Association (Austin)	512/458-8614			<a href="mailto:charleyrandall@bigfoot.com">charleyrandall@bigfoot.com</a>

Fort Bliss National Cemetery	915/564-0201		
Fort Sam Houston National Cemetery	214/820-3891/3894		
Fort Stockton VA Clinic	432/336-0700		
Fort Worth VA Clinic	817/335-2202 or 1-800-443-9672		
Fort Worth VA Clinic	817/735-2228		
Fort Worth Vet Center	817/921-9095		
Free Bed and Breakfast for Returning Veterans	979/378-1108	<a href="http://www.texasveteranproject.org/">http://www.texasveteranproject.org/</a>	
Ft. Hood I.D. Card Section	254/287-5670		
Galveston VA Clinic	409/741-0256 or 1-800-310-5001		
Granbury VA Clinic	817/326-3440		
Greenville VA Clinic	903/455-5958		
Harker Heights Vet Center	254/953-7100		
Harlingen VA Clinic	956/366-4500		
Harlingen VAMC	956/366-4500		
Hazlewood Act		<a href="http://www.tvc.state.tx.us/hazlewoodact.htm">http://www.tvc.state.tx.us/hazlewoodact.htm</a>	
Headstones & Markers	1-800-697-6947		
Health Care Eligibility		<a href="http://www.va.gov/healtheligibility">www.va.gov/healtheligibility</a>	
Health Care Revenue Center	1-877-222-8387		
Home Loan Guaranty		<a href="http://www.homeloans.va.gov/">www.homeloans.va.gov/</a>	
Homes for our Troops	866/787-6677	<a href="http://www.homesforourtroops.org/">http://www.homesforourtroops.org/</a>	

Houston C&P	713/794-7091		
Houston National Cemetary	281/447-8686		
Houston QIC	800-545-9448		
Houston R.O.	1-800-827-1000		
Houston VAMC	713/791-1414 or 1-800-553-2278		
Houston Vet Center	713/523-0884		
Houston Vet Center	713/682-2288		
Jewish War Veterans (Carrollton)	972/416-7355		alavigne@verizon.net
Kerrville National Cemetary	210/820-3891/3894		
Kerrville VAMC	830/896-2020		
Killeen Cemetery	254/616-1770		
Korean War Veterans Association (Arlington)	817/261-1499	<a href="http://www.kwva.org/">http://www.kwva.org/</a>	marydunnjr@yahoo.com
Laredo VA Clinic	1-800-209-7377		
Laredo Vet Center	956/723-4680		
Life Insurance	1-800-669-8477	<a href="http://www.insurance.va.gov/">www.insurance.va.gov/</a>	
Location / Organization	Telephone Number	Website	E-mail Address
Longview VA Clinic	903/247-8262 or 1-800-957-8262		
Lubbock VA Clinic	806/472-3400		
Lubbock Vet Center	806/792-9782		
Lufkin VA Clinic	936/637-1342 or 1-800-209-3120		
Marine Corps League (Graham)		<a href="http://mcltexas.org/">http://mcltexas.org/</a>	bernieodell@sbcglobal.net
McAllen VA Clinic	956/618-7100 or 1-866-622-5536		
McAllen Vet Center	956/631-2147		

Mental Health		<a href="http://www.mentalhealth.va.gov/">www.mentalhealth.va.gov/</a>	
Midland Vet Center	432/697-8222		
Military Connection	1-800-817-3777 or 805/306-0580 x 124	<a href="http://www.militaryconnection.com">www.militaryconnection.com</a>	
Military Funeral Honors		<a href="http://www.militaryfuneralhonors.osd.mil/">http://www.militaryfuneralhonors.osd.mil/</a>	
Military Homefront		<a href="http://www.militaryhomefront.dod.mil/">http://www.militaryhomefront.dod.mil/</a>	
Military Officers Association of America (Carrollton)			<a href="mailto:jg7346@comcast.net">jg7346@comcast.net</a>
Military Officers Association of America (MOAA)			<a href="mailto:edassist@moaa.org">edassist@moaa.org</a>
Military Order of the Purple Heart Dept. Headquarters (El Paso)	915/821-3880		<a href="mailto:deewes64@aol.com">deewes64@aol.com</a>
Military Order of the Purple Heart National Headquarters (VA)	703/642-5360		<a href="mailto:info@purpleheart.org">info@purpleheart.org</a>
Military Order of the Purple Heart R.O. Fort Sam Houston	210/221-2587		<a href="mailto:gilbert.choa@vba.va.gov">gilbert.choa@vba.va.gov</a>
Military Order of the Purple Heart R.O. Fort Worth	817/882-6192		<a href="mailto:cleophus.dollarhide@med.va.gov">cleophus.dollarhide@med.va.gov</a>
Military Order of the Purple Heart R.O. Houston	713/383-2753		<a href="mailto:mohubbd@vba.va.gov">mohubbd@vba.va.gov</a>
Military Order of the Purple Heart R.O. Waco	254/299-9985		<a href="mailto:Mmophgarv@centexbiz.rr.com">Mmophgarv@centexbiz.rr.com</a> <a href="mailto:mophpike@centexbiz.rr.com">mophpike@centexbiz.rr.com</a>

Military Student Aid		<a href="http://www.finaid.org/military/">http://www.finaid.org/military/</a>	
Military.com info		<a href="http://www.military.com/militaryreport/o,12914,92137.00.html/">http://www.military.com/militaryreport/o,12914,92137.00.html/</a>	
NARA (St. Louis for DD214)	314/801-0800		
National Archives (before 1975)	301/837-3510	<a href="http://www.nara.gov">www.nara.gov</a>	
National Association of Medics & Corpomen (Belton)	254/931-0135		
National Association of Uniformed Services (Austin)			<a href="mailto:oldtimer@macconnect.com">oldtimer@macconnect.com</a>
National Guard Association of Texas (Austin)	512/454-7300	<a href="http://www.ngat.org/">http://www.ngat.org/</a>	<a href="mailto:rlindner@ngat.org/">rlindner@ngat.org/</a>
National Suicide Prevention Lifeline	1-800-273-8255		
National Veterans Outreach Program (San Antonio)	210/223-4088		<a href="mailto:gforum@txdirect.net">gforum@txdirect.net</a>
Navy Marine Corps Relief Society		<a href="http://www.nmcrs.org/">http://www.nmcrs.org/</a>	
New Braunfels VA Clinic	830/629-3614		
Non Commissioned Officers Association (San Antonio)	210/653-6161	<a href="http://www.ncoausa.org/">http://www.ncoausa.org/</a>	
Odessa VA Clinic	432/550-0149		
Palestine VA Clinic	903/723-9006		
Paralyzed Veterans of America, Inc. Dallas Office	214/857-0105		

Paralyzed Veterans of America, Inc. R.O. Houston	713/383-2727		
Paralyzed Veterans of America, Inc. R.O. Waco	254/299-9943		
Paralyzed Veterans of America, Inc. San Antonio Office	210/617-5275		
Paralyzed Veterans of America, Inc. Washington Office	1-800-424-8200	<a href="http://www.pva.org/">http://www.pva.org/</a>	<a href="mailto:info@pva.org">info@pva.org</a>
Paris VA Clinic	903/785-9900		
Pearl Harbor Survivors Association (Houston)	713/723-0728		
Pension Center	877/294-6380 Ext. 5682		
POWs, D.C	202/461-9752		
Records		<a href="http://www.archives.gov/st-louis/military-personnel/">www.archives.gov/st-louis/military-personnel/</a>	
Reserve Officers Association of the U.S. (San Antonio)			<a href="mailto:elcorone101@sbcglobal.net">elcorone101@sbcglobal.net</a>
Returning Veterans		<a href="http://www.seamlesstransition.va.gov">www.seamlesstransition.va.gov</a>	
San Angelo VA Clinic	325/658-6138		
San Antonio Dental Clinic	210/949-8900		
San Antonio General McMullen VA Clinic	210/434-1400		
San Antonio Greenway VA Clinic	210/599-6000		
San Antonio National Cemetary	210/820-3891/3894		

San Antonio Northern Hills VA Clinic	210/653-8989		
San Antonio Pecan Valley VA Clinic	210/304-3500		
San Antonio VA Clinic	210/699-2100		
San Antonio VAMC	210/617-5300 or 1-888-686-6350		
San Antonio Vet Center	210/472-4025		
SBP Annuities	1-800-435-3396		
SGLI/VGLI	1-800-419-1473		
Sherman VA Clinic	903/891-8317		
Social Security	254/741-2332		
Social Security Administration	1-800-772-1213	<a href="http://www.ssa.gov/">http://www.ssa.gov/</a>	
Special Health Issues	1-800-749-8387		
Stamford VA Clinic	325/773-2710		
State Bar of Texas	512/481-9178	<a href="http://www.texabar.com/">http://www.texabar.com/</a>	
Stratford VA Clinic	806/396-2852		
Telecommunication Device for the Deaf (IDD)	1-800-829-4833		
Temple C&P	254/778-4811 Ext. 42297		
Temple VAMC	254/778-4811 or 1-800-423-2111		
Texas Association of Vietnam Veterans (Austin)		<a href="http://tavvaustin.org/">http://tavvaustin.org/</a>	<a href="mailto:vnvetprod@aol.com">vnvetprod@aol.com</a>
Texas Bar Association	713/759-1133	<a href="http://www.hba.org/">http://www.hba.org/</a>	
Texas City VA Clinic	409/986-1129 or 1-800-310-5001		

Texas Dept. of Assistive and Rehab Services (DARS)		<a href="http://www.dars.state.tx.us/drs/index.shtml/">http://www.dars.state.tx.us/drs/index.shtml/</a>	
Texas Health and Human Services Commission		<a href="http://www.hhsc.state.tx.us/">http://www.hhsc.state.tx.us/</a>	
Texas Paralyzed Veterans Association (Austin)	512/443-3336		
Texas Paralyzed Veterans Association (Houston)	713/520-8782	<a href="http://www.texaspva.org/">http://www.texaspva.org/</a>	<a href="mailto:pvachtex@mindspring.com">pvachtex@mindspring.com</a>
Texas Tech Vietnam Veterans		<a href="http://www.vietnam.ttu.edu/vietnamcenter/">http://www.vietnam.ttu.edu/vietnamcenter/</a>	
Texas Veteran Resource Website		<a href="http://www.texvet.com">www.texvet.com</a>	
Texas Workforce Commission		<a href="http://www.twc.state.tx.us/jobs/job.html">http://www.twc.state.tx.us/jobs/job.html</a>	
ThanksUSA Scholarship Program	1-877-849-8727		<a href="mailto:shintz@scholarshipamerica.org">shintz@scholarshipamerica.org</a>
The Army & Navy Union (Temple)	254/986-2369		
The Retired Enlisted Association (Eules)		<a href="http://www.trea.org/">http://www.trea.org/</a>	<a href="mailto:swabbie@mybluelight.com">swabbie@mybluelight.com</a>
Tyler VA Clinic	903/593-6064		
U.S. Navy Armed Guard WWII Veterans (El Paso)	915/581-1553		
U.S. Navy Armed Guard WWII Veterans (Round Rock)	512/671-3464		
United States Veterans Initiative (Houston)	832/203-1626		
VA Benefit Payment Rates		<a href="http://www.vba.va.gov/bln/21/rates/">www.vba.va.gov/bln/21/rates/</a>	

VA Benefits	1-800-827-1000		
VA Forms		<a href="http://www.va.gov/vaforms/">www.va.gov/vaforms/</a>	
VA Home Loan Cont. of Eligibility (Houston)	888/244-6711		
VA Home Page		<a href="http://www.va.gov/">www.va.gov/</a>	
VAMC Oklahoma City	1-866-519-2004 Toll Free: 405/456-1000		
Veterans Consortium Pro Bono Program	202/628-8164 Toll Free: 1-888-838-7727	<a href="http://www.vetsprobono.org/">http://www.vetsprobono.org/</a>	<a href="mailto:mail@vetsprobono.org">mail@vetsprobono.org</a>
Veterans Employment & Training		<a href="http://www.dol.gov/vets/">www.dol.gov/vets/</a>	
Veterans' Employment and Training Service	281/579-8071 Ext. 107	<a href="http://www.dol.gov/vets/">http://www.dol.gov/vets/</a>	
Veterans Preference		<a href="http://www.opm.gov/veterans/index.asp">www.opm.gov/veterans/index.asp</a>	
VFW Dept. Headquarters (Austin)	512/834-8535		
VFW R.O. Houston	713/383-2750		<a href="mailto:don.smith1@va.gov">don.smith1@va.gov</a>
VFW R.O. Waco	254/299-9959		<a href="mailto:mel.glidewell@vba.va.gov">mel.glidewell@vba.va.gov</a>
VFW Washington	202/543-2239		
Victoria VA Clinic	361/582-7700 or 1-800-209-7377		
Vietnam Veterans Foundation of Texas, Inc. (Dallas)	214/553-9688		
Vietnam Veterans of America (Fritch)	806/857-0409		<a href="mailto:luther844@aol.com">luther844@aol.com</a>
Voc Rehab (Waco)	254/299-9816		

Voc. Rehabilitation & Employment		<a href="http://www.vetsuccess.gov/">www.vetsuccess.gov/</a>	
Waco R.O.	1-800-827-1000		
Waco VAMC	254/752-6581 or 1-800-423-2111		
Wichita Falls VA Clinic	940/723-2373		
Wounded Hero Home Program	832/647-8683	<a href="http://www.rotaryhouston.org/">http://www.rotaryhouston.org/</a>	

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TEXAS VETERANS COMMISSION

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**CLAIMS REPRESENTATION AND  
COUNSELING MANUAL**

**Part III  
Forms Examples**



**JULY 2009**

## **FOREWORD**

The Texas Veterans Commission Forms Training guide has been developed to assist all Veteran County Service Officers and TVC Counselors who complete claims for veterans, their families' and survivors when filing for benefits.

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**Part I**  
**Veterans Service Center Benefit Forms**



**VA Form 21-22**  
**Appointment of Veterans Service Organization as**  
**Claimant's Representative**

**Purpose:** To appoint a service organization to prepare, present and prosecute claims on the veteran or claimants behalf. It authorizes the Department of Veteran Affairs (DVA) to release all records and documents pertaining to the veteran unless otherwise specified.

**VA Form 21-22**  
Appointment of Veterans Service Organization as Claimant's  
Representative

Line 1: Veterans name

Line 2: VA File number if not known leave blank

Line 3A: Name of service organization the veteran is appointing

Line 3B: Job title of official or you may state Accredited Representative from the agency appointed

Line 4: Social Security Number

Line 5: Include insurance number if available if not put NA in block

Line 6A: Include service number if applicable

Line 6B: Branch of service

Line 7: If the appointment is for spouse/dependent place name in block

Line 8: Relationship to the veteran

Line 9: Mailing address

Line 10: Telephone numbers to include day/evening

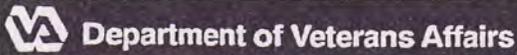
Line 11: Date of appointment

Line 12: If the veteran does not wish to grant full access to his/her records mark the block

Line 13: State the limit of consent that the veteran will authorize

Line 14: Signature by the claimant

Line 15: Date signed



**APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE**

Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

1. LAST-FIRST-MIDDLE NAME OF VETERAN Serviceman, John A.	2. VA FILE NUMBER (Include prefix) 22-331-440
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) Texas Veterans Commission (TVC)	
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Accredited Representative	

**INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES**

4. SOCIAL SECURITY NUMBER 222-33-5555	5. INSURANCE NUMBER(S) (Include letter prefix) NA	
6A. SERVICE NUMBER(S)	6B. BRANCH OF SERVICE USAF	
7. NAME OF CLAIMANT (If other than veteran) Jane A. Serviceman	8. RELATIONSHIP (If other than veteran) Spouse	
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 2121 Mockingbird Lane Waco TX 76799	10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	
	A. DAYTIME (254) 555-7777	B. EVENING (254) 555-1111
	11. DATE OF THIS APPOINTMENT 05/04/2007	

**12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.**

Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

**13. LIMITATION OF CONSENT - My consent in Item 12 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**

I request that information in regards to my HIV only to assist with my pending claim be released.

I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. *Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

**THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC**

14. SIGNATURE OF CLAIMANT (Do Not Print) 		15. DATE SIGNED 05/04/2007	
VA USE ONLY	VA FORM 21-22-1 SENT TO:	DATE SENT	ACKNOWLEDGED (Date)
	<input type="checkbox"/> CER FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> INSURANCE FILE <input type="checkbox"/> CH. 30 <input type="checkbox"/> DEA FILE <input type="checkbox"/> LG FILE		REVOKED (Reason and date)

NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

**(Special Note)**

**CLAIMS FOR SERVICE CONNECTION FOR TREATMENT PURPOSES:**

Effective **10/08/1977**, any service person discharged under “*other than honorable*” conditions is eligible for health care (but not compensation) and related benefits authorized under 38 USC 1710, if they meet the following requirements:

1. The disability was incurred or aggravated in line of duty during active duty, and
2. The serviceperson was not discharged by reason of a “bad conduct” discharge or one of the statutory bars under 38 CFR 3.12.

Upon receipt of VA Form 10-10EZ, which specifies the disability, claimed as service connected for treatment purposes, the medical facility initiates VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action, advising the Regional Office as to what information is required. If there is no rating for the claimed condition, the case is referred to the rating activity for preparation of a memorandum rating. The Regional Office would notify the medical facility as to whether or not the condition was service connected for treatment purposes.

VA Form 21-526  
Veterans Application for Compensation and/or Pension

**Purpose:** This form is used to establish the veteran's initial claim for compensation and/or pension. Compensation is the monthly payment a veteran will receive if he/she is at least 10 percent disabled as a result of military service. Pension is paid to veterans with wartime service with limited income and determine to be permanent and totally disabled or at least 65 years or older.

The form is divided into 4 sections:

**Part A. General information:** This section requests information concerning active duty, reserve and National Guard service.

**Part B. Compensation:** This section requires the veteran to list his/her disabilities, to include treatment dates, facilities where treatment was received while in service. If any environmental exposures occurred this section will also be used.

**Part C. Dependency:** This section requests information on current/previous marriages, dependent children and/or parents.

**Part D. Pension:** This section requests information on training, employment whether the veteran is residing in a nursing home, income and net worth for veterans and dependents.

Note: A veteran only needs to file one VA Form 21-526 during his/her lifetime. After the initial filing, there are claim specific forms that should be used.

## Part A General Information

### Section I: What are you applying for

Line 1: Select the appropriate box

Line 2a: Select whether the appropriate box. Enter claim number if the veteran has ever filed a claim with the VA

Line 2b: If yes has been selected in Line 2a then check the appropriate box

### Section II: Tell about yourself

Line 3: Veteran's name

Line 4: Veterans social security number

Line 5: Check appropriate box

Line 6a: Check appropriate box

Line 6b: Enter name if applicable

Line 7: Current address

Line 8: Telephone numbers to include day/evening

Line 9: If applicable

Line 10: Date of birth

Line 11: City, state and country veteran was born

Line 12a: Check applicable box

Line 12b: If applicable

Line 12c: If applicable

Line 13a: Name of nearest relative/contact

Line 13b: Telephone numbers to include day/evening

Line 13c: Contact's address

Line 13d: Contact's relationship to veteran

(DO NOT WRITE IN THIS SPACE)

**VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION,  
VA Form 21-526, Part A: General information**

Please read the attached "General Instructions" before you fill out this form.

<p><b>SECTION I</b> Tell us what you are applying for</p> <p>Check the box that says what you are applying for. Be sure to complete the other Parts you need.</p>	<p>1. What are you applying for? If you are unsure please refer to the "General Instructions" page 2 Section 1: Preparing your application</p> <p><input type="checkbox"/> Compensation Fill out Part A of VA Form 21-526 and Parts B and C</p> <p><input type="checkbox"/> Pension Fill out Part A of VA Form 21-526 and Parts C and D</p> <p><input checked="" type="checkbox"/> Compensation and Pension Fill out Part A of VA Form 21-526 and Parts B, C and D</p>	
	<p>2a. Have you ever filed a claim with VA <input checked="" type="checkbox"/> No (If "No," skip Item 2b and go to Item 3) (If "Yes," provide file number below)</p> <p><input type="checkbox"/> Yes (Go to 2b)</p>	<p>2b. I filed a claim for</p> <p><input type="checkbox"/> Compensation <input type="checkbox"/> Pension</p> <p><input type="checkbox"/> Other</p>
<p><b>SECTION II</b> Tell us about you</p> <p>We need information about you to process your claim faster.</p> <p>Give us your current mailing address in the space provided. If it will change within the next three months, give us that new address in block 29 "Remarks." Also in block 29, give us the date you think you will be at the new address.</p> <p>OWCP used to be called the U.S. Bureau of Employees Compensation</p>	<p>3. What is your name?</p> <p>Joseph A. Serviceman</p> <p>First Middle Last Suffix (If applicable)</p>	
	<p>4. What is your Social Security number?</p> <p>123-45-6789</p>	<p>5. What is your sex?</p> <p><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>
	<p>6a. Did you serve under another name?</p> <p><input type="checkbox"/> Yes (If "Yes," go to Item 6b)</p> <p><input checked="" type="checkbox"/> No (If "No," go to Item 7)</p>	<p>6b. Please list the other name(s) you served under</p> <p>_____</p> <p>_____</p>
	<p>7. What is your address?</p> <p>1400 W Clay Ave</p> <p>Street address, Rural Route, or P.O. Box Apt. number</p> <p>Waco TX 76700 USA</p> <p>City State ZIP Code Country</p>	
	<p>8. What are your telephone numbers?</p> <p>Daytime (254) 555-5565</p> <p>Evening (254) 555-1166</p>	<p>9. What is your e-mail address?</p> <p>joeservice@aol.com</p>
	<p>10. What is your date of birth?</p> <p>07/04/1964</p>	<p>11. Where were you born? (City, State and Country)</p> <p>Early, TX USA</p>
	<p>12a. Are you receiving disability benefits from the Office of Workers' Compensation (OWCP)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If "Yes," answer 12b and 12c also)</p>	<p>12b. When was the claim filed?</p> <p>NA</p> <p>12c. What disability are you receiving benefits for?</p> <p>NA</p>
	<p>13a. What is the name of your nearest relative or other person we could contact if necessary?</p> <p>Janice Serviceman</p>	<p>13b. What is his/her telephone number?</p> <p>Daytime (254) 555-5565</p> <p>Evening (254) 555-1166</p>
	<p>13c. What is this person's address?</p> <p>Same as above</p>	<p>13d. How is this person related to you?</p> <p>Spouse</p>

**Section III: Tell about your active duty**

Line14a: Date veteran entered service (first time)

Line14b: Place veteran entered service

Line14c: Veterans service number (if applicable if not put N/A)

Line14d: Date veteran left service

Line14e: Place veteran separated from service

Line14f: Branch of service

Line14g: Veteran's grade, rank, or rating at the time of separation

Line14h: Date of veteran's second period of service

Line14i: Place veteran entered service

Line14j: Veterans service number (if applicable if not put N/A)

Line14k: Date veteran left service

Line14l: Place veteran separated from service

Line14m: Branch of service

Line14n: Veteran's grade, rank, or rating at the time of separation

Line15a: Check applicable box

Line15b: If yes, enter dates

Line16a: Check applicable box

Line16b: Check applicable box

Line17a: Check applicable box

Line17b: Enter the country or government that held the veteran

Line17c: If yes, enter dates

Line17d: Enter where the veteran was held

**Section IV: Tell about your reserve duty**

Line18a: Check applicable box

Line18b: Enter unit information if applicable if not enter N/A

Line18c: Check applicable box

Line18d: Enter unit information if applicable if not enter N/A



**Section IV: Tell about your reserve duty (continued)**

(Complete 18e-18k for service only)

Line 18e: Check applicable box

Line 18f: Enter date if applicable if not enter N/A

Line 18g: Date veteran entered reserve service / Place veteran entered reserve service

Line 18h: Veterans service number (if applicable if not put N/A)

Line 18i: Date veteran left reserve service/ Place veteran separated from reserve service

Line 18j: Branch of service

Line 18k: Veteran's grade, rank, or rating at the time of separation

**(Complete 18l-18p if veteran's disability occurred or was aggravated during any period of reserve duty)**

Line 18l: Date veteran entered reserve service / Place veteran entered reserve service

Line 18m: Veterans service number (if applicable if not put N/A)

Line 18n: Date veteran separated from reserve service / Place veteran separated from reserve service

Line 18o: Branch of service

Line 18p: Veteran's grade, rank, or rating at the time of separation

**Section V: Tell about National Guard Duty**

Line 19a: Check applicable box

Line 19b: Enter unit information if applicable if not enter N/A

Line 19c: Check applicable box

Line 19d: Enter unit information if applicable if not enter N/A

**Lines 19e – line 19i pertain to veterans who were recall to active duty**

Line 19e: Date veteran returned to service / Place veteran returned to service

Line 19f: Veterans service number (if applicable if not put N/A)

Line 19g: Date veteran separated from service / Place veteran separated from service

Line 19h: Branch of service

Line 19i: Veteran's grade, rank, or rating at the time of separation

**SECTION IV (Continued)**

**Tell us about your reserve duty**

**18e.** Do you have an inactive reserve obligation? (You perform no active duty, but you could be activated if there was a national emergency)

Yes  No  Don't Know

*(If "Yes," answer Item 18f also)*

**18f.** What is your reserve obligation termination date?

NA

\_\_\_\_\_

mo day yr

**Instructions 18g-18k**

*If you are currently or have ever been a full time reservist for operational or support duty,*

1. Complete 18g-18k for that service only.
2. Attach proof of reserve service.

**18g.** I entered reserve service. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**18h.** My service number was . . .

**18i.** I left reserve service. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**18j.** Branch of service

**18k.** Grade, rank, or rating

**Instructions 18l-18p**

*If your disability occurred or was aggravated during any period of reserve duty,*

1. Complete 18l-18p for the period when your disability occurred.
2. Attach proof that your disability occurred during reserve service.

**18l.** I entered reserve service. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**18m.** My service number was . . .

**18n.** I left reserve service. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**18o.** Branch of service

**18p.** Grade, rank, or rating

**SECTION V Tell us about your National Guard duty**

**19a.** Are you currently a member of the National Guard?

Yes  No  Not Assigned

*(If "Yes," answer Item 19b also)*

**19b.** What is the name, mailing address, and telephone number of your current unit?

NA

**19c.** Were you previously assigned to a guard unit within the last 2 years?

Yes  No

*(If "Yes," answer Item 19d also)*

**19d.** What is the name, mailing address, and telephone number of that unit?

NA

**Instructions 19e-19i**

*If you were activated to Federal Active Duty under the Authority of Title 10, United States Code,*

1. Complete 19e-19i for that service only.
2. Attach proof of this Federal Active Duty.

**19e.** I entered Federal Active Duty. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**19f.** My service number was . . .

**19g.** I left Federal Active Duty. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**19h.** Branch of service

**19i.** Grade, rank, or rating

NA

NA

**Instructions 19j-19n**

*If your disability occurred or was aggravated during any period of guard duty,*

1. Complete 19j-19n for the period when your disability occurred.
2. Attach proof that your disability occurred during National Guard Service.

**19j.** I entered National Guard. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**19k.** My service number was . . .

**19l.** I left National Guard. . .

Place: \_\_\_\_\_

NA

\_\_\_\_\_

mo day yr

**19m.** Branch of service

**19n.** Grade, rank, or rating

NA

NA

**(Complete 19j-19n if veteran's disability occurred or was aggravated during any period of National Guard duty)**

Line 19j: Date veteran entered guard service/ Place veteran entered guard service

Line 19k: Veterans service number (if applicable if not put NA)

Line 19l: Date veteran separated from national guard service/ Place veteran separated from national guard service

Line 19m: Branch of service

Line 19n: Veteran's grade, rank, or rating at the time of separation

**Instructions 19j-19n**

*If your disability occurred or was aggravated during any period of guard duty,*

- 1. Complete 19j-19n for the period when your disability occurred.*
- 2. Attach proof that your disability occurred during National Guard Service.*

19j. I entered National Guard. . .

NA  
mo day yr

Place:

NA

19k. My service number was . . .

NA

19l. I left National Guard. . .

NA  
mo day yr

Place:

NA

19m. Branch of service

NA

19n. Grade, rank, or rating

NA

**Section VI: Tell About Your Travel Status**

20a: Check applicable box

20b: Enter date injury occurred if applicable

20c: Where injury occurred (city, state, country etc)

20d: Place where treatment was received

20e: Agency where incident was reported

**Section VII: Tell About Your Military Benefits**

21a: Check applicable box

21b: Enter branch of service if receiving retirement pay

21c: Amount veteran is expected to receive monthly

21d: Check applicable box

21e: Signature of veteran if he/she elects not to receive compensation

21f: If the veteran received one of the benefits listed check the appropriate box and enter the amount received

**Section VII: Direct Deposit Information**

Line 22: Check appropriate box/ enter account information for saving/checking

Line 23: Name of financial institution

Line 24: Bank routing information

(Veteran may attach a voided check to form)



**Section XI: Signature page (if veteran is unable to sign his mark must be witnessed by 2 people)**

Line 25: Veteran's signature or mark

Line 26: Date veteran signs form

Line 27a: Signature of witness if veteran makes mark

Line 27b: Printed name and address of witness

Line 28a: Signature of witness if veteran makes mark

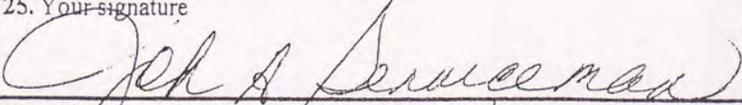
Line 28b: Printed name and address of witness

Line 29: Remarks; use this section to make any comments or to continue from any section

**SECTION IX** Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X", then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:  
 I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

25. Your signature 	26. Today's date <u>12/5/07</u>
--	------------------------------------

27a. Signature of witness (If claimant signed above using an "X")	27b. Printed name and address of witness
---	--

28a. Signature of witness (If claimant signed above using an "X")	28b. Printed name and address of witness
---	--

**SECTION X**

Remarks - Use this space for any additional statements that you would like to make concerning your application for Compensation and/or Pension

**IMPORTANT**  
 Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

29. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number). (See page 5 "Tips For Filling Out Your VA Form 21-526.")

Use this area for any remarks or comments that you wish to include. Remember to identify which part and the item number when using this form.

## **VA Form 21-526, Part B: Compensation**

### **Section I: Tell us about your disability**

Section I: Tell about your disability (if service medical records are available obtain the information from them)

Column 1: List in this column the disabilities that the veteran is claiming as a result of service.

Column 2: Enter the date the veteran first began to receive treatment

Column 3: Enter the dates of treatment

Column 4a: Enter the name of the facility or doctor where treatment was received

Column 4b: Enter the address of the facility. If the address is unknown enter the name of the military installation, city and state.



**VA Form 21-526, Part B: Compensation**

Use this form to apply for compensation. Remember that you must also fill out a VA Form 21-526, Part A: General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 2.

**SECTION I**  
**Tell us about your disability**

In the table below, tell us more about your disability or disabilities. Be sure to:

- List all disabilities you believe are related to military service.
- List all the treatments you received for your disabilities, including
  - treatments you received in a military facility before and after discharge.
  - treatments you received from civilian and VA sources before, during, and after your service.

1. What disability are you claiming?	2. When did your disability begin?	3. When were you treated?		4a. What medical facility or doctor treated you?	4b. What is the address of that medical facility or doctor?
Bilateral hearing loss	02/2002	<i>from</i> 02/2002	<i>to</i> 10/2003	Eglin AFB Clinic	Eglin AFB Ft Walton Beach, FL
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
Tinnitus	02/2002	<i>from</i> 02/2002	<i>to</i> 10/2003	Same as above	Same as Above
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
Low Back Sprain	10/2000	<i>from</i> 10/2000	<i>to</i> 12/2000	Wright-Patterson Air Force Med Cntr	Wright-Patterson AFB Dayton, OH
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
Residuals, right ankle fracture	07/1986	<i>from</i> 07/1986	<i>to</i> 10/1986	Osan Air Base	Osan Air Base South Korea
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
Hypertension	03/1999	<i>from</i> 03/1999	<i>to</i> 12/1999	Wilford Hall Medical Center	Lackland AFB San Antonio, TX
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
Bilateral Knee Pain	08/1989	<i>from</i> 08/1989	<i>to</i> 01/1990	Travis AFB Clinic	Travis AFB Fairfield, CA
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
Residuals, fracture left wrist	06/1984	<i>from</i> 06/1984	<i>to</i> 08/1984	Landstuhl Army Hospital	Landstuhl, Germany
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		

**Section II: Tell us if any of your disabilities listed on Page 1 were because of exposure**

Line 5a: Check the applicable box

Line 5b: Enter the disability as a result to the exposure

Line 5c: Enter the country in which exposure occurred

Line 6a: Check the applicable box

Line 6b: Enter the disability as a result to the exposure

Line 6c: Enter how and where exposure occurred

Line 7a: Check applicable box

Line 7b: Enter the disability as a result to the exposure

Line 7c: Enter how and where exposure occurred

Line 8a: Check applicable box

Line 8b: Enter the disability as a result to the exposure

Line 8c: Enter the date of last exposure

Line 8d: Check applicable box as to the nature of exposure

Line 9a: Check applicable box

Line 9b: Enter the disability as a result to the exposure

Line 9c: Enter the name of the environmental hazard

Line 10a: Check the applicable box

Line 10b: Enter the date of the separation exam

Line 10c: Enter the place where the exam took place

**Section III: Tell us how your disabilities listed on Page 1 are related to your military service**

Line 11: Use this section to explain

<b>SECTION II</b> <b>Tell us if any of the disabilities you listed on Page 1 were because of exposures</b>	<b>5a.</b> Were you exposed to Agent Orange or other herbicides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>5b.</b> What is your disability?  NA	<b>5c.</b> In what country were you exposed?  NA	
	<b>6a.</b> Were you exposed to asbestos? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If "Yes," answer Item 6b and 6c also)</i>	<b>6b.</b> What is your disability? NA	<b>6c.</b> When and how were you exposed? NA	
	<b>7a.</b> Were you exposed to mustard gas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If "Yes," answer Item 7b and 7c also)</i>	<b>7b.</b> What is your disability? NA	<b>7c.</b> When and how were you exposed? NA	
	<b>8a.</b> Were you exposed to ionizing radiation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If "Yes," answer Items 8b, 8c, and 8d also)</i>	<b>8b.</b> What is your disability?  NA	<b>8c.</b> When was your last exposure?  <div style="text-align: center;">           NA  <hr/> <i>mo day yr</i> </div>	
	<b>8d.</b> How were you exposed to radiation? <input type="checkbox"/> Atmospheric testing <input type="checkbox"/> Nagasaki/Hiroshima <input type="checkbox"/> Other, describe _____			
	<b>9a.</b> Were you exposed to an environmental hazard in the Gulf War? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If "Yes," answer Items 9b and 9c also)</i>	<b>9b.</b> What is your disability?  NA	<b>9c.</b> What was the hazard?  NA	
	<b>10a.</b> Did you have a separation or retirement physical examination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer Items 10b and 10c also)</i>	<b>10b.</b> When was the exam?  <div style="text-align: center;">           06/2003  <hr/> <i>mo day yr</i> </div>	<b>10c.</b> Where did the exam occur?  Elgin AFB Ft Walton Beach, FL	

**SECTION III**  
**Tell us how your disabilities listed on Page 1 are related to your military service**

**11. Explanation**

<b>Your Name</b>	<b>Your Social Security Number</b>
------------------	------------------------------------

## **VA Form 21-526, Part C: Dependency**

### **Section I: Tell us about your marriage** *(Note: you should provide a copy of your marriage certificate)*

Line 1: Check the applicable box

Line 2: Enter date of marriage

Line 3: Enter the city/state where marriage occurred

Line 4: Enter the veteran's spouse's name

Line 5: Enter the spouse's birthday

Line 6: Enter the spouse's social security number

Line 7a: Check the applicable box

Line 7b: Enter spouse's VA file number if applicable

Line 8: Check the applicable box

Line 9: Enter spouse's address

Line 10: If not living with spouse explain why

Line 11: Enter amount if contributing to spouse's support

Line 12: Check the applicable box



Department of Veterans Affairs

VA Form 21-526, Part C: Dependency

Use this form to tell us more about your dependents. Remember that you must also fill out a VA Form 21-526, Part A: General Information, Part B and/or Part D, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 3.

SECTION I Tell us about your marriage

NOTE: You should provide a copy of your marriage certificate

1. What is your marital status?

- Married, Surviving Spouse, Divorced, Never Married

(If your spouse died, you are "divorced," or "never married" skip to Section III beginning on page 2)

2. When were you married?

06/23/2003
month day year

3. Where did you get married?

(city/state or country)
San Diego, CA

4. What is your spouse's name?

Janice B. Serviceman
First Middle Last

5. What is your spouse's birthday?

11/12/1965
month day year

6. What is your spouse's Social Security number?

222-33-4545

7a. Is your spouse also a veteran?

- Yes, No

(If "Yes," answer Item 7b also)

7b. What is your spouse's VA file number (If any)?

NA

8. Do you live with your spouse?

- Yes, No

9. What is your spouse's address?

1400 W Clay Ave
Street address, Rural Route, or P.O. Box Apt. number
Waco TX 76700 USA
City State Zip code Country

10. Tell us why you are not living with your spouse

NA

11. How much do you contribute monthly to your spouse's support?

\$

12. How were you married?

- Ceremony by a clergyman or other authorized public official, Tribal, Proxy, Common-law, Other

**Section II: Tell us about any previous marriages** *(Note: you should provide copies of divorce decrees or death certificates)*

**VA may deny benefits if information is missing from this section**

**Your previous marriages:**

Line13a: Enter the number of marriages

Line13b: Enter the date of marriages (VA will accept month and year)

Line13c: Enter city/state or country of marriage

Line13d: Enter full name of person

Line13e: Enter date marriage was terminated

Line13f: Enter reason why marriage was terminated

Line13g: Enter city/state or country of divorce

**Your spouse's previous marriages:**

Line14a: Enter the number of marriages of your current spouse

Line14b: Enter the date of spouse's marriages (VA will accept month and year)

Line14c: Enter city/state or country of marriage

Line14d: Enter full name of person

Line14e: Enter date marriage was terminated

Line14f: Enter reason why marriage was terminated

Line14g: Enter city/state or country of divorce

**Section III: Tell us about your other dependents** *(Note: You should provide a copy of the public birth record for each child or a copy of the court record of adoption for each adopted child)*

Line15: Check the applicable box

Line16: Check the applicable box

Line17: Enter the number of dependent children

**SECTION II** Tell us about any previous marriages

NOTE: You should provide copies of divorce decrees or death certificates.

In the table below, tell us about:  
 ● Your previous marriages, and  
 ● Your spouse's previous marriages

**Your previous marriages**

13a. How many times have you been married before? \_\_\_\_\_

13b. When were you married?	13c. Where were you married? (city/state or country)	13d. Who were you married to? (first, middle initial, last)	13e. When did your marriage end?	13f. Why did your marriage end? (death, divorce)	13g. Where did your marriage end? (city/state or country)
02/14/1980 <i>mo day yr</i>	Las Vegas, NV	Mary Jones	11/05/1981 <i>mo day yr</i>	Divorce	Maryville, CA
 <i>mo day yr</i>			 <i>mo day yr</i>		

**Your spouse's previous marriages**

14a. How many times has your current spouse been married before? \_\_\_\_\_

14b. When was your spouse married?	14c. Where was your spouse married? (city/state or country)	14d. Who was your spouse married to? (first, middle initial, last)	14e. When did your spouse's marriage end?	14f. Why did your spouse's marriage end? (death, divorce)	14g. Where did your spouse's marriage end? (city/state or country)
 <i>mo day yr</i>			 <i>mo day yr</i>		
 <i>mo day yr</i>			 <i>mo day yr</i>		

**SECTION III** Tell us about your other dependents

In this section we want to know whether your parents are financially dependent on you (Question 15) and more about your **dependent children**. VA may recognize a veteran's biological children, adopted children, and stepchildren as dependent. These children must be unmarried and:

- be under the age of 18, or
- be at least 18 but under 23 and pursuing an approved course of education, or
- have become permanently unable to support themselves before reaching the age of 18.

15. Are your parents financially dependent on you?

Yes  No (If "Yes," we will request additional information from you later)

16. Do you have dependent children?

Yes

(If "No," Skip Items 17-21f). Go to the bottom of page 3 and write your name and Social Security number)

No

17. How many dependent children do you have?

1

Give us more information about these children in the tables on the next page (Items 18 through 21f)

You should provide: a copy of the public record of birth for each child or a copy of the court record of adoption for each adopted child.

### **Section III: Tell us about your dependents**

Line 18a: Enter the name of the veterans' unmarried children

Line 18b: Enter the date and city/state or country of birth

Line 18c: Enter the child's social security number

Line 19a-19c and 20a-20c: Check the applicable box

#### **Tell about your dependents *who don't live with you***

Line 21a: Check the applicable box

Line 21b: Enter the number of children that don't live with the veteran

Line 21c: Enter the child's name

Line 21d: Enter the child's complete address

Line 21e: Enter the name of the person with whom the child is residing

Line 21f: Enter the amount of support that the veteran contributes each month

**SECTION III Tell us about your dependents (continued)**

18a. What is the name of your unmarried child(ren)? <i>(first, middle initial, last)</i>	18b. Date and place of birth <i>(city/state or country)</i>	18c. Social Security Number	19a. Biological	19b. Adopted	19c. Stepchild	20a. 18-23 yrs. old and in school	20b. Seriously disabled before age 18	20c. Child previously married
Justin A. Serviceman	12/31/1993 <i>mo day yr</i> Place:	333-02-2112	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>mo day yr</i> Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>mo day yr</i> Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>mo day yr</i> Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tell us about your dependents listed above who don't live with you**

21a. Do all the children listed above live with you?  
 Yes *(If "Yes," skip Items 21b thru 21f and write your name and Social Security number below)*  
 No *(If "No," complete Item 21b and the table below (Items 21c -21f) and write your name and Social Security number below)*

21b. How many of the children do not live with you?  
 NA

21c. What is the name of your child? <i>(first, middle initial, last)</i>	21d. What is your child's complete address?	21e. What is the name of the person your child lives with (if applicable)? <i>(first, middle initial, last)</i>	21f. How much do you contribute each month to the support of your child?
NA			\$
			\$
			\$
			\$

Your name	Your Social Security Number
-----------	-----------------------------

## **VA Form 21-526, Part D: Pension**

This section is completed if a veteran has a permanent and total disability that has not been caused by service. Current medical evidence must be submitted showing that the veteran is permanent and totally disabled. If the veteran is over the age of 65 years or determined to be disabled by the Social Security Administration medical evidence is not required.

### **Section I: Tell us about your disability**

Line 1a: Enter the disabilities that prevent the veteran from employment

Line 1b: Enter the date the disability began

Line 2: Check the applicable box

Line 3a: Check the applicable box

Line 3b: Enter the date of hospitalization

Line 3c: Enter the name and the complete address of the medical facility

Line 4a: Check the applicable box

Line 4b: Enter the date the veteran last worked

Line 4c: Check the applicable box

Line 4d: Enter the type of work the veteran did

Line 4e: Check the applicable box

Line 4f: Enter the type of work

Line 4g: Check the applicable box

Line 4h: Check the applicable box

Line 4i: List any other training or certificates that the veteran may have received



**Section II: Tell us about your work history**

In this section tell about the veteran's employment or self-employment history of at least one year prior to becoming disabled.

Line 5a: Enter name and address of employer

Line 5b: Enter job title

Line 5c: Enter start date

Line 5d: Enter the last day worked

Line 5e: Enter the number of days lost due to disability

Line 5f: Enter the total earnings for the year

**Section III: Tell us if you are in a nursing home**

In this section if the veteran is residing in a nursing home give all information regarding the home

Line 6a: Check the applicable box

Line 6b: Enter the name and address of the facility or the doctor's name

Line 6c: Check the applicable box

Line 6d: Check the applicable box

**Section IV: Tell us the net worth of your and your dependents**

Before completing this section it is advisable to read the information provided

**SECTION II Tell us your work history**

In the table below, tell us about all of your employment, including self-employment, for one year before you became disabled to the present.

5a. What was the name and address of your employer?	5b. What was your job title?	5c. When did your work begin?	5d. When did your work end?	5e. How many days were lost due to disability?	5f. What were your total annual earnings?
Aviation Brothers Waco, TX 76710	Lead Mechanic	01/15/2004 <i>mo day yr</i>	06/14/2006 <i>mo day yr</i>	180	\$ 56,000.00
		<i>mo day yr</i>	<i>mo day yr</i>		\$
		<i>mo day yr</i>	<i>mo day yr</i>		\$

**SECTION III Tell us if you are in a nursing home**

In this section, tell us if you are in a nursing home. If you are in a nursing home, give us more information about the nursing home.

*To get your claim processed faster, provide a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability and tells us the daily charge for your care.*

**6a. Are you now in a nursing home?**  
 Yes     No  
*(If "Yes," answer Item 6b also)*

**6b. What is the name and complete mailing address of the facility or doctor?**  
 NA

**6c. Does Medicaid cover all or part of your nursing home costs?**  
 Yes     No  
*(If "No," answer Item 6d also)*

**6d. Have you applied for Medicaid?**  
 Yes     No

**SECTION IV Tell us the net worth of you and your dependents**

In this section, we ask you to give us specific information about your net worth and the net worth of your dependents. You will need to enter this information in the tables on page 3.

You must include all assets in your net worth except those items you use everyday (See definition of net worth below.)  
 You should subtract from the market value of your real estate any amounts that you owe on it (such as mortgages, liens, etc.)  
 You can subtract mortgages on any property, and the value of the house or part of a building that you live in as your primary residence.  
 You can report farms or buildings that you or a dependent own by reporting its value as "real property."

Definitions:  
 Net worth is the market value of all interest and rights in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture.

VA cannot pay you pension if your net worth is sizeable.

Go to Page 3 and fill out the table.

## **Section IV (continued)**

Enter 0 in the columns that are not applicable

Line7a: Enter the amount of money in cash or in an account that does not draw interest such as a checking account

Line7b: Enter the amount in any interest bearing accounts or certificates of deposits (CD's)

Line7c: Enter the amount of any IRA or Keogh Plans

Line7d: Enter the amount of stocks and bonds

Line7e: Enter the amount of any Mutual Funds

Line7f: Enter the amount of any business assets

Line7g: Enter the value of any real property not including the home

Line7h: Enter the values amount of any other property

## **Section V: Tell us about the income you have received and expect to receive**

This section requests more specific detail as to the income received

Line8: Check the applicable box

Line9: Check the applicable box

Line10: Check the applicable box

**SECTION IV**  
**(Continued)**

**Tell us about your net worth and your dependents' net worth.**

For items 7a-h: provide the amounts.  
If none, write "0" or "None"

Source	Veteran	Spouse	Child(ren)		
			I. Name:	II. Name:	III. Name:
			(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
7a. Cash, non-interest bearing bank accounts	800.00	0.00			
7b. Interest bearing bank accounts, certificates of deposit (CDs)	10,000.00	0.00			
7c. IRAs, Keogh Plans, etc.	0.00	5,000.00			
7d. Stocks and bonds	0.00	0.00			
7e. Mutual funds	0.00	0.00			
7f. Value of business assets	0.00	0.00			
7g. Real property (not your home)	0.00	0.00			
7h. All other property	0.00	0.00			

**SECTION V**  
**Tell us about the income you have received and you expect to receive**

In this section, we ask you to give us specific information about the income you have received and the income you expect to receive from all sources. You will need to enter this information in the tables on Page 4. In these tables,

Report the total amounts before you take out deductions for taxes, insurance, etc.  
Do not report the same information in both tables.  
If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.  
If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.  
If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

*Payments from any source will be counted, unless the law says that they don't need to be counted. VA will determine any amount that does not count.*

8. Will you receive any income from rental property or from operation of a business within 12 months of the day you sign this form?

Yes  No

9. Will you receive any income from the operation of a farm within 12 months of the day you sign this form?

Yes  No

10. Do you expect to receive money from a civilian agency, corporation, or individual, because of personal injury or death within 12 months of the day you sign this form?

Yes  No

**Section V: (continued)**

Line 11a-g: Sources of recurring monthly income. Enter amount before deductions. Enter 0 if not applicable.

Line 11a: Enter the amount of Social Security

Line 11b: Enter the amount of U.S. Civil Service

Line 11c: Enter the amount of U.S. Railroad Retirement

Line 11d: Enter the amount of Military Retired Pay

Line 11e: Enter the amount of Black Lung Benefits

Line 11f: Enter the amount of any other income received. Include the name of the source.

Line 12a-f: Sources of income expected to receive over the next twelve months

Line 12a: Enter any gross wages and salary

Line 12b: Enter any total interest and dividends

Line 12c: Enter the amount of workers compensation for an injury

Line 12d: Enter any unemployment compensation

Line 12e: Enter any other military benefit expected and enter the source

Line 12f: Enter any onetime benefit expected and enter the source

**Section VI: Tell us any information concerning Medical, Legal or other expenses**

**In this section enter any unreimbursed medical, legal or other expenses paid for due to a disability**

Line 13a: Enter the amount paid

Line 13b: Enter the date paid

Line 13c: Enter the purpose of the amount paid

Line 13d: Enter to whom was paid

Line 13e: Enter the disability or relationship of whom paid the expenses

**SECTION V (Continued) Monthly Income - Tell us the income you and your dependents receive every month.**

For Items 11a-12f if none write "0" or "None"

Sources of recurring monthly income	Veteran	Spouse	Child(ren)		
			I. Name:	II. Name:	III. Name:
			(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
11a. Social Security	1,345.00	845.00			
11b. U.S. Civil Service	0.00	0.00			
11c. U.S. Railroad Retirement	0.00	0.00			
11d. Military Retired Pay	1,700.00	0.00			
11e. Black Lung Benefits	0.00	0.00			
11f. Supplemental Security (SSI)/ Public Assistance	0.00	0.00			
11g. Other income received monthly (Please write in the source below:)	310.00	0.00			

**Next 12 months - Tell us about other income for you and your dependents**

Sources of income for the next 12 months	Veteran	Spouse	Child(ren)		
			I. Name:	II. Name:	III. Name:
			(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
12a. Gross wages and salary	0.00	0.00			
12b. Total interest and dividends	625.00	120.00			
12c. Worker's compensation for injury	0.00	0.00			
12d. Unemployment compensation	0.00	0.00			
12e. Other military benefit (Please write in the source below:)	0.00	0.00			
12f. Other one-time benefit (Please write in the source below:)	0.00	0.00			

**SECTION VI**

IMPORTANT - Items 13A through 13E should be completed only if you are applying for nonservice-connected pension.

**Tell us any information concerning, Medical, Legal or Other Expenses** - Family medical expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses you paid for yourself or relatives you are under an obligation to support. Also, show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. **Do not** include any expenses for which you were reimbursed. Show the Medicare deduction in line 1. If more space is needed attach a separate sheet.

13A. AMOUNT PAID BY YOU	13B. DATE PAID	13C. PURPOSE (Doctor's fees, hospital charges, Attorney fees, etc.)	13D. PAID TO (Name of doctor, hospital, pharmacy, Attorney, etc.)	13E. DISABILITY OR RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID
2,500.00	08/22/2007	Emergency Room Visit	Doctor's Hospital	Veteran
395.00	10/22/2007	Doctor's Visit	Dr J. Jones	Spouse

<b>Your Name</b>	<b>Your Social Security Number</b>
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## VA FORM 21-527 Income-Net Worth and Employment Statement

**Purpose:** This form is to be completed when filing for non-service connected pension to include filing for special monthly pension due to a permanent and total disability. If a veteran has never filed a claim for compensation and/or pension a VA Form 21-526 must be completed in lieu of this form (parts A,C, and D). Pension is based on the amount of income that the veteran and family receive and the number of dependents in the family; therefore all income for each family member must be reported.

**Note:** Remember to file a VA Form 571 for children's income exclusion if there are dependent children (who have income) in the home.

**VA FORM 21-527**  
**Income-Net Worth and Employment Statement**

**Section I: Tell us about you**

Line 1: Veteran's name

Line 2: Veterans social security number

Line 3: Veterans VA file number

Line 4: Current address

Line 5: Telephone numbers to include day/evening

Line 6: If applicable enter

**Section II: Tell us about your marriage** *(Note: You should provide a copy of your marriage certificate)*

Line 7: Check the applicable box

Line 8: Enter date of marriage

Line 9: Enter the city/state where marriage occurred

Line 10: Enter the veteran's spouse's name

Line 11: Enter the spouse's birthday

Line 12: Enter the spouse's social security number

Line 13a: Check the applicable box

Line 13b: Enter spouse's VA file number if applicable

Line 14: Check the applicable box

Line 15: Enter spouse's address

Line 16: If not living with spouse explain why

Line 17: Enter amount if contributing to spouse's support



**Department of  
Veterans Affairs**

OMB Approved No. 2900-0002  
Respondent Burden: 1 hour

(DO NOT WRITE IN THIS SPACE)

**INCOME-NET WORTH AND EMPLOYMENT STATEMENT  
VA FORM 21-527**

Please read the attached "General Instructions" before you fill out this form.

<b>SECTION I</b> Tell us about you	1. What is your name?	
	<u>John</u> First	<u>A.</u> Middle
	<u>Serviceman</u> Last	
	Suffix (If applicable)	
	2. What is your Social Security number? <u>000 11 0000</u>	
3. What is your VA file number? <u>00 12-345</u>		
4. What is your address?		
<u>2100 Cattle Drive Trail</u> Street address, Rural Route, or P.O. Box		
<u>Muleshoe TX 77770</u> City State ZIP Code		
Country		
5. What are your telephone numbers? (Include Area Code)		
Daytime <u>325 555 1111</u>		
Evening <u>Same</u>		
6. What is your e-mail address?		
<u>NA</u>		

<b>SECTION II</b> Tell us about your marriage  NOTE: You should provide a copy of your marriage certificate	7. What is your marital status?	
	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married (If you are divorced, widowed or never married skip to Section III)	
	8. When were you married?	9. Where did you get married? (city/state or country)
	<u>12/31/1975</u> mo day yr	<u>Galveston TX</u>
	10. What is your spouse's name?	
	<u>Jane B. Serviceman</u> First Middle Last	
	11. When is your spouse's birthday?	12. What is your spouse's Social Security number?
	<u>04/05/1943</u> mo day yr	<u>001 22 3456</u>
	13a. Is your spouse also a veteran?	13b. What is your spouse's VA file number (if any)?
	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Item 13b also)	<u>NA</u>
14. Do you live with your spouse?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," answer Items 15 through 17 also. If "Yes", skip to Section III.)		
15. What is your spouse's address?		
<u>2100 Cattle Drive Trail</u> Street address, Rural Route, or P.O. Box		
<u>Waco TX 77710 USA</u> City State ZIP Code Country		
16. Tell us why you are not living with your spouse	17. How much do you contribute monthly to your spouse's support?	
<u>NA</u>	<u>\$</u>	

**Section III: Tell us about any previous marriages** (Note: you should provide copies of divorce decrees or death certificate)

Line 18a: Enter the number of marriages

Line 18b: Enter the date of marriage (VA will accept month and year)

Line 18c: Enter city/state or country of marriage

Line 18d: Enter full name of person

Line 18e: Enter date marriage was terminated

Line 18f: Enter reason why marriage was terminated

Line 18g: Enter city/state or country of divorce

**Your spouse's previous marriages:**

Line 19a: Enter the number of marriages of current spouse

Line 19b: Enter the date of spouse's marriage (VA will accept month and year)

Line 19c: Enter city/state or country of marriage

Line 19d: Enter full name of person

Line 19e: Enter date marriage was terminated

Line 19f: Enter reason why marriage was terminated

Line 19g: Enter city/state or country of divorce

**Section III: Tell us about your unmarried children** (Note: You should provide a copy of the public birth record for each child or a copy of the court record of adoption for each adopted child)

Line 20: Check the applicable box

**SECTION III** Tell us about any previous marriages

You must furnish complete information about **all** your and your present spouse's previous marriages. If you need additional space, please attach a separate sheet of paper providing the requested information about the marriages.

**Your previous marriages**

18a. How many times have you been married? 1

18b. Date of Marriage	18c. Place (city/state or country)	18d. To whom married (first, middle initial, last name)	18e. Date marriage ended	18f. Place (city/state or country)	18g. How marriage ended (death, divorce)
02/14/73 mo day yr	Los Angeles CA	Jaime Rose	01/25/74 mo day yr	Colton CA	Divorce
mo day yr			mo day yr		

**Your spouse's previous marriages**

19a. How many times has your current spouse been married? 1

19b. Date of Marriage	19c. Place (city/state or country)	19d. To whom married (first, middle initial, last name)	19e. Date marriage ended	19f. Place (city/state or country)	19g. How marriage ended (death, divorce)
06/1972 mo day yr	Houston TX	John Jones	08/1973 mo day yr	Galveston TX	Death
mo day yr			mo day yr		

**SECTION IV** Tell us about your unmarried children

VA recognizes your biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- between 18 and 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 20h) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

Note: You should provide a copy of the public record of birth for each child or a copy of the court record of adoption for each adopted child.

20. Do you have any dependent children?

- Yes  No (If "No," skip to Section V)

**Section III: Tell us about your unmarried children** (continued)

Line 20a: Enter the name of the veterans' unmarried children

Line 20b: Enter the date and city/state or country of birth

Line 20c: Enter the child's social security number

Line 20d-20i: Check applicable box

**Tell about your dependents who don't live with you**

Line 21a: Enter the child's name

Line 21b: Enter the child's complete address

Line 21c: Enter the name of the person with whom the child is residing

Line 21d: Enter the amount of support that the veteran contributes each month

**Section V: Tell us about your disability and background**

Line 23a: Enter the disabilities that prevent the veteran from employment

Line 23b: Enter the date the disability began

Line 24: Check the applicable box

Line 25a: Check the applicable box

Line 25b: Enter the date of hospitalization

Line 25c: Enter the name and the complete address of the medical facility

Line 26a: Check the applicable box

Line 26b: Enter the date the veteran last worked

Line 26c: Check the applicable box

Line 26d: Enter the type of work

Line 26e:

Line 26f:

**SECTION IV Tell us about your unmarried children (continued).**

20a. Name of child (First, middle initial, Last)	20b. Date and place of birth (City/State or Country)	20c. Social Security Number	20d. Biological	20e. Adopted	20f. Stepchild	20g. 18 - 23 yrs old and in school	20h. Seriously disabled	20i. Child previously married
Susie C. Serviceman	<u>12-25-91</u> mo day yr	222-33-5555	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>        </u> mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>        </u> mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tell us about the children listed above who don't live with you.**

21a. Name of child (first, middle initial, last)	21b. Child's Complete Address	21c. Name of person the child lives with (if applicable)	21d. Monthly amount you contribute to child's support
James C. Serviceman	131 Robin Ln Galveston, TX 77710	Gloria Jones	\$ 300.00
			\$
			\$

**SECTION V Tell us about your disability and background**

23a. What disability(ies) prevent you from working?  Stroke	23b. When did the disability(ies) begin?  <u>06-16-06</u> mo day yr
24. Are you claiming a special monthly pension because you need the regular assistance of another person, are blind, nearly blind, or having severe visual problems, or are housebound? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25a. Are you now, or have you recently been hospitalized or given outpatient or home-based care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Items 25b and 25c also)
25b. Tell us the dates of the recent hospitalization or care. Began <u>06-16-06</u> mo day yr Ended <u>07-10-06</u> mo day yr	25c. What is the name and complete mailing address of the facility or doctor?  Sun Valley Hospital 100 Memorial Drive Muleshoe, TX 77772
26a. Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," answer Item 26b also)	26b. When did you last work?  <u>06-15-06</u> mo day yr
26c. Were you self-employed before becoming totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Item 26d and 26e also)	26d. What kind of work did you do?  Auto Mechanic
26e. Are you still self-employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer Item 26f also)	26f. What kind of work do you do now?

**Section V: Tell us about your disability and background** (continued)

Line 27a: Check the applicable box

Line 27b: List any other training or certificates that the veteran may have received

**Section VI: Tell us about your work history**

*In this section tell about the veteran's employment or self-employment history of at least one year prior to becoming disabled.*

Line 28a: Enter name and address of employer

Line 28b: Enter job title

Line 28c: Enter start date

Line 28d: Enter the last day worked

Line 28e: Enter the number of days lost due to disability

Line 28f: Enter the total earnings for the year

**Section VII: Tell us if you are in a nursing home**

*In this section if the veteran is residing in a nursing home give all information regarding the home*

Line 29a: Check the applicable box

Line 29b: Enter the name and address of the facility or the doctor's name

Line 29c: Check the applicable box

Line 29d: Check the applicable box

**SECTION V Tell us about your disability and background (continued)**

27a. Check the highest year of education you completed:

Grade school:

- 1  2  3  4  5  6  7  8  9  10  11  12

College:

- 1  2  3  4  Over 4

27b. List the other training or experience you have and any certificates that you hold.

Auto mechanic training

SECTION VI Tell us your work history		In the table below, tell us about all of your employment, including self-employment, for one year before you became disabled to the present.			
28a. What was the name and address of your employer?	28b. What was your job title?	28c. When did your work begin?	28d. When did your work end?	28e. How many days were lost due to disability?	28f. What were your total annual earnings?
John's Car Care	Owner/ mechanic	03/25/1976 mo day yr	06/15/2006 mo day yr	100	\$ 78,500.00
		mo day yr	mo day yr		\$
		mo day yr	mo day yr		\$

SECTION VII Tell us if you are in a nursing home  To get your claim processed faster, provide a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability and tells us the amount you pay out-of-pocket for your care.	29a. Are you now in a nursing home?	29b. What is the name and complete mailing address of the facility?
	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If "Yes," answer Item 29b also)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If "No," answer Item 29d also)</i>
	29c. Does Medicaid cover all or part of your nursing home costs?	29d. Have you applied for Medicaid?
	<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If "No," answer Item 29d also)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section VIII: Tell us the net worth of you and your dependents**

*Before completing this section it is advisable to read the information provided.*

Enter 0 in the columns that are not applicable

Line 30a: Enter the amount of money in cash or in an account that does not draw interest such as a checking account

Line 30b: Enter the amount in any interest bearing accounts or certificate of deposits (CD's)

Line 30c: Enter the amount of any IRA or Keogh Plans

Line 30d: Enter the amount of stocks and bonds

Line 30e: Enter the amount of any Mutual Funds

Line 30f: Enter the amount of any business assets

Line 30g: Enter the value of any real property not including the home

Line 30h: Enter the values amount of any other property

**Section IX: Tell us about the income of you and your dependents**

Line 31: Check the applicable box

**SECTION VIII** Tell us the net worth of you and your dependents

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. If property is owned jointly by yourself and your spouse, report one-half of the total value held jointly for each of you. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 30a through 30f, provide the amounts. If none, write "0" or "None."

Source	Veteran	Spouse	Child(ren)		
			Name: (first, middle initial, last)	Name: (first, middle initial, last)	Name: (first, middle initial, last)
30a. Cash, bank accounts, certificates of deposit (CDs)	\$3,000.00	\$0.00			
30b. IRAs, Keogh Plans, etc.	\$25,000.00	\$15,000.00			
30c. Stocks, bonds, mutual funds	\$15,000.00	\$5,000.00			
30d. Value of business assets	\$750,000.00	\$0.00			
30e. Real property (not your home)	\$800,000.00	\$0.00			
30f. All other property	\$0.00	\$0.00			

**SECTION IX** Tell us about the income of you and your dependents

Payments from any source will be counted, unless the law says that they don't need to be counted. Report all income, and VA will determine any amount that does not count.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

31. Have you claimed or are you receiving disability benefits from the Social Security Administration (SSA)?

Yes  No

**Section IX: Tell us about the income of you and your dependents**  
(continued)

Line 32a-g: Sources of recurring monthly income. Enter amount before deductions. Enter 0 if not applicable.

Line 32a: Enter the amount of Social Security

Line 32b: Enter the amount of U.S. Civil Service

Line 32c: Enter the amount of U.S. Railroad Retirement

Line 32d: Enter the amount of Military Retired Pay

Line 32e: Enter the amount of Black Lung Benefits

Line 32f: Enter the amount of Supplemental Security (SSI or Public Assistance)

Line 32g: Enter the amount of any other income received. Include the name of the source.

**Line 33a-d: Sources of income expected to receive over the next twelve months**

Line 33a: Enter any gross wages and salary

Line 33b: Enter any total interest and dividends

Line 33c: Enter the amount of workers compensation or unemployment compensation

Line 33d: Enter any other income expected and enter the source

**SECTION IX Tell us about the income of you and your dependents (continued).**

**Monthly Income - Tell us the income you and your dependents receive every month**

Sources of recurring monthly income	Veteran	Spouse	Child(ren)		
			Name: (first, middle initial, last)	Name: (first, middle initial, last)	Name: (first, middle initial, last)
32a. Social Security	0	0			
32b. U.S. Civil Service	0	0			
32c. U.S. Railroad Retirement	0	0			
32d. Military Retirement	0	0			
32e. Black Lung Benefits	0	0			
32f. Supplemental Security Income (SSI)/Public Assistance	0	0			
32g. Other income received monthly (Please write source below)	0	\$364.00			

**Expected income for the next 12 months - Tell us about other income for you and your dependents**

Sources of income for the next 12 months	Veteran	Spouse	Child(ren)		
			Name: (first, middle initial, last)	Name: (first, middle initial, last)	Name: (first, middle initial, last)
33a. Gross wages and salary	0	\$4368.00			
33b. Total interest and dividends	\$120.00	\$100.00			
33c. Worker's compensation or unemployment compensation	0	0			
33d. Other income expected (Please write source below)	0	0			

**Section X: Tell us any information concerning Medical, Legal or other expenses**  
In this section enter any unreimbursed medical, legal or other expenses paid for due to a disability.

Line 34a: Enter the amount paid

Line 34b: Enter the date paid

Line 34c: Enter the purpose of the amount paid

Line 34d: Enter to whom was paid

Line 34e: Enter the disability or relationship of whom paid the expenses

**Section XI: Direct Deposit Information:**

Line 35: Check appropriate box/ enter account information for saving/checking

Line 36: Name of financial institution

Line 37: Bank of routing information

(Veteran may attach a voided check to form)

**SECTION X**

**Tell us about medical, legal or other unreimbursed expenses**

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the last illness and burial of a spouse or child at any time prior to the end of the year following the year of death. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. Show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. **Do not** include any expenses for which you were reimbursed. If more space is needed attach a separate sheet.

34a. Amount paid by you	34b. Date Paid	34c. Purpose (Doctor's fees, hospital charges, attorney fees, etc.)	34d. Paid to (Name of doctor, hospital, pharmacy, etc.)	34e. Disability or relationship of person for whom expenses paid
\$ 45,000.00	08/19/06 mo day yr	Hospital Charges	Sun Valley Hospital	Self
\$ 35,000.00	09/30/06 mo day yr	Dr. Fee's	James Smith MD	Self
\$	mo day yr			
\$	mo day yr			

**SECTION XI**

**Give us direct deposit information**

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, "All Federal payments..." and then either:

1. Attach a voided check, or
2. Answer Items 35-37 to the right.

All Federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 35, 36 and 37 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 35. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

35. Account number (Please check the appropriate box and provide that account number, if applicable)

- Checking  
 Savings

I certify that I **do not** have an account with a financial institution or certified payment agent

Account number 1109090560921

36. Name of financial institution

First Bank of America

37. Routing or transit number

000222349876123

**Section XII: Signature page** *(if veteran is unable to sign his mark there must be witnesses by 2 people)*

Line 38: Veteran's signature or mark

Line 39: Date veteran signs form

Line 40a: Signature of witness if veteran makes mark

Line 40b: Printed name and address of witness

Line 41a: Signature of witness if veteran makes mark

Line 41b: Printed name and address of witness

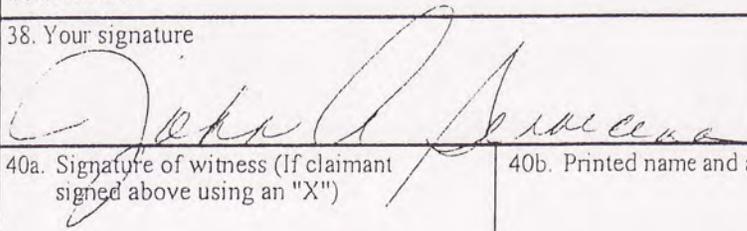
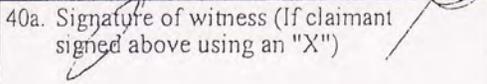
**Section XIII: Remarks – Use this page for any additional statements**

Line 42: Remarks use this section to make any comments or to continue from any section.

**SECTION XII** Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:  
 I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

38. Your signature 	39. Today's date <u>05/28/07</u> mo day yr
40a. Signature of witness (If claimant signed above using an "X") 	40b. Printed name and address of witness
41a. Signature of witness (If claimant signed above using an "X")	41b. Printed name and address of witness

**SECTION XIII**

Remarks - Use this space for any additional statements that you would like to make concerning your application.

**IMPORTANT**

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

42. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number)



VA Form 21-534  
Application for Dependency and Indemnity Compensation,  
Death Pension and Accrued Benefits by a Surviving Spouse or  
Child (and Including Death Compensation if Applicable)

**Purpose:** A surviving spouse or child of a deceased veteran may be entitled to benefits and any money owed to the veteran by the VA prior to his/her death (accrued benefits).

DIC benefits are awarded if a veteran's death occurred during service or if the veteran died of a service connected disability, or the service connected disability materially contributed to or hastened the veterans death. Under certain circumstances DIC can be awarded if the veteran was rated totally disabled from service connected disabilities and dies from non service connected conditions.

Death pension may be payable when the death of an honorably discharged wartime veteran is not due to service and income/net worth is within the applicable limits.

**VA Form 21-534**  
**Application for Dependency and Indemnity Compensation, Death Pension and Accrued**  
**Benefits by a Surviving Spouse or Child (and Including Death Compensation if**  
**Applicable)**

**Section I: Tell us what you are applying for and what you and the deceased veteran applied for.**

Line 1: Check the applicable box

Line 2: Enter the veterans claim number

Line 3: Check the applicable box

Line 4: Enter the claim number if applicable

Line 5: Check the applicable box

Line 6: Enter the relationship of the person

Line 7: Check the applicable box

**Section II: Tell us about you and the deceased veteran**

Line 8: Enter the veteran's name

Line 9: Enter the veteran's social security number

Line 10a: Check the applicable box

Line 10b: Enter the name if applicable

Line 11: Enter the veteran's date of birth

Line 12: Enter the veteran's date of death

Line 13: Check the applicable box

Line 14: Enter the claimant's name

Line 15: Check the applicable box

Line 16: Enter the address of claimant

Line 17: Enter day/evening telephone numbers

Line 18: Enter if applicable

Line 19: Enter claimant's social security number

Line 20: Enter claimant's date of death



# Department of Veterans Affairs

OMB Approved No. 2900-0004  
Respondent Burden: 1 hour 15 minutes

VA DATE STAMP  
(DO NOT WRITE IN THIS SPACE)

Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)  
VA Form 21-534

Please read the attached "General Instructions" before you fill out this form.

<b>SECTION I</b> Tell us what you are applying for and what you and the deceased veteran have applied for	1. Did the veteran ever file a claim with VA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," answer Item 2)	2. What is the VA file number? 123-45-6789
	3. Has the surviving spouse or child ever filed a claim with VA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer Items 4 through 6)	4. What is the VA file number? NA
	5. What is the name of the person on whose service the claim was filed? NA _____ First Middle Last	
	6. What is your relationship to that person? _____	
	7. Are you claiming service connection for cause of death? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	<b>SECTION II</b> Tell us about you and the deceased veteran	
	8. What is the veteran's name? Joseph A Serviceman _____ First Middle Last Suffix (If applicable)	
9. What is the veteran's Social Security number? 123-45-6789	10a. Did the veteran serve under another name? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer Items 10b)	
10b. Please list the other name(s) the veteran served under: NA	11. What is the veteran's date of birth? 01/30/1950 _____ mo day yr	
12. What is the veteran's date of death? 04/01/2006 _____ mo day yr	13. Was the veteran a former prisoner of war? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. What is your name? (First, Middle, Last Name) Jane C. Serviceman	15. What is your relationship to the veteran? (check one) <input checked="" type="checkbox"/> Surviving Spouse <input type="checkbox"/> Child	
16. What is your address? 1313 Mockingbird Lane _____ Street address, Rural Route, or P.O. Box Apt. number Waco TX 76799 USA _____ City State ZIP Code Country		
17. What are your telephone numbers? (Include Area Code) (254) 555-1111 _____ (254) 555-2222	18. What is your e-mail address? jjserviceman@aol.com	
19. What is your Social Security number? 032-16-5498	20. What is your date of birth? 06/08/1952 _____ mo day yr	

Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution.

**Section III: Tell us about the veteran's active duty service** (Note: If the veteran was receiving VA compensation or pension at the time of death you may skip this section)

Line21a: Enter the first period of active duty

Line21b: Enter the place of enlistment

Line21c: Enter the service number if applicable

Line21d: Enter the date the veteran left active duty

Line21e: Enter the place of separation from service

Line21f: Enter the branch of service

Line21g: Enter the grade, rank or rating

Line21h: Enter the second period of service if applicable

Line21i: Enter the service number if applicable

Line21j: Enter the date the veteran left active duty

Line21k: Enter the place of separation from service

Line21l: Enter the branch of service

Line21m: Enter the grade, rank or rating

Line21n: Enter the grade, rank or rating

**Section IV: Tell us about you and the veteran's marital history**

The veteran's marriages

Line22a: Enter the number of marriages

Line22b: Enter the date of marriages (VA will accept month and year)

Line22c: Enter city/state or country of marriage

Line22d: Enter full name of person

Line22e: Enter date marriage was terminated

Line22f: Enter city/state or country of divorce

Line22g: Enter reason why marriage was terminated

**The surviving spouse's previous marriages:**

Line23a: Enter the number of marriages of current spouse

Line23b: Check applicable box

Line23c: Enter the date of spouse's marriages (VA will accept month and year)

Line23d: Enter city/state or country of marriage

**SECTION III** Tell us about the veteran's active duty service

1. Enter complete information for all periods of service. If more space is needed use Item 48 "Remarks."

2. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.

Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.

21a. Entered Active Service (first period) 06/25/1969 mo day yr	21b. Place Ft Worth TX	21c. Service Number 2582562	
21d. Left This Active Service 06/27/1973 mo day yr	21e. Place Ft Hood TX	21f. Branch of Service US Army	21g. Grade, Rank, or Rating E-5
21h. Entered Active Service (second period) NA mo day yr	21i. Place	21j. Service Number	
21k. Left This Active Service mo day yr	21l. Place	21m. Branch of Service	21n. Grade, Rank, or Rating

**SECTION IV** Tell us about your and the veteran's marital history

Attach a copy of your marriage certificate showing your marriage to the veteran.

Note: Skip to Section V if the veteran was receiving additional VA benefits for you as his/her spouse at the time of his/her death *unless* you remarried after the veteran's death.

You must furnish complete information about all marriages of the surviving spouse and the veteran. If you need additional space, please attach a separate sheet of paper providing the requested information about the marriages.

**The veteran's marriages**

22a. How many times was the veteran married? 0

22b. Date of Marriage mo day yr	22c. Place (city/state or country)	22d. To whom married (first, middle initial, last name)	22e. Date marriage ended mo day yr	22f. Place (city/state or country)	22g. How marriage ended (death, divorce)

**The surviving spouse's marriages.** Note: Items 23a through 27 should be completed by the veteran's surviving spouse. If the claimant is not the surviving spouse, skip to Section V.

23a. How many times were you married? 0 23b. Have you remarried since the death of the veteran?  YES  NO

23c. Date of Marriage mo day yr	23d. Place (city/state or country)	23e. To whom married (first, middle initial, last name)	23f. Date marriage ended mo day yr	23g. Place (city/state or country)	23h. How marriage ended (death, divorce)

**The surviving spouse's previous marriages:** (continued)

Line23e: Enter full name of person

Line23f: Enter date marriage was terminated

Line23g: Enter city/state or country of divorce

Line23h: Enter reason why marriage was terminated

23c. Date of Marriage	23d. Place <i>(city/state or country)</i>	23e. To whom married <i>(first, middle initial, last name)</i>	23f. Date marriage ended	23g. Place <i>(city/state or country)</i>	23h. How marriage ended <i>(death, divorce)</i>
mo day yr			mo day yr		
mo day yr			mo day yr		

**Section IV: Tell us about your and the veteran's marital history (continued)**

*Answer question 24 only if you and the veteran were married for less than one year*

Line 24: Check the applicable box

Line 25: Check the applicable box

Line 26: Check the applicable box

Line 27: Enter reason, if applicable

**Section V: Tell us about the unmarried children of the veteran**

Line 28a: Enter the of the veterans' unmarried children

Line 28b: Enter the date and city/state or country of birth

Line 28c: Enter the child's social security number

Line 29a-29f: Check the applicable box

**SECTION IV Tell us about your and the veteran's marital history (continued)**

Answer Item 24 only if you were married to the veteran for less than one year.

24. Was a child born to you and the veteran during your marriage or prior to your marriage?

YES  NO

26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?

YES  NO

(If "No", answer Item 27)

25. Are you expecting the birth of a child of the veteran?

YES  NO

27. What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.

**SECTION V Tell us about the unmarried children of the veteran**

Note: You should provide a copy of the public record of birth or a copy of the court record of adoption for each child listed in Item 28a *unless* the veteran was receiving additional VA benefits for the child.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

**Note: Skip to Section VI if you are not claiming benefits for any children that meet the following criteria.**

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- between 18 and 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 29e) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note to surviving spouse: If entitlement to DIC is established, a "seriously disabled" child over age 18 is entitled to receive DIC benefits in his or her own right. A veteran's child who is seriously disabled and over age 18 must submit a separate VA Form 21-534 to apply for benefits.

28a. Name of child (First, middle initial, Last)	28b. Date and place of birth (City/State or Country)	28c. Social Security Number	29a. Biological	29b. Adopted	29c. Stepchild	29d. 18 - 23 yrs old and in school	29e. Seriously disabled	29f. Child previously married
Julie A. Serviceman	12/25/1989 mo day yr Waco TX	111-22-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section V: Tell us about the unmarried children of the veteran (continued)**

*Tell us about the children listed above that don't live with you*

Line 30a: Enter the child's name

Line 30b: Enter the child's complete address

Line 30c: Enter the name of the person with whom the child is residing

Line 30d: Enter the amount of support that the veteran contributes each month

**Section IV: Tell us if you are housebound, in a nursing home or require aid and attendance**

Line 31: Check the appropriate box

Line 32a: Enter the name and address of the facility or the doctor's name

Line 32b: Check the applicable box

Line 32c: Check the applicable box

Line 32d: Check the applicable box

**SECTION V** Tell us about the unmarried children of the veteran (continued)

Tell us about the children listed above that don't live with you.

30a. Name of child (first, middle initial, last)	30b. Child's Complete Address	30c. Name of person the child lives with (if applicable)	30d. Monthly amount you contribute to child's support
NA			\$
			\$
			\$
			\$

<p><b>SECTION VI</b> Tell us if you are housebound, in a nursing home or require aid and attendance</p> <p>If you answered "yes" to Item 31 and are not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, the amount you pay out-of-pocket for your care, and whether Medicaid covers all or part of your nursing home costs.</p>	<p>31. Are you claiming aid and attendance allowance and/or housebound benefits because you need the regular assistance of another person, are having severe visual problems, or are housebound?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><i>(If "No," skip to section VII)</i></p>	<p>32a. Are you now in a nursing home?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><i>(If "Yes," answer Items 32b and 32c also)</i></p>
	<p>32b. What is the name and complete mailing address of the facility?</p> <p>NA</p>	<p>32c. Does Medicaid cover all or part of your nursing home costs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "No," answer Item 32d also)</i></p>
	<p>32d. Have you applied for Medicaid?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

**Section VII: Tell us the net worth of you and your dependents**

Line 33a: Enter the amount of money in cash or in bank account(s), amount in any interest bearing account(s) or certificate of deposits (CD's)

Line 33b: Enter the amount of any IRA or Keogh Plans

Line 33c: Enter the amount of stocks, bonds, Mutual Funds

Line 33d: Enter the amount of any business assets

Line 33e: Enter the value of any real property not including the home

Line 33f: Enter the values amount of all other property.

**Section VIII: Tell us about the income of you and your dependents**

Line 34a: Check the applicable box

Line 34b: Check the applicable box

Line 35: Check the applicable box

Line 36: Check the applicable box

Line 37: Check the applicable box

**SECTION VII**

**Tell us the net worth of you and your dependents**

Note: If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

Source	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
33a. Cash, bank accounts, certificates of deposit (CDs)	5,000.00	Julie A. Serviceman	350.00	
33b. IRAs, Keogh Plans, etc.	0.00		0.00	
33c. Stocks, bonds, mutual funds	0.00		0.00	
33d. Value of business assets	0.00		0.00	
33e. Real property (not your home)	0.00		0.00	
33f. All other property	0.00		0.00	

**SECTION VIII**

**Tell us about the income of you and your dependents**

Payments from any source will be counted, unless the law says that they don't need to be counted. Report all income, and VA will determine any amount that does not count.

Note: If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer item 34b)</i>	34b. Is Social Security based on your own employment?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**Section VIII: Tell us about the income of you and your dependents (continued)**

Line 38a: Enter the amount of Social Security

Line 38b: Enter the amount of U.S. Civil Service

Line 38c: Enter the amount of U.S. Railroad Retirement

Line 38d: Enter the amount of Military Retired Pay

Line 38e: Enter the amount of Black Lung Pay

Line 38f: Enter the amount of Supplemental Security (SSI or Public Assistance)

Line 38g: Enter the amount of any other income received. Include the name of the source

**Line 39a-d: Sources of income expected to receive of the next twelve months**

Line 39a: Enter any gross wages and salary

Line 39b: Enter any total interest and dividends

Line 39c: Enter the amount of workers compensation or unemployment compensation

Line 39d: Enter any other income expected and enter the source

**SECTION VIII Tell us about the income of you and your dependents (continued)**

**Monthly Income - Tell us the income you and your dependents receive every month**

Source	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i> Julie A Serviceman	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
38a. Social Security	0.00	350.00		
38b. U.S. Civil Service	0.00	0.00		
38c. U.S. Railroad Retirement	0.00	0.00		
38d. Military Retirement	0.00	0.00	0.00	0.00
38e. Black Lung Benefits	0.00	0.00	0.00	0.00
38f. Supplemental Security Income (SSI)/ Public Assistance	0.00	0.00	0.00	0.00
38g. Other income received monthly (Please write source below:)				
Wages from employment	2,589.00	0.00		

**Expected income next 12 months - Tell us about other income for you and your dependents**

Report expected income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected income for the 12 month period from the date you sign this application.

Sources of income for the next 12 months	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i> Julie Serviceman	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
39a. Gross wages and salary	31,068.00	4,200.00		
39b. Total dividends and interest				
39c. Other income expected (Please write source below:)				
39d. Other income expected (Please write source below:)				

**Section IX: Tell us about medical, last illness, burial or other unreimbursed expenses**

Line 40a: Enter the amount paid

Line 40b: Enter the date paid

Line 40c: Enter the purpose of the amount paid

Line 40d: Enter to whom was paid

Line 40e: Enter the relationship of who paid the expenses

**Section IV: Tell us if you are housebound, in a nursing home or require aid and attendance**

Line 41: Check the appropriate box/enter account information for savings/checking

Line 42: Name of financial institution

Line 43: Bank routing information

(may attach a voided check to form)



**Section XI: Give us your signature**

Line 44: Claimants signature or mark

Line 45: Date claimant signs form

Line 46a: Signature of witness if claimant makes mark

Line 46b: Printed name and address of witness

Line 47a: Signature of witness if claimant makes mark

Line 47b: Printed name and address of witness

**Line XIII: Remarks – Use this space for any additional statements**

Line 48: Remarks use this section to make any comments or to continue from any section

**SECTION XI** Give us your signature

I certify and authorize the release of information:  
I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

44. Your signature

*John A. Servicer*

45. Today's date

05/04/2007

46a. Signature of witness (If claimant signed above using an "X")

46b. Printed name and address of witness

47a. Signature of witness (If claimant signed above using an "X")

47b. Printed name and address of witness

**SECTION XII**

Remarks - Use this space for any additional statements that you would like to make concerning your application.

**IMPORTANT**

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

48. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number)



**VA FORM 21-4138**  
**STATEMENT IN SUPPORT OF CLAIM**

**Purpose:** This is a multipurpose form used to reopen claims, open new claims, submit statements, and request information. If more space is required use the continuation sheet or attach a separate sheet of paper. The veteran/claimant certifies the information provided with his/her signature.

**VA FORM 21-4138**  
*Statement in Support of Claim*

Line 1: Name of Veteran

Line 2: Enter veteran's social security number

Line 3: Enter Veteran's VA claim number

Line 4: Purpose for the submission of the form

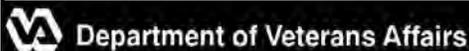
Line 5: Signature of veteran/claimant

Line 6: Enter the date signed

Line 7: Address of veteran/claimant

Line 8: Enter the daytime/evening telephone number for veteran/claimant

*(Note: In all instances advise the veteran that it will be quicker if he/she obtains the medical records and brings them to you for submission to the DVARO.)*



## STATEMENT IN SUPPORT OF CLAIM

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
JOSEPH A. SERVICEMAN	111-55-1111	C/CSS - 11-221-331

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am claiming an increase in my already service connected Diabetes Mellitus Type II currently evaluated at 20% disabling. It is my contention that this condition has worsened. I am now required to inject myself with insulin three times a day and my doctor has placed me on a restricted diet and has restricted my daily activities.

I receive all medical treatment from the VAMC located in Temple, TX, please obtain these records. I am also willing to report for a compensation and pension exam.

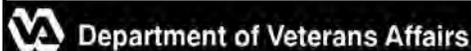
NOTE: A DESCRIPTION OF INCREASED SEVERITY OF SYMPTOMS IS IMPORTANT IN THAT IT CAN POSSIBLY AFFECT THE EFFECTIVE DATE OF CLAIM (38 CFR 3.400 (o)(1)(2))

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/04/2007	
ADDRESS 1400 W Clay Ave Waco, TX 76799	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(254) 555-1165	(254) 555-1212

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
Janie C. Serviceman	111-22-0000	C/CSS - 11-555-230

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

With regards to my local hearing scheduled for today January 15, 2007 for increase evaluation for:

1. Carpal tunnel syndrome right wrist currently evaluated as 0 percent disabling,
2. Residuals left ankle strain currently rated as 10 percent disabling,
3. Chronic sinusitis currently rated as 10 percent disabling,

Service connection for:

1. Low back strain
2. Right knee pain secondary to left ankle strain

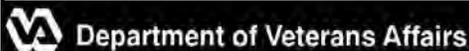
I accept a compensation and pension exam (C&P) for all the issues stated above in lieu of having the scheduled hearing. I understand that once the C&P exam has been conducted the Decision Review Officer (DRO) will review my claim and make another decision. Should the decision be unfavorable I understand that I will be informed of my appeal options.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 14000 Maybe Lane Uncertain, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME  ( 281 ) 555-2222	EVENING  ( 281 ) 555-0000

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-22-0000	C/CSS - 11-555-230

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This is in reference to my pending appeal in which I requested a Board of Veterans (BVA) Travel Board Hearing.

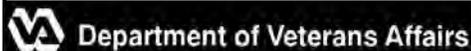
Please withdraw my request for a Travel Board Hearing as I no longer wish to appeal and request that my claims file be forwarded to BVA for review.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 14000 Colt Drive Fun Barrel City, TX 77771	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME  (281) 555-2222	EVENING  (281) 555-0000

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
Janie C. Serviceman	000-11-0000	C/CSS - 11-222-333

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

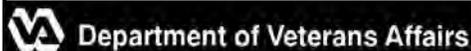
On June 12, 2007, my right leg was amputated due to complications associated with my service connected Diabetes Mellitus Type II. I AM REQUESTING SERVICE CONNECTION FOR RIGHT LEG AMPUTATION WITH ENTITLEMENT TO SPECIAL MONTHLY COMPENSATION. The surgery was performed at the Hendricks Memorial Hospital. VA Forms 21-4142 are enclosed so that the DVARO may obtain my medical treatment records and hospital reports.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/04/2007	
ADDRESS 2550 Cents St Dime Box, TX 75440	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME (281) 555-2222	EVENING (281) 555-0000

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-22-0000	C/CSS - 11-555-230

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This is in reference to the letter dated December 12, 2007 from the DVARO requesting additional information with regards to my previous marriages.

I married Peggy Sue on February 14, 1982 in Las Vegas, NV and we were divorced on May 18, 1985 in San Diego, CA.

I married Samantha Jones on July 21, 1985 in San Diego, CA and we divorced on January 16, 1987 in San Diego, CA.

If additional information is needed, please contact me.

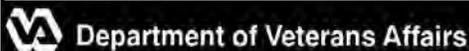
POA-TVC



I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 1818 Jump St. Ben Hur, TX 75551	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME  (281) 555-2222	EVENING  (281) 555-0000

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	000-11-0000	C/CSS - 11-222-333

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This is in reference to my claim submitted on November 12, 2007 requesting service connection for Diabetes Mellitus Type II. I would like to amend this claim to include service connection for peripheral neuropathy lower extremities secondary to the Diabetes Mellitus Type II.

I was diagnosed with this condition on December 15, 2007 at the Dallas VAMC.

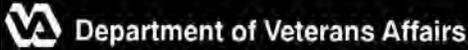
Please obtain these treatment records from the Dallas VAMC to assist with my pending claim.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 113 Mockingbird Lane Charms, TX 78945	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME  (281) 555-2222	EVENING  (281) 555-0000

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
Janie A. Serviceman	111-22-4444	C/CSS - 33 215 632

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This is in reference to the DVARO letter dated January 24, 2007, notifying me of an overpayment of \$56,000.00 due to my failure to report additional income for pension purposes.

I am disputing the debt for the following reasons: I notified the DVARO on November 13, 2006 that my spouse had worked part-time for a period of six weeks beginning on September 4, 2006, and that the position was terminated on October 20, 2006. During that period she earned a total of \$615.00 in which I did forward copies of her pay statements to the DVARO.

If it is still determined that I do in fact have a debt, please accept this as a waiver request as recovery would cause an undue hardship on me and my family. I am enclosing a completed VA Form 5655 for review. Should DVARO deny my request for a full waiver of the overpayment, it is requested that I be allowed to make monthly payments of \$50.00 until the account is settled.

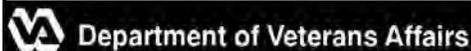
NOTE: THIS 21-4138 SERVES TWO PURPOSES, #1 BEING CONTESTING THE AMOUNT OF THE DEBT, AND #2 TO REQUEST WAIVER IN THE EVENT THAT THE FINAL DECISION IS THAT THERE IS IN FACT AN OVERPAYMENT. THE ABOVE EXAMPLE PROTECTS THE 180 DAY TIME LIMIT ON REQUESTS FOR WAIVER.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 1000 Main St Lukenbach, TX 73331	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME (281) 555-2222	EVENING (281) 555-0000

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <i>(Type or print)</i>	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-22-4444	C/CSS - 33-215-632

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am requesting service connection for allergic rhinitis and sinusitis. My service medical records do show that I was diagnosed and treated for this condition and I have continued treatment after service with my private physician, Dr. J . Thomas

I am enclosing a VA Form 21-4142 and request these records be obtained to assist with my claim.

I am willing to report for a compensation and pension (C&P) examination, if necessary.

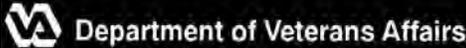
POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/04/2007	
ADDRESS 14000 Slippery Slope Rd. Jonestown, TX 77113	TELEPHONE NUMBERS <i>(Include Area Code)</i>	
	DAYTIME	EVENING
	(830) 555-2222	(830) 555-9999

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## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
Janie A. Serviceman	222-11-3333	C/CSS - 25 659 132

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

Reference the DVARO rating decision dated December 5, 2007 denying me increased evaluation for post traumatic stress disorder(PTSD)which is currently rated as 30 percent disabling and for service connection for bilateral hearing loss. Please accept this is my Notice of Disagreement (NOD).

It is my contention that my PTSD condition has worsened and I have submitted all treatment reports from the Temple VAMC and from my private physician, Dr. Wolfgang, whose care I have been under for the last five years. I believe the evidence submitted out weighs the evidence submitted from the compensation and pension(C&P)examination. As to the claim for service connection for my hearing loss, I worked as an aircraft mechanic for the entire 20 years of service and my service medical records do reflect a hearing loss at the time of separation from service. I have submitted a medical report from Dr. Yomas, an ENT specialist, stating that I do have a hearing loss. I request that a C&P exam requesting a medical opinion be accomplished.

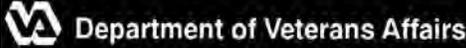
I am requesting that a Decision Review Officer (DRO) review my pending appeal. I understand that once this has been accomplished, I will be advised of the decision and any appeal option deemed necessary.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 2400 Clampett lane Possum Hollow, TX 77711	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME  (989) 222-5555	EVENING  (989) 555-1122

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
JOHN A. SERVICEMAN	111-22-4444	C/CSS - 33-215-632

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am requesting to reopen my claim for service connection for lumbosacral strain. I understand that this claim was previously denied on March 10, 2005 and that I will be required to submit new and material evidence to successfully reopen this claim.

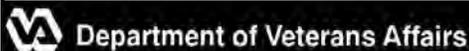
I am submitting new medical treatment records as evidence from my attending physician, Dr. S. Hand, to include a medical opinion after reviewing my service medical records with regards to my back.

NOTE: WITHOUT SUBMITTING NEW AND MATERIAL EVIDENCE (OR PROVIDING A VA FORM 21-4142 FOR THEM TO REQUEST THE TREATMENT RECORDS), THE VA WILL SIMPLY SEND THE VETERAN A LETTER STATING, "YOU HAVE BEEN PREVIOUSLY DENIED SERVICE CONNECTION FOR THIS CONDITION AND MUST PROVIDE NEW AND MATERIAL EVIDENCE IN ORDER TO REOPEN THE CLAIM".

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/04/2007	
ADDRESS 14000 Slippery Slope Rd Jonestown, TX 77113	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME (830) 555-2222	EVENING (830) 555-9999

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-22-3344	C/CSS - 111-22-3344

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

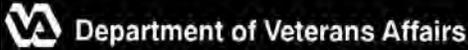
I am requesting that the DVARO please provide me with a copy of my entire claims file.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS 1313 Mockingbird Lane Charms, TX 78945	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME  (956) 222-5555	EVENING  (956) 555-1122

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-22-4444	C/CSS - 33-215-632

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

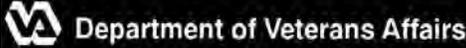
I currently have an appeal pending with the DVARO for service connection for a right knee condition and pes planus. The DVARO granted me service connection for coronary artery disease with a rating of 100 percent with entitlement to Chapter 35 benefits for my dependents.

I am satisfied with this rating decision and no longer wish to pursue my appeal for the above stated issues. I wish to withdraw all my pending appeal issues at this time.

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/04/2007	
ADDRESS 14000 Slippery Slope Rd. Jonestown, TX 77113	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME (830) 555-2222	EVENING (830) 555-9999

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
Janie A. Serviceman	111-00-1111	C/CSS - 22-333-444

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am claiming your decision dated March 21, 2003, which denied me service connection for a respiratory condition, is a clear and unmistakable error. In the reasons for the decision it stated, "a review of the service medical records was negative for any treatment for a lung condition".

I was in the army for six years. The condition began early during the fifth year. I was on profile most of my last two years, was hospitalized three times for respiratory arrest, and was prescribed two different types of inhalers which I had to keep in my possession 24 hours a day. Also, I went before a physical evaluation board which resulted in my being boarded out with severance pay because of this condition.

Thank you for your consideration in this matter.

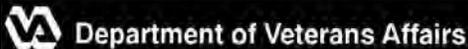
NOTE: CLEAR AND UNMISTAKABLE ERROR UNDER 3.105(a) IS NOT A MERE DISAGREEMENT, BUT IS AN ERROR SO BLATANT THAT NO TWO REASONABLE MINDS CAN DISAGREE. IF CUE IS GRANTED, THE PAYMENT IS RETROACTIVE TO THE DATE OF CLAIM OF THE ERRONEOUS DECISION. THERE IS NO TIME LIMIT.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/07/2007	
ADDRESS 45 Samuel Colt Dr. Six Shooter Junction, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME (851) 551-3333	EVENING (851) 551-3333

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
Joseph A. Serviceman	111-22-4444	C/CSS - 11-222-333

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This is in reference to the surgery that was performed on me at the Dallas VAMC on August 15, 2006 for the amputation of the left leg due to my Diabetes mellitus Type II.

I am requesting compensation under 38 USC 1151 as the surgeon erred and amputated my right leg by mistake instead.

Please obtain all treatment records to include surgical reports in reference to this surgery from the Dallas VAMC.

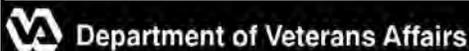
NOTE: COMPENSATION UNDER 38 USC 1151(a) IS PAYABLE FOR ADDITIONAL DISABILITY OR DEATH DUE TO HOSPITAL CARE, MEDICAL OR SURGICAL TREATMENT, EXAMINATION, TRAINING AND REHABILITATION SERVICES, OR COMPENSATED WORK THERAPY PROGRAM 38 CFR(3.361).

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/07/2007	
ADDRESS 527 Main Street Weeping Mary, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(851) 551-3333	(851) 555-3322

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-11-1111	C/CSS - 22-222-222

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am claiming service connection for adenocarcinoma of the left lung due to exposure to Agent Orange.

As my DD 214 shows, I served as a door gunner in Vietnam from 6/6/67 to 6/3/68.

I was diagnosed by Dr. Smith at the Dallas VAMC and have been receiving treatment there. Please request these records to use in consideration of my claim.

Thank you for your consideration in this matter.

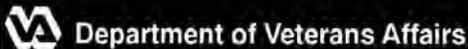
NOTE: PLEASE REFER TO 38 CFR 3.309(e) FOR A COMPLETE LISTING OF ALL DISABILITIES ATTRIBUTABLE TO AGENT ORANGE EXPOSURE.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/07/2007	
ADDRESS 45 Samuel Colt Drive Six Shooter Junction, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(851) 551-3333	(851) 551-3333

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-11-1111	C/CSS - 22-222-222

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am claiming service connection for PTSD, malaria, and arteriosclerotic heart disease due to wet beri beri (presumptive condition) as a result of my being a POW and held by the Japanese in Cabanatuan.

I request I be scheduled for a POW protocol exam to be used in consideration of my claim.

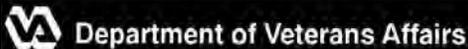
NOTE: A STRESSOR LETTER IS NOT NEEDED AS THE STRESSORS ARE CONCEEDED (BY REGULATION) DUE TO BEING AN EX-POW. PLEASE REFER TO 38 CFR 3.309(c) FOR A COMPLETE LISTING OF ALL DISABILITIES PRESUMPTIVE TO FORMER PRISONERS OF WAR.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/07/2007	
ADDRESS 45 Samuel Colt Drive Six Shooter Junction, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(851) 551-3333	(851) 551-3333

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## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	444-44-4444	C/CSS - 55-555-555

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am claiming service connection for Blackwater Fever as a result of my service in the South Pacific during WWII.

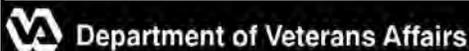
NOTE: PLEASE REFER TO 38 CFR 3.309(b) FOR A COMPLETE LISTING OF ALL DISABILITIES ATTRIBUTABLE TO "TROPICAL SERVICE".

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/07/2007	
ADDRESS 45 Samuel Colt Drive Six Shooter Junction, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(851) 551-2333	(851) 551-2444

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
John A. Serviceman	111-11-1111	C/CSS - 33-333-333

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am claiming service connection for a heart condition. I began exhibiting symptoms and seeking treatment throughout my last 18 months of service. I was discharged on 3/5/07 and have continued having these symptoms with increasing severity up to and including the present time. I was diagnosed with congestive heart failure on 12/20/07.

Thank you for your consideration of this matter.

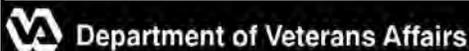
NOTE: IN ORDER FOR ANY CLAIM TO BE GRANTED UNDER THE PRESUMPTION AFFORDED BY 38 CFR 3.309(a), IT MUST BE DIAGNOSED TO A COMPENSABLE LEVEL WITHIN ONE YEAR OF DISCHARGE. ALSO, 38 CFR 3.309 CONTAINS A COMPLETE LISTING OF CONDITIONS ELIGIBLE FOR SERVICE CONNECTION DUE TO BEING "CHRONIC CONDITIONS".

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	01/01/2008	
ADDRESS 45 Samuel Colt Drive Six Shooter Junction, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(851) 551-3333	(851) 551-2222

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

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**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
JOSEPH A. SERVICEMAN	111-22-4444	C/CSS - 22-333-444

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am requesting a claim for service connection be opened for leukemia as a residual of radiation risk activity.

I was assigned to the 49th Civil Engineer Squadron in the USAF and was temporarily assigned to the K25 at Oak Ridge Tennessee from October 2, 1991 - January 15, 1992. We were required to perform maintenance on the equipment at the plant. We were assigned dosimeter badges which was monitored by the medical personnel.

Please obtain my service medical records and I am submitting a VA Form 21-4142 to obtain my private medical treatment records from Dr. J. Hill, my attending physician.

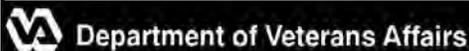
NOTE: PLEASE REFER TO 38 CFR 3.309(d) AND 3.311 FOR A COMPLETE LISTING OF ALL PRESUMPTIVE DISABILITIES BASED ON EXPOSURE TO IONIZING RADIATION.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/07/2007	
ADDRESS 527 Main St Weeping Mary, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(881) 551-3333	(881) 555-3333

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
JOHN A. SERVICEMAN	111-11-1111	C/CSS - 22-222-222

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I appreciate your decision to grant an increase from 10% for 30% effective 12/27/07 for my service connected left knee.

I am, however, claiming an earlier effective date as I was treated at the Audie Murphy VAMC on 04/30/07.

Thank you for your consideration of this matter

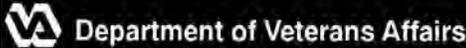
NOTE: IF A VETERAN GETS TREATMENT FOR AN ALREADY SERVICE CONNECTED CONDITION AT A VA MEDICAL FACILITY, THE DATE OF TREATMENT MAY BE USED AS THE EFFECTIVE DATE FOR INCREASE EVALUATION IF THE EVIDENCE WARRENTS SUCH UNDER 38 CFR 3.157

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	12/07/2007	
ADDRESS 45 Samuel Colt Drive Six Shooter Junction, TX 79997	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(851) 551-3333	(851) 551-4444

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## STATEMENT IN SUPPORT OF CLAIM

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN ( <i>Type or print</i> )	SOCIAL SECURITY NO.	VA FILE NO.
JOHN A. SERVICEMAN	111-22-4444	C/CSS - 22-333-444

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This is in reference to the DVARO letter dated June 30, 2007, concerning a proposal to rate me incompetent for VA purposes.

I agree with this proposal and waive my 60-day due process waiting period. I further request that my guardian of 12 years be appointed as my fiduciary. My guardian is:

Sergeant Major Jr.  
 2611 Cup Cake Lane  
 Ding Dong, TX 70001  
 882-555-0000 (Home)

NOTE: THE VA CAN USE A COURT APPOINTED GUARDIAN IF THEY SO DESIRE. THEY ALSO HAVE THE AUTHORITY TO MAKE THEIR OWN DETERMINATION AS TO THE BEST INDIVIDUAL TO SUPERVISE THE VETERAN'S BENEFIT.

POA-TVC

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	05/04/2007	
ADDRESS 2613 Cup Cake Ln Ding Dong, TX 70001	TELEPHONE NUMBERS ( <i>Include Area Code</i> )	
	DAYTIME	EVENING
	(831) 551-3333	(831) 555-3333

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

## **VA FORM 21-4142**

### **Authorization and Consent to Release Information to The Department of Veterans Affairs (VA)**

**Purpose:** This form gives consent to release private treatment records from a physician or hospital pertaining to the veteran in an effort to assist in his/her compensation/pension claim. A separate form is required for each request.

Note: A health care provider or health care facility may not charge a fee for a medical or mental health record requested by a patient, former patient, or by an attorney or other authorized representative of the patient or former patient, for use in supporting an application for disability benefits or other benefits or assistance the patient or former patient may be eligible to receive based on that patient's disability, or an appeal relating to denial of those benefits or assistance under Texas Government Code, Chapter 161 Subchapter M, Section 161.202.

***Note: In all instances, advise the veteran that it will be quicker if he/she obtains the medical records and brings them to you for submission to the DVARO.***

**VA FORM 21-4142**

*Authorization and Consent to Release Information to The Department of Veterans Affairs (VA)*

**Section I: Veteran/Claimant Identification**

- Line 1: Enter the name of the veteran
- Line 2: Enter veteran's file number
- Line 3: Enter the name of the claimant if other than the veteran
- Line 4: Enter the veteran's social security number
- Line 5: Enter the relation to veteran, if claimant
- Line 6: Enter the claimant's social security number

**Section II: Source of Information**

- Line 7a: Enter the name, address, and telephone/fax number of the physician/hospital
- Line 7b: Enter the dates treatment was received
- Line 7c: List the conditions for which treatment was received
- Line 8: Enter any comments



## AUTHORIZATION AND CONSENT TO RELEASE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

Important Notice About Information Collection: We need this information to obtain your treatment records. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, CALL VA TOLL-FREE AT 1-800-827-1000  
 (TDD 1-800-829-4833 FOR HEARING IMPAIRED).

### SECTION I - VETERAN/CLAIMANT IDENTIFICATION

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN <i>(Type or print)</i>  SERVICEMAN, JOE A	2. VETERAN'S VA FILE NUMBER  123-45-6788
3. CLAIMANT'S NAME <i>(If other than Veteran)</i> LAST NAME, FIRST, MIDDLE  SERVICEMAN, JANE	4. VETERAN'S SOCIAL SECURITY NUMBER  123-45-6788
5. RELATIONSHIP OF CLAIMANT TO VETERAN  SPOUSE	6. CLAIMANT'S SOCIAL SECURITY NUMBER  123-45-6789

### SECTION II - SOURCE OF INFORMATION

7A. LIST THE NAME AND ADDRESS OF THE SOURCE SUCH AS A PHYSICIAN, HOSPITAL, ETC. <i>(Include ZIP Codes, and also a telephone number, if available)</i>	7B. DATE(S) OF TREATMENT, HOSPITALIZATIONS, OFFICE VISITS, DISCHARGE FROM TREATMENT OR CARE, ETC. <i>(Include month and year)</i>	7C. CONDITION(S) <i>(Illness, injury, etc.)</i>
JOHN JONES MD 4700 IDAHO SUITE 401 WACO, TX 76710 254-555-1515 FAX 254-555-1150	1/2001-PRESENT	ALL CONDITIONS

8. COMMENTS:

**YOU MUST SIGN AND DATE THIS FORM ON PAGE 2 AND CHECK THE APPROPRIATE BLOCK IN ITEM 9C.**

### **Section III: Consent to Release Information**

**Veteran should read paragraphs in line 9a and 9b carefully before checking the appropriate statement in line 9c.**

Line 9a: Provides information regarding the Privacy Act of 1974

Line 9b: The veteran/claimant gives the authorization to release information

Line 9c: Check the applicable box as to release all or part of the medical information. If limited information is to be released, enter the information

Line 10a: Signature of veteran/claimant

Line 10b: Enter relationship, if other than the veteran

Line 10c: Date signed

Line 10d: Enter mailing veteran/claimant mailing address

Line 10e: Enter telephone number

***In some circumstances, a treating physician's office or facility may require a witness signature.***

Line 11: Signature of witness

Line 11b: Date signed

Line 11c: Enter mailing address of witness

**SECTION III - CONSENT TO RELEASE INFORMATION**

**READ ALL PARAGRAPHS CAREFULLY BEFORE SIGNING. YOU MUST CHECK THE APPROPRIATE STATEMENT UNDERLINED IN PARENTHESES IN PARAGRAPH 9C.**

9A. Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provided a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

9B. I, the undersigned, hereby authorize the hospital, physician or other health care provider or health plan shown in Item 7A to release any information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. I understand that the health care provider or health plan identified in Item 7A who is being asked to provide the Veterans Benefits Administration with records under this authorization may not require me to execute this authorization before it will, or will continue to, provide me with treatment, payment for health care, enrollment in a health plan, or eligibility for benefits provided by it. I understand that once my health care provider sends this information to VA under this authorization, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a, and VA may disclose this information as authorized by law. I also understand that I may revoke this authorization, at anytime (except to the extent that the health care provider has already released information to VA under this authorization) by notifying the health care provider shown in Item 7A. Please contact the VA Regional Office handling your claim or the Board of Veterans' Appeals, if an appeal is pending, regarding such action. If you do not revoke this authorization, it will automatically end 180 days from the date you sign and date the form (Item 10C).

9C. I  (AUTHORIZE)  (DO NOT AUTHORIZE) the source shown in Item 7A to release or disclose any information or records relating to the diagnosis, treatment or other therapy for the condition(s) of drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), sickle cell anemia or psychotherapy notes. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE:

I LIMIT THE INFORMATION TO BE RELEASED ONLY TO INCLUDE MEDICAL RECORDS PERTAINING  
TO ALCOHOLISM

10A. SIGNATURE OF VETERAN/CLAIMANT OR LEGAL REPRESENTATIVE	10B. RELATIONSHIP TO VETERAN/CLAIMANT <i>(If other than self, please provide full name, title, organization, city, State and ZIP Code. All court appointments must include docket number, county and State)</i>	10C. DATE  05/01/2007
--	--	-----------------------------

10D. MAILING ADDRESS <i>(Number and Street or rural route, city, or P.O. State and ZIP Code)</i>	10E. TELEPHONE NUMBER <i>(Include Area Code)</i>
--	--

The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This is not required by VA but may be required by the source of the information.

11A. SIGNATURE OF WITNESS	11B. DATE
---------------------------	-----------

11C. MAILING ADDRESS OF WITNESS
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**VA FORM 21-686c**  
Declaration of Status of Dependents

**Purpose:** Veteran rated as 30 percent or higher for service connected disabilities or has been granted non-service connected pension due to permanent and total disabilities and have qualifying dependents, are eligible to receive compensation/pension at a higher rate (due to dependency). This form assist the VA in determining the marital status and eligibility of the dependents when awarding the veteran/claimant additional monetary allowance.

**VA FORM 21-686c**  
*Declaration of Status of Dependents*

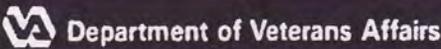
- Line 1a: Enter the name of veteran
- Line 1b: Enter veteran's social security number
- Line 2a: Enter the name of claimant, if other than veteran
- Line 2b: Enter the claimant's social security number
- Line 3: Enter the veteran's file number
- Line 4: Enter the mailing address of veteran/claimant
- Line 5a: Check the applicable box on current marital status
- Line 5b: If currently married, enter spouse's date of birth

**Section I: Veteran's Marriages**

- Line 6: Enter the number of times the veteran has been married
- Line 7a: Enter the date and place of marriage
- Line 7b: Enter the name of the person married
- Line 7c: Enter the social security number of current spouse
- Line 7d: Enter how the previous marriage was terminated
- Line 7e: Enter the date and place where the marriage was terminated.

**Section II: Spouse's Previous Marriage**

- Line 8: Enter the number of times the spouse has been married
- Line 9a: Enter the date and place of marriage
- Line 9b: Enter the name of person married
- Line 9c: Enter how the previous marriage was terminated
- Line 9d: Enter the date and place where the marriage was terminated



## DECLARATION OF STATUS OF DEPENDENTS

**Privacy Act Information:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58 VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**INSTRUCTIONS:** Print all answers clearly. Make sure you sign and date this form (Items 18 and 19). Note: Unless the claimant is the veteran's surviving spouse, the veteran must sign in Item 18. When you have completed this form, mail it or take it to a VA regional office.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN  <u>John A. Serviceman</u>	2A. NAME OF CLAIMANT (if other than veteran)  	3. FILE NUMBER  
1B. VETERAN'S SOCIAL SECURITY NUMBER  <u>123 45 6789</u>	2B. CLAIMANT'S SOCIAL SECURITY NUMBER  	c- <u>123 45 6789</u>
4. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) <u>1313 Mockingbird Lane Jonestown TX 77710</u>		
5A. MARITAL STATUS (Check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED (If checked, do not complete (Skip to Item 12)) <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		5B. IF MARRIED, SPOUSE'S DATE OF BIRTH <u>04/23/1970</u> month day year

**NOTE:** You must furnish complete information about all your and your current spouse's previous marriages. If you or your spouse have been married more than three times, list additional marriages in Item 17, "Remarks," or attach a separate sheet.

### SECTION I - VETERAN'S MARRIAGES

6. HOW MANY TIMES HAVE YOU BEEN MARRIED? 3

7A. DATE AND PLACE OF MARRIAGE (City, State or Country)	7B. TO WHOM MARRIED (First, middle, last name)	7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED (Death, Divorce)	7E. DATE AND PLACE TERMINATED (City/State or Country)
<u>06/15/05</u> month day year Place: Atlanta GA	Susie Q. Jones	444 55 2222		
<u>12/31/1995</u> month day year Place: Dallas TX	Janie Smith		Divorce	<u>11/08/1996</u> month day year Place: Atlanta GA
<u>04/15/1990</u> month day year Place: Houston TX	Betsy Ross		Divorce	<u>06/21/1992</u> month day year Place: Dallas TX

### SECTION II - SPOUSE'S PREVIOUS MARRIAGES

8. HOW MANY TIMES HAS THE VETERAN'S CURRENT SPOUSE OR SURVIVING SPOUSE BEEN MARRIED? 2

9A. DATE AND PLACE OF MARRIAGE	9B. TO WHOM MARRIED (First, middle, last name)	9C. HOW MARRIAGE TERMINATED (Death, Divorce)	9D. DATE AND PLACE TERMINATED
<u>02/14/1990</u> month day year Place: Atlanta GA	James Jones	Divorce	<u>12/15/1990</u> month day year Place: Atlanta GA
<u>10/31/1991</u> month day year Place: Columbus GA	William Jones	Death	<u>03/16/1992</u> month day year Place: Eastman GA
_____ month day year Place: _____			_____ month day year Place: _____

Line 10a: Check the applicable box

Line 10b: Enter spouse's VA file number, if applicable

Line 11: Check applicable box

Line 12: Enter spouse's address, if veteran does not reside with spouse

Line 13: Enter the amount veteran contributes every month in support

**Section III: Veteran's Unmarried Children**

Line 14a: Enter the name of child

Line 14b: Enter the date and place of birth

Line 14c: Enter the child's social security number

Line 14d-i: Check applicable box

Line 16a: Enter the name of child that does not reside with veteran

Line 16b: Enter the child's address

Line 16c: Enter the name of person that the child resides with

Line 17: Enter remarks

Line 18: Signature of veteran/claimant

Line 19: Date signed

Line 20: Enter the day/evening telephone number

10A. IS YOUR SPOUSE ALSO A VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 10B also. If "No," skip to Item 11.)</i>	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER <i>(If any)?</i>  <p style="text-align: center;">NA</p>
11. DO YOU LIVE WITH YOUR SPOUSE?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," skip to Item 14A. If "No," answer Items 12 and 13 also.)</i>	12. WHAT IS YOUR SPOUSE'S ADDRESS?  <p style="text-align: center;">NA</p>
13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?  <p style="text-align: center;">\$ NA</p>	

**SECTION III - VETERAN'S UNMARRIED CHILDREN**

*NOTE:* If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support themselves before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

*Note:* In Items 14A through 14I, check all boxes that apply.

14A. NAME OF CHILD <i>(first, middle initial, last)</i>	14B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	14C. SOCIAL SECURITY NUMBER	14D. BIO - LOGICAL	14E. ADOPT - ED	14F. STEP - CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSL Y MARRIED
Jaime R Serviceman	02/14/2006 <i>mo day yr</i> <i>PLACE:</i> Atlanta GA	222-66 - 1111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violet A. Serviceman	08/23/1995 <i>mo day yr</i> <i>PLACE:</i> Dallas TX	333-22 -5555	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>mo day yr</i> <i>PLACE:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note:* If any of the children listed above don't live with you, complete Items 16A through 16C.

16A. NAME OF CHILD <i>(first, middle initial, last)</i>	16B. CHILD'S COMPLETE ADDRESS	16C. NAME OF PERSON THE CHILD LIVES WITH <i>(If applicable)</i>
Violet A. Serviceman	2121 Mockingbird Ln Atlanta GA 33335	Janie Smith-Serviceman

17. REMARKS

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

18. SIGNATURE OF CLAIMANT	19. DATE	20. TELEPHONE NUMBER (S) <i>(Include Area Code)</i>	
		A. DAYTIME	B. NIGHTTIME

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.



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**Part II**  
**Veterans Service Center Miscellaneous**  
**Forms**



## **VA FORM 9**

### Appeal to Board of Veterans Appeals

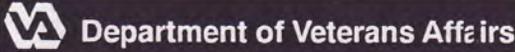
**Purpose:** When the veteran/claimant disagrees with a VA decision, a notice of disagreement (NOD) is filed. A Decision Review Officer (DRO) reviews the case and issues a Statement of the Case (SOC) to the veteran explaining how and why the decision rendered was made. After reviewing the SOC, the veteran/claimant must decide if he/she wishes to continue the appeal. If the answer is yes, then this form must be completed in order to continue the appeal.

There is an absolute time requirement that must be met in submitting the VA Form 9, or the appeal dies.

It must be received within 60 days of issuance of the Statement of the Case (SOC) or the remainder of the 1-year period from the decision being appealed, whichever comes first.

**VA FORM 9**  
*Appeal to Board of Veterans Appeal*

- Line 1: Enter the name of veteran
- Line 2: Enter veteran/claimant file number
- Line 3: Enter the veteran's insurance number  
(only if veteran is filing an insurance claim or if veteran is filing an appeal for a VA home loan)
- Line 4: Check the appropriate box
- Line 5: Enter the daytime/evening telephone numbers
- Line 6: Enter the mailing address of veteran/claimant
- Line 7: If not the veteran, name of applicant
- Line 8: Check one box:
- ❖ Box A: If the veteran/claimant feels that all information has been submitted and feels no need for a hearing, check this block. File will be sent to BVA.
  - ❖ Box B: If the veteran/claimant wishes to travel to Washington, D.C. and appear before the board to present his/her case, check this block. (Remember, this is at the veteran's own expense)
  - ❖ Box C: If the veteran/claimant wishes to appear before the BVA at the local regional office, check this block. (Advise veteran of the waiting time for this hearing)
- Line 9: This block is used to explain what is being appealed.  
If the veteran/claimant is appealing all issues, check Box A  
If the veteran/claimant is appealing only certain issues, check Box B and list the issues.
- Line 10: Give a detailed explanation of why the veteran disagrees with the decision.  
Continue on the back if additional space is needed or attach comments.
- Line 11: Signature of veteran/claimant
- Line 12: Date signed
- Line 13: Service representative signature, if completed by one
- Line 14: Date signed



## APPEAL TO BOARD OF VETERANS' APPEALS

**IMPORTANT:** Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) Serviceman, Joseph	2. CLAIM FILE NO. (Include prefix) 123-66-8888	3. INSURANCE FILE NO., OR LOAN NO.
--	---	------------------------------------

4. I AM THE:

VETERAN       VETERAN'S WIDOW/ER       VETERAN'S CHILD       VETERAN'S PARENT

OTHER (Specify)

5. TELEPHONE NUMBERS		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code)  14000 W Clay Ave Waco TX 76799
A. HOME (Include Area Code) 254-555-1122	B. WORK (Include Area Code) 254-555-2211	
7. IF I AM NOT THE VETERAN, MY NAME IS: (Last Name, First Name, Middle Initial)		

8. HEARING

**IMPORTANT:** Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.

Check one (and only one) of the following boxes:

A.  I DO NOT WANT A BVA HEARING.

B.  I WANT A BVA HEARING IN WASHINGTON, DC.

C.  I WANT A BVA HEARING AT A LOCAL VA OFFICE BEFORE A MEMBER, OR MEMBERS, OF THE BVA.  
(Not available at Washington, DC, or Baltimore, MD, Regional Offices.)

9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

A.  I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.

B.  I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES: (List below.)

I only wish to appeal the the denial of service connection for mental disorder.

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

I continue to disagree with the denial of service connection for mental disorder.

While I may not have a diagnosis of the condition in service it is my contention that the condition began to manifest while in service. The same symptoms that I had while in service are the same symptoms that I have today.

Numerous VA medical doctors have examined me and each one has given me a different diagnosis even though the symptoms have not changed. I contend that I should at the very least be given an examination by an independent medical examiner.

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL	12. DATE 05/08/07	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.)	14. DATE
--	----------------------	--	----------



## **VA FORM 21-0781**

### **Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD)**

**Purpose:** This form is used to list the stressful incident(s) that occurred in service and which has caused the condition(s) that the veteran is currently experiencing. It is very important for the veteran to be as specific as possible to include providing as much detail as possible to enable the VA to verify the incidents that occurred.

**Note:** This can also be accomplished on a 21-4138, but using the 21-0781 gives “structure” to the statement and therefore makes it easier for both the veteran and the VA.

**VA 21-0781**

*Statement in Support of Claim for Service Connection for  
Post-Traumatic Stress Disorder (PTSD)*

Line 1: Enter the name of veteran

Line 2: Enter veteran's file number

**Stressful Incident Number 1**

Line 3a: Enter the date the incident occurred

Line 3b: Enter the location of the incident

Line 3c: Enter the unit of assignment

Line 3d: Enter the dates of assignment to the unit

Line 3e: Describe in detail the incident

Line 3f: Enter any medals or citations awarded due to the incident

***This next section requests information if a serviceperson(s) was killed or injured during the incident***

Line 4a: Enter the name of the serviceperson injured or killed

Line 4b: Enter the serviceperson's rank

Line 4c: Enter the date of injury/death

Line 4d: Check the applicable box

Line 4e: Enter the unit of assignment during the incident

Line 5a: Enter the name of the serviceperson injured or killed

Line 5b: Enter the serviceperson's rank

Line 5c: Enter the date of injury/death

Line 5d: Check the applicable box

Line 5e: Enter the unit of assignment during the incident



VA DATE STAMP  
DO NOT WRITE IN THIS SPACE

**STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION  
FOR POST-TRAUMATIC STRESS DISORDER (PTSD)**

**INSTRUCTIONS:** List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment, and the full names and unit assignments of servicepersons you know of who were killed or injured during the incident. Please provide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as specific as you can so that research of military records can be thoroughly conducted. If you do not know the answer, write "unknown." If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

1. NAME OF VETERAN (First, Middle, Last)  
Joseph A Serviceman

2. VA FILE NO.  
001-002-3333

**STRESSFUL INCIDENT NO. 1**

3A. DATE INCIDENT OCCURRED (Mo., day, yr.)

04/04/1967

3B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)

Base Camp Black Horse  
Macy Compound  
Xuan Loc RVN

3C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

506th Supply and Service Company 11th Calvary Regiment

3D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)

FROM	TO
02/17/1967	02/15/1968

3E. DESCRIPTION OF THE INCIDENT

During my year in Vietnam I was assigned and worked graves registration and also the company mail clerk. My job was to take mail out to the those in combat and bring bodies back. When any soldier or airman died in out area of the jungle I was with them until I delivered them to the mortuary at the Tan Son Nhut AFB at Saigon. I has a graves registration tent with sawhorses on which I had stretchers where I placed the body bags. I then identified the remains and notified the Dept. of Defense of their name, serial number, and if they died instantly or not. Most instantly died with their eyes opened. I removed all personal effects from the remains and went to their tent and gathered all their belongings which I inventoried and sent home. I stayed with the remains constantly and slept with them in the graves registration tent. One time I had 17 remains which took me three days to process. I made sure that their pictures, possessions and bodies were kept safe and protected. On February 15, 1968 I departed Vietnam and arrived in Oakland. I was asked while in Oakland since my MOS was graves registration if I would escort the homebound caskets arriving in CONUS to their burial points. I told them that after what I had seen in Vietnam that I could not escort caskets to their homes and see the families on this end. They understood and asked if I would like to go into Administration Supervisor at the 573rd Personnel Service Company at Fort Bragg. I agreed and was assigned

3F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

**INFORMATION ABOUT SERVICEPERSONS WHO WERE KILLED OR INJURED DURING INCIDENT NO. 1  
(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)**

4A. NAME OF SERVICEPERSON (First, Middle, Last)

4B. RANK

4C. DATE OF INJURY/DEATH (Mo., day, yr.)

4D. PLEASE CHECK ONE

- KILLED IN ACTION     WOUNDED IN ACTION  
 KILLED NON-BATTLE     INJURED NON-BATTLE

4E. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

5A. NAME OF SERVICEPERSON (First, Middle, Last)

5B. RANK

5C. DATE OF INJURY/DEATH (Mo., day, yr.)

5D. PLEASE CHECK ONE

- KILLED IN ACTION     WOUNDED IN ACTION  
 KILLED NON-BATTLE     INJURED NON-BATTLE

5E. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

## **Stressful Incident Number 2**

Line 6a: Enter the date the incident occurred

Line 6b: Enter the location of the incident

Line 6c: Enter the unit of assignment

Line 6d: Enter the dates of assignment to the unit

Line 6e: Describe in detail the incident

Line 6f: Enter any medals or citations awarded due to the incident

### ***This next section requests information if a serviceperson(s) was killed or injured during the incident number 2***

Line 7a: Enter the name of the serviceperson injured or killed

Line 7b: Enter the serviceperson's rank

Line 7c: Enter the date of injury/death

Line 7d: Check the applicable box

Line 7e: Enter the unit of assignment during the incident

Line 8a: Enter the name of the serviceperson injured or killed

Line 8b: Enter the serviceperson's rank

Line 8c: Enter the date of injury/death

Line 8d: Check the applicable box

Line 8e: Enter the unit of assignment during the incident

Line 9: Enter any remarks

Line 10: Signature of veteran

Line 11: Date signed

Line 12: Enter day/evening telephone number

## STRESSFUL INCIDENT NO. 2

6A. DATE INCIDENT OCCURRED (Mo., day, yr.)

6B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)

6C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

6D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)

FROM

TO

6E. DESCRIPTION OF THE INCIDENT

6F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

INFORMATION ABOUT SERVICEPERSONS WHO WERE KILLED OR INJURED DURING INCIDENT NO. 2  
(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

7A. NAME OF SERVICEPERSON (First, Middle, Last)

7B. RANK

7C. DATE OF INJURY/DEATH (Mo., day, yr.)

7D. PLEASE CHECK ONE

 KILLED IN ACTION     WOUNDED IN ACTION  
 KILLED NON-BATTLE     INJURED NON-BATTLE

7E. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

8A. NAME OF SERVICEPERSON (First, Middle, Last)

8B. RANK

8C. DATE OF INJURY/DEATH (Mo., day, yr.)

8D. PLEASE CHECK ONE

 KILLED IN ACTION     WOUNDED IN ACTION  
 KILLED NON-BATTLE     INJURED NON-BATTLE

8E. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)

9. REMARKS

I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.

10. SIGNATURE

11. DATE

12. TELEPHONE NUMBERS (Include Area Code)

05/22/2007

DAYTIME

(254) 555-2121

EVENING

(254) 555-0011

PENALTY: The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour and 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV\\_VA\\_EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV_VA_EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



## **VA FORM 21-0781A**

### **Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault**

**Purpose:** This form is used to list the stressful or traumatic incident(s) that occurred in service and has caused the condition(s) that the veteran is currently experiencing. It is very important that the veteran be as specific as possible including providing as much detail as possible to enable the VA to verify the incidents that occurred.

**Note:** This can also be accomplished on a 21-4138, but using the 21-0781 gives “structure” to the statement and therefore makes it easier for both the veteran and the VA.

**VA 21-0781A**

*Statement in Support of Claim for Service Connection for  
Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault*

Line 1: Enter the name of veteran

Line 2: Enter veteran's file number

**Stressful Incident Number 1**

Line 3a: Enter the date the incident occurred

Line 3b: Enter the location of the incident

Line 3c: Enter the unit of assignment

Line 3d: Enter the dates of assignment to the unit

Line 3e: Describe in detail the incident

Line 4: Enter other sources or information, either military or civilian, to include health center or rape crises centers



Department of Veterans Affairs

VA DATE STAMP  
DO NOT WRITE IN THIS SPACE

**STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION FOR  
POST-TRAUMATIC STRESS DISORDER (PTSD) SECONDARY TO  
PERSONAL ASSAULT**

**INSTRUCTIONS:** List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment. Please complete the form in detail and be as specific as possible so that research of military records and other sources you identify can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

1. NAME OF VETERAN ( <i>First, Middle, Last</i> ) J. A. Serviceman	2. VA FILE NO. 000-11-2222
---	-------------------------------

**STRESSFUL INCIDENT NO. 1**

3A. DATE INCIDENT OCCURRED ( <i>Mo., day, yr.</i> ) 10/17/2005	3B. LOCATION OF INCIDENT ( <i>City, State, Country, Province, landmark or military installation</i> )
---	---

3C. UNIT ASSIGNMENT DURING INCIDENT ( <i>Such as, DIVISION, WING, BATTALION, CALVARY, SHIP</i> ) 325 Airlift Wing Military Support Group	3D. DATES OF UNIT ASSIGNMENT ( <i>Mo., day, yr.</i> )	
	FROM 06/21/2000	TO 04/08/2006

3E. DESCRIPTION OF THE INCIDENT

**4. OTHER SOURCES OF INFORMATION:** Identify any other sources (military or non-military) that may provide information concerning the incident. If you reported the incident to military or civilian authorities or sought help from a rape crisis center, counseling facility, or health clinic etc., please provide the names and addresses and we will assist you in getting the information. If the source provided treatment and you would like us to obtain the treatment records, complete VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA), for each provider. If you confided in roommates, family members, chaplains, clergy, or fellow service persons, you may want to ask them for a statement concerning their knowledge of the incident. These statements will help us in deciding your claim.

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

## **Stressful Incident Number 2**

Line 6a: Enter the date the incident occurred

Line 6b: Enter the location of the incident

Line 6c: Enter the unit of assignment

Line 6d: Enter the dates of assignment to the unit

Line 6e: Describe in detail the incident

Line 7: Enter other sources or information, either military or civilian, to include health center or rape crises centers

**STRESSFUL INCIDENT NO. 2**

6A. DATE INCIDENT OCCURRED (Mo., day, yr.)

3B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)

6C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CALVARY, SHIP)

6D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)

FROM

TO

6E. DESCRIPTION OF THE INCIDENT

7. OTHER SOURCES OF INFORMATION: Identify any other sources (military or non-military) that may provide information concerning the incident. If you reported the incident to military or civilian authorities or sought help from a rape crisis center, counseling facility, or health clinic etc., please provide the names and addresses and we will assist you in getting the information. If the source provided treatment and you would like us to obtain the treatment records, complete VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA), for each provider. If you confided in roommates, family members, chaplains, clergy, or fellow service persons, you may want to ask them for a statement concerning their knowledge of the incident. These statements will help us in deciding your claim.

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

Line 8: Enter any details about behavior changes that the veteran may have experienced

Line 10: Signature of veteran

Line 11: Date signed

Line 12: Enter day/evening telephone number

8. Please provide in the space below any other information that you feel is important for us to know that may help your claim. Let us know if you experienced any of the following or other behavior changes following the incident(s):

- visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment
- sudden requests for a change in occupational series or duty assignment
- increased use of leave without an apparent reason
- changes in performance and performance evaluations
- episodes of depression, panic attacks, or anxiety without an identifiable cause
- increased or decreased use of prescription medications
- increased use of over-the-counter medications
- substance abuse such as alcohol or drugs
- increased disregard for military or civilian authority
- obsessive behavior such as overeating or undereating
- pregnancy tests around the time of the incident
- tests for HIV or sexually transmitted diseases
- unexplained economic or social behavior changes
- breakup of a primary relationship

I certify that the foregoing statement(s) are true and correct to the best of my knowledge and belief.

9. SIGNATURE	10. DATE	11. TELEPHONE NUMBERS <i>(Include Area Code)</i>	
		DAYTIME	EVENING
	05/21/2007	(254) 555-1122	(254) 555-0001

**PENALTY** - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records and other sources for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

**RESPONDENT BURDEN:** We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 70 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



## **VA FORM 21-8940**

### **Veteran's Application for Increased Compensation Based on Unemployability**

**Purpose:** This form is used for a veteran to claim Individual Unemployability. This is a benefit based on the veteran being rated less than scheduler 100%, but his/her service connected disabilities alone preclude, gainful employment.

Note: Individual Unemployability is considered on a case by case basis and simply meeting the scheduler criteria does not mean it will be granted. The veteran must meet one of the three following criteria to meet the requirement for consideration:

1. A single disability rated at least 60%.
2. A combined 70% evaluation with at least one of the conditions in the combination being rated at least 40%.
3. Multiple service connected conditions that combine to at least 60%, but are of the same etiology or of the same body system.

Please review 38 CFR 4.16 as the above requirements are abbreviated.

**VA 21-8940**

*Veteran's Application for Increased Compensation Based on Unemployability*

Line 1: Enter the veteran's file number

Line 2: Enter veteran's social security number

Line 3: Enter the veteran's date of birth

Line 4: Enter the veteran's name

Line 5: Enter the veteran's address

**Section I: Disability and Medical Treatment**

Line 6: Enter the service-connected disabilities that prevent the veteran from gainful employment

Line 7: Enter whether the veteran received any treatment or was hospitalized during the past 12 months

Line 8: Enter dates of treatment by a physician

Line 9: Enter the name and address of the physician

Line 10: Enter the mailing address of the hospital

Line 11: Enter the date the veteran was hospitalized

**Section II: Employment Statement**

Line 12: Enter the date the disability affected full time employment

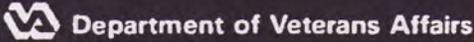
Line 13: Enter the date the veteran last worked full time

Line 14: Enter the date the veteran became too disabled to work

Line 15a: Enter the most the veteran earned in one year

Line 15b: Enter the year

Line 15c: Enter the occupation of the veteran



## VETERAN'S APPLICATION FOR INCREASED COMPENSATION BASED ON UNEMPLOYABILITY

NOTE: This is a claim for compensation benefits based on unemployability. When you complete this form you are claiming total disability because of a service-connected disability(ies) which has/have prevented you from securing or following any substantially gainful occupation. Answer all questions fully and accurately.

1. VA FILE NUMBER 123-45-6789	2. VETERAN'S SOCIAL SECURITY NUMBER 123-45-6789	3. DATE OF BIRTH 06/23/1965
4. NAME OF VETERAN (First, Middle, Last) (Type or Print)  Joseph A. Serviceman		5. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 14000 W. Clay Ave Waco TX 76799

### SECTION I - DISABILITY AND MEDICAL TREATMENT

6. WHAT SERVICE-CONNECTED DISABILITY PREVENTS YOU FROM SECURING OR FOLLOWING ANY SUBSTANTIALLY GAINFUL OCCUPATION? Diabetes/related issues	7. HAVE YOU BEEN UNDER A DOCTOR'S CARE AND/OR HOSPITALIZED WITHIN THE PAST 12 MONTHS? yes	8. DATE(S) OF TREATMENT BY DOCTOR(S) Jun- Dec 2006/Jan 2007-pres
9. NAME AND ADDRESS OF DOCTOR(S) John M Jones MD 1801 HeartWay Ste 12 waco TX 76799	10. NAME AND ADDRESS OF HOSPITAL Hillcrest Hospital Waac TX 76799	11. DATE(S) OF HOSPITALIZATION Jul 2-8, 2006 Nov 8-10, 2006 Feb 19-21, 2007

### SECTION II - EMPLOYMENT STATEMENT

12. DATE YOUR DISABILITY AFFECTED FULL TIME EMPLOYMENT June 15, 2006	13. DATE YOU LAST WORKED FULL TIME June 30, 2006	14. DATE YOU BECAME TOO DISABLED TO WORK June 30, 2006
15A. WHAT IS THE MOST YOU EVER EARNED IN ONE YEAR? \$ 65000.00	15B. WHAT YEAR? 2005	15C. OCCUPATION DURING THAT YEAR Lead Aircraft Mechanic

### 16. LIST ALL YOUR EMPLOYMENT INCLUDING SELF-EMPLOYMENT FOR THE LAST FIVE YEARS YOU WORKED

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. HOURS PER WEEK	D. DATES OF EMPLOYMENT		E. TIME LOST FROM ILLNESS	F. HIGHEST GROSS EARNINGS PER MONTH
			FROM	TO		
SystemsAGo Aviation 7800 Aviation Parkway Waco TX 76799	Aircraft Maint	40	02/1996	06/2006	80days	\$5100.00

G. INDICATE YOUR TOTAL EARNED INCOME FOR THE PAST 12 MONTHS \$ 0	H. IF PRESENTLY EMPLOYED, INDICATE YOUR CURRENT MONTHLY EARNED INCOME \$ 0
---	---

17. DID YOU LEAVE YOUR LAST JOB/SELF-EMPLOYMENT BECAUSE OF YOUR DISABILITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give the facts in Item 24)	18. DO YOU RECEIVE/EXPECT TO RECEIVE DISABILITY RETIREMENT BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	19. DO YOU RECEIVE/EXPECT TO RECEIVE WORKERS COMPENSATION BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---	--

20. HAVE YOU TRIED TO OBTAIN EMPLOYMENT SINCE YOU BECAME TOO DISABLED TO WORK?  
 YES  NO (If "Yes," complete Items A, B, and C)

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. DATE APPLIED
NA		

Line 16: Enter all employers including self-employment for the past 5 years

Line 16a: Enter the name and address of employer

Line 16b: Enter the type of work

Line 16c: Enter the number of hours worked per week

Line 16d: Enter the dates of employment

Line 16e: Enter the amount of time lost from work due to illness

Line 16f: Enter the highest gross earnings per month

Line 16g: Enter the total income earned for the past 12 months

Line 16h: If currently employed, enter the amount

Line 17: Check the applicable box

Line 18: Check the applicable box

Line 19: Check the applicable box

Line 20: Check the applicable box. If yes, complete the following:

Line A: Enter name and address of employer

Line B: Enter the type of work

Line C: Enter the date applied

16. LIST ALL YOUR EMPLOYMENT INCLUDING SELF-EMPLOYMENT FOR THE LAST FIVE YEARS YOU WORKED

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. HOURS PER WEEK	D. DATES OF EMPLOYMENT		E. TIME LOST FROM ILLNESS	F. HIGHEST GROSS EARNINGS PER MONTH
			FROM	TO		
SystemsAGo Aviation 7800 Aviation Parkway Waco TX 76799	Aircraft Maint	40	02/1996	06/2006	80days	\$5100.00

G. INDICATE YOUR TOTAL EARNED INCOME FOR THE PAST 12 MONTHS

\$ 0

H. IF PRESENTLY EMPLOYED, INDICATE YOUR CURRENT MONTHLY EARNED INCOME

\$ 0

17. DID YOU LEAVE YOUR LAST JOB/SELF-EMPLOYMENT BECAUSE OF YOUR DISABILITY?

YES  NO (If "Yes," give the facts in Item 24)

18. DO YOU RECEIVE/EXPECT TO RECEIVE DISABILITY RETIREMENT BENEFITS?

YES  NO

19. DO YOU RECEIVE/EXPECT TO RECEIVE WORKERS COMPENSATION BENEFITS?

YES  NO

20. HAVE YOU TRIED TO OBTAIN EMPLOYMENT SINCE YOU BECAME TOO DISABLED TO WORK?

YES  NO (If "Yes," complete Items A, B, and C)

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. DATE APPLIED
NA		

### **Section III: Schooling and other training**

Line 21: Circle the appropriate education level

Line 22a: Check the applicable box

Line 22b: List any other education, or training before becoming too disabled to work

Line 22c: Enter the beginning and ending of training

Line 23a: Check the applicable box dates

Line 23b: Enter any type of training since becoming too disabled to work

Line 23c: Enter the beginning and ending of training

Line 24: Enter any remarks

Line 25: Signature of veteran

Line 26: Date signed

Line 27: Enter daytime/evening telephone number

Line 28a: Signature of witness, if veteran unable to sign

Line 28b: Enter the address of the witness

Line 29a: Signature of witness, if veteran unable to sign

Line 29b: Enter the address of the witness

**SECTION III - SCHOOLING AND OTHER TRAINING**

21. EDUCATION (Circle highest year completed)

GRADE SCHOOL 1 2 3 4 5 6 7 8      HIGH SCHOOL 1 2 3 4      COLLEGE 1 2 3 4

22A. DID YOU HAVE ANY OTHER EDUCATION AND TRAINING BEFORE YOU WERE TOO DISABLED TO WORK?

YES     NO    (If "Yes," complete Items 22B and 22C)

22B. TYPE OF EDUCATION OR TRAINING	22C. DATES OF TRAINING	
	BEGINNING	COMPLETION

23A. HAVE YOU HAD ANY EDUCATION AND TRAINING SINCE YOU BECAME TOO DISABLED TO WORK?

YES     NO    (If "Yes," complete Items 23B and 23C)

23B. TYPE OF EDUCATION OR TRAINING	23C. DATES OF TRAINING	
	BEGINNING	COMPLETION

24. REMARKS

**SECTION IV - AUTHORIZATION, CERTIFICATION, AND SIGNATURE**

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION:** I consent that any physician, surgeon, dentist, or hospital that has treated or examined me for any purpose or that I have consulted professionally may furnish to VA any information about myself and I waive any privilege which makes this information confidential.

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION:** I consent that any employer that has employed me for the past five years may furnish to VA any information about myself and I waive any privilege which makes this information confidential.

**CERTIFICATION OF STATEMENTS:** I CERTIFY THAT as a result of my service connected disabilities, I am unable to secure or follow any substantially gainful occupation and that the statements in this application are true and complete to the best of my knowledge and belief and understand that these statements will be considered in determining my eligibility for VA benefits based on unemployability because of service-connected disability.

I UNDERSTAND THAT IF I AM GRANTED SERVICE-CONNECTED TOTAL DISABILITY BENEFITS BASED ON MY UNEMPLOYABILITY, THAT I MUST IMMEDIATELY INFORM VA IF I RETURN TO WORK. I ALSO UNDERSTAND THAT TOTAL DISABILITY BENEFITS PAID TO ME AFTER I BEGIN WORK MAY BE CONSIDERED AN OVERPAYMENT REQUIRING REPAYMENT TO VA.

25. SIGNATURE OF CLAIMANT	26. DATE SIGNED  05/08/2007	27. TELEPHONE NUMBER(S) (Include Area Code)	
		A. DAYTIME 254-555-1111	B. NIGHTTIME 254-555-1111

WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK. NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known and the signature and address of such witnesses must be shown below.

28A. SIGNATURE OF WITNESS	28B. ADDRESS OF WITNESS
29A. SIGNATURE OF WITNESS	29B. ADDRESS OF WITNESS

**PENALTY:** The law provides severe penalties which include fine or imprisonment or both for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 45 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.



**VA FORM 21-4140-1**  
Employment Questionnaire

**Purpose:** Veterans receiving compensation at the 100 percent rate based upon being unable to secure gainful employment (Individual Unemployability) will be required to recertify every year on the anniversary date of the award as to whether they were gainfully employed during the past 12 months.

This form must be completed and returned upon receipt to ensure that there is no interruption of compensation.

**VA 21-4140-1**  
*Employment Questionnaire*

Enter VA Regional Office address is not filled in by VA

Line 1: Enter date, if not filled in by VA

Line 2: Enter veteran's file number

Enter name and address of veteran

Line 3: Check appropriate box

Line 3a: Enter the date the incident occurred

Line 3b: Enter the location of the incident

Line 3c: Enter the unit of assignment

Line 3d: Enter the dates of assignment to the unit

Line 3e: Describe in detail the incident

Line 3f: Enter any medals or citations awarded due to the incident

***This next section requests information if a serviceperson(s) was killed or injured during the incident***

Line 4a: Enter the name of the serviceperson injured or killed

Line 4b: Enter the serviceperson's rank

Line 4c: Enter the date of injury/death

Line 4d: Check the applicable box

Line 4e: Enter the unit of assignment during the incident

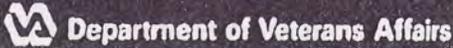
Line 5a: Enter the name of the serviceperson injured or killed

Line 5b: Enter the serviceperson's rank

Line 5c: Enter the date of injury/death

Line 5d: Check the applicable box

Line 5e: Enter the unit of assignment during the incident



EMPLOYMENT QUESTIONNAIRE

Waco Regional Office 701 Clay Ave Waco TX 76799	STATION ADDRESS	1. DATE MAILED  05/22/2007
John A. Serviceman 2700 Cattle Drive Trail Muleshoe TX 75551	NAME AND ADDRESS OF VETERAN	2. FILE NUMBER  3. WERE YOU EMPLOYED BY VA, OTHERS OR SELF-EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? (If "Yes," complete Section I only, if "No," complete Section II only)  <input type="checkbox"/> YES <input type="checkbox"/> NO

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine continued eligibility to compensation at the 100 percent rate based on individual unemployability (38 CFR 4.16). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS

You are receiving compensation at the 100 percent rate based on being unable to secure or follow a substantially gainful occupation as a result of your service-connected disabilities. If you were self-employed or employed by others, including the Department of Veterans Affairs, at any time during the past 12 months, complete Section I of this form. If you have not been employed during the past 12 months, complete Section II of this form.

You must complete the required items fully and accurately and return the form to the VA office shown above within 60 days. If you do not return the form within 60 days, your benefits may be reduced.

SECTION I - EMPLOYMENT CERTIFICATION (List all employment for the past twelve months)

4A. NAME AND ADDRESS OF EMPLOYER <small>(If self-employed, write "self")</small>	4B. TYPE OF WORK	4C. HOURS PER WEEK	4D. DATES OF EMPLOYMENT OR SELF-EMPLOYMENT		4E. TIME LOST FROM ILLNESS	4F. HIGHEST GROSS EARNINGS PER MONTH
			FROM	TO		
Joe's Bingo Parlor 210E 5th St Muleshoe TX 75551	caller	20	01/06	12/06	40hrs	\$420.00

I CERTIFY THAT the statements made in this form are true and complete to the best of my knowledge and belief.

I UNDERSTAND THAT my continued entitlement to VA unemployability compensation benefits will be based on information that I have furnished on this form or that I hereafter may be required to furnish VA.

5A. DATE SIGNED	5B. SIGNATURE OF VETERAN	5C. ADDRESS (If different than above)	5D. TELEPHONE NUMBER(S) (Include Area Code)	
			A. DAYTIME	B. EVENING

SECTION II - UNEMPLOYMENT CERTIFICATION (Complete this section if you did NOT work during the past 12 months)

I CERTIFY THAT I have not been employed by VA, others or self-employed during the past twelve months.

I FURTHER CERTIFY THAT the items completed on this form are true and correct to the best of my knowledge and belief. I believe that my service-connected disability(ies) has not improved and continues to prevent me from securing or following gainful employment.

6A. DATE SIGNED	6B. SIGNATURE OF VETERAN	6C. ADDRESS (If different than above)	6D. TELEPHONE NUMBER(S) (Include Area Code)	
			A. DAYTIME	B. EVENING

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for fraudulent acceptance of any payment to which you are not entitled.



## **VA FORM 28-1900**

### Disabled Veterans Application for Vocational Rehabilitation

**Purpose:** For veterans with service connected disabilities who are in need of assistance with preparing for, finding, and keeping suitable jobs. This includes veterans with service-connected disabilities so severe that they cannot immediately consider work, but wish to improve their ability to live as independently as possible.

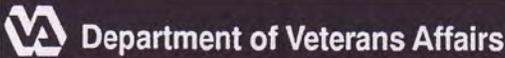
Veterans with a service connected disability of 10 percent or more, and received or will receive, an honorable discharge may apply.

The basic period of eligibility in which VR&E services may be used is 12 years from the latter of the following: (1) date of separation from active military service, or (2) date the veteran was first notified by VA of a service-connected disability rating.

**VA 21-4140-1**

*Disabled Veterans Application for Vocational Rehabilitation*

- Line 1: Name of Veteran
- Line 2: Enter veteran's social security number
- Line 3: Enter veteran's file number
- Line 4: Enter the veteran's date of birth
- Line 5a: Enter veteran's mailing address
- Line 5b: Enter the veteran's e-mail address, if applicable
- Line 6: Enter daytime telephone number
- Line 7: Enter evening telephone number
- Line 8: VA office where records are located
- Line 9: Number of years of education
- Line 10: If veteran is relocating within the next 30 days, enter new address
- Line 11: List any previous vocational rehabilitation programs to include VA and non-VA
- Line 12: Enter service information
  - Line 12a: Service number
  - Line 12b: Branch of service
  - Line 12c: Date entered active duty
  - Line 12d: Date left active duty
  - Line 12e: Type of discharge/separation
- Line 13a: Name and address of employer
  - Line 13b: Duties on the job
  - Line 13c: Monthly salary or wages
- Line 14: If the veteran is hospitalized, name and address



**DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION**  
*(Chapter 31, Title 38, U.S.C.)*

**PURPOSE OF VOCATIONAL REHABILITATION:** Vocational Rehabilitation provides services and assistance to certain veterans with disabilities to get and keep a suitable job. If employment is not reasonably feasible, vocational rehabilitation may be able to provide services to support veterans with disabilities to achieve maximum independence in their daily living activities.  
**IMPORTANT:** To see if you should fill out this form, please read the information on back.

1. FIRST, MIDDLE, LAST NAME OF VETERAN Joseph A. Serviceman	2. SOCIAL SECURITY NO. 000-11-0000	3. VA FILE NO. (If different, from Item 2) 000-11-0000	4. DATE OF BIRTH (Month, Day, Year) 07/04/1980
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5A. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code) 1313 Mockingbird Lane Waco TX 76799	6. DAYTIME TELEPHONE NO. (Include Area Code) (254) 555-1111	8. VA OFFICE WHERE RECORDS ARE LOCATED Waco-RO
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5B. E-MAIL ADDRESS OF VETERAN (If, available) jman@aol.com	7. EVENING TELEPHONE NO. (Include Area Code) (254) 555-2222	9. NUMBER OF YEARS OF EDUCATION 12
---	--	---------------------------------------

10. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS, GIVE US YOUR NEW ADDRESS  NA	11. LIST ANY PREVIOUS VOCATIONAL REHABILITATION PROGRAMS YOU HAVE BEEN IN AND GIVE THE DATES (Include both VA and non-VA programs)		DO NOT WRITE IN THIS SPACE (VA DATE STAMP)
	PROGRAM	DATE	
	NA		

**12. SERVICE INFORMATION (Enter the following information for each period of active duty. Show ALL active duty)**

SERVICE NUMBER (Prefix and suffix) (A)	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE LEFT ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)
000-11-0000	USAF	02/23/1998	02/28/2006	Honorable

**13. IF YOU ARE NOW WORKING (Enter the following information for your current job)**

A. NAME AND ADDRESS OF EMPLOYER  NA	B. DUTIES OF YOUR JOB  NA	C. MONTHLY SALARY OR WAGES  0.00
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14. IF YOU ARE NOW HOSPITALIZED, WHAT IS THE NAME AND ADDRESS OF YOUR HOSPITAL?  
  
NA

15A. WHAT IS YOUR DISABILITY RATING?  90%	15B. WHAT IS THE NATURE OF YOUR DISABILITY (DISABILITIES)? TBI Loss of use right leg Low back condition
---	--

16. DID YOU SERVE IN: (Check ALL that apply)

<input type="checkbox"/> WORLD WAR II	<input type="checkbox"/> POST KOREAN CONFLICT	<input type="checkbox"/> GULF WAR
<input type="checkbox"/> POST WORLD WAR II ERA	<input type="checkbox"/> VIETNAM	<input checked="" type="checkbox"/> OPERATION ENDURING FREEDOM
<input type="checkbox"/> KOREAN CONFLICT	<input type="checkbox"/> POST VIETNAM	<input checked="" type="checkbox"/> OPERATION IRAQI FREEDOM

I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim of vocational rehabilitation benefits is a punishable offense that may result in fine or imprisonment or both.

17A. SIGNATURE OF APPLICANT (Do not print) (Sign in ink)	17B. DATE SIGNED
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Line 15a: Enter the disability rating, if applicable

Line 15b: Enter disabilities

Line 16: Check the applicable box

Line 17a: Signature of veteran

Line 17b: Date signed

N/A

15A. WHAT IS YOUR DISABILITY RATING?  90%	15B. WHAT IS THE NATURE OF YOUR DISABILITY (DISABILITIES)? TBI Loss of use right leg Low back condition
---	--

16. DID YOU SERVE IN: (Check ALL that apply)		
<input type="checkbox"/> WORLD WAR II	<input type="checkbox"/> POST KOREAN CONFLICT	<input type="checkbox"/> GULF WAR
<input type="checkbox"/> POST WORLD WAR II ERA	<input type="checkbox"/> VIETNAM	<input checked="" type="checkbox"/> OPERATION ENDURING FREEDOM
<input type="checkbox"/> KOREAN CONFLICT	<input type="checkbox"/> POST VIETNAM	<input checked="" type="checkbox"/> OPERATION IRAQI FREEDOM

I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim of vocational rehabilitation benefits is a punishable offense that may result in fine or imprisonment or both.

17A. SIGNATURE OF APPLICANT (Do not print) (Sign in ink)	17B. DATE SIGNED
--	------------------



## **VA FORM 21-674**

### Request for Approval of School Attendance

**Purpose:** Complete this form when the veteran/claimant receiving compensation/pension at 30 percent or higher and has children (unmarried) between the ages of 18 and 23 years who are attending school to allow the veteran to continue to receive the higher rate compensation.

Dependents 18 years or older receiving or who will receive benefits directly, must complete this form themselves.

**VA 21-674**

*Request for Approval of School Attendance*

**Part I: to be completed by claimant**

- Line 1: Enter address of VA office where file is located
- Line 2: Name of veteran
- Line 3: Enter veteran's file number
- Line 4a: Enter name of student
- Line 4b: Enter student's social security number
- Line 5a: Enter date of birth
- Line 5b: Check applicable box
- Line 5c: If yes to 5b, enter date
- Line 6: Enter address of student
- Line 7: Check applicable box
- Line 8a: Enter the name and address of school
- Line 8b: Enter the type of school or training
- Line 9a: Enter the official regular term start date
- Line 9b: Enter the date the student will start
- Line 9c: Enter the expected date of graduation
- Line 10a: Check applicable box
- Line 10b: Enter subject if student is not full time in high school or college course
- Line 10c: Enter number of sessions
- Line 10d: Enter number of hours per week attending
- Line 11a: Check applicable box
- Line 11b: Enter name of school attending
- Line 11c: Enter number of sessions per week
- Line 11d: Enter number of hours per week
- Line 11e: Enter start date of last term
- Line 11f: Enter ending date of last term

1. ADDRESS OF VA OFFICE 701 Clay Ave Waco, TX 76799		<b>Department of Veterans Affairs</b> <b>REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE</b>		
IMPORTANT - This form should be completed in duplicate and signed in Part III. Return the original (VA File Copy 1) to the VA Office shown in Item 1. The copy will be retained by the claimant. SEE INSTRUCTIONS ON REVERSE OF COPY 1.				
<b>PART I - TO BE COMPLETED BY CLAIMANT (Also sign certification in Part III)</b>				
2. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or Print) Joseph A. Serviceman			3. VA FILE NUMBER C/CSS 000-11-1111	
4A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF STUDENT (Veteran's child attending school) (Type or print) Stephen J. Serviceman			4B. STUDENT'S SOCIAL SECURITY NUMBER 000-22-2222	
5A. DATE OF BIRTH 11/10/1988	5B. HAS STUDENT EVER MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes", complete Item 5C)		5C. DATE OF MARRIAGE	
6. ADDRESS OF STUDENT (Number and Street or Rural Route, City or P.O., State and Zip Code) 1313 Mockingbird Lane 2100 W Alcorn Waco, TX 76799		7. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID BY FEDERAL EMPLOYEE'S COMPENSATION OR ANY OTHER AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes", explain in Item 14, REMARKS)		
8A. NAME AND ADDRESS OF SCHOOL FOR WHICH APPROVAL IS REQUESTED Lincoln High School Waco, TX 76799			8B. NAME OR TYPE OF COURSE OF EDUCATION OR TRAINING High School	
9A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE (Month, day, year) 08/22/2006		9B. DATE STUDENT STARTED OR EXPECTS TO START COURSE (Month, day, year) 08/22/2006		9C. EXPECTED DATE OF GRADUATION (Month, day, year) 06/05/2007
10A. IS STUDENT ENROLLED IN A FULL-TIME HIGH SCHOOL OR COLLEGE COURSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No", complete Items 10B, 10C and 10D)	10B. SUBJECT FOR WHICH STUDENT IS ENROLLED (If other than full-time high school or college course)		10C. NUMBER OF SESSIONS PER WEEK	10D. HOURS PER WEEK
11A. WAS STUDENT ATTENDING ANY SCHOOL AT END OF LAST SCHOOL TERM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 11B thru 11F)		11B. NAME AND ADDRESS OF SCHOOL ATTENDED LAST TERM Lincoln High School 2100 W Alcorn Waco, TX 76799		
11C. NO. OF SESSIONS PER WEEK 6	11D. HOURS PER WEEK 08.00	11E. BEGINNING DATE OF LAST TERM 08/24/2005	11F. ENDING DATE OF LAST TERM 06/02/2006	
<b>PART II - STUDENT'S INCOME AND NET WORTH (See instructions on reverse for when required)</b>				
12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits)			13. VALUE OF ESTATE	
A. SOURCE	B. RECEIVED (REPORT FOR YEAR IN WHICH SCHOOL TERM BEGINS-SEE ITEM 9 ABOVE)	C. EXPECTED (Report for year following that shown in Column B)	A. SAVINGS (Including cash)	\$ 0.00
EARNINGS FROM ALL EMPLOYMENT	0.00	0.00	B. SECURITIES, BONDS, ETC.	0.00
ANNUAL SOCIAL SECURITY	0.00	0.00	C. REAL ESTATE (Not your home)	0.00
OTHER ANNUITIES	0.00	0.00	D. ALL OTHER ASSETS	0.00
ALL OTHER INCOME (Interest, dividends, etc.)	0.00	0	E. TOTAL OF ABOVE	\$ 0.00
			F. LESS DEBTS	- 0.00
			G. NET WORTH (Line E Minus F)	\$ 0.00
14. REMARKS				
<b>PART III - CERTIFICATION AND AGREEMENT TO BE SIGNED BY CLAIMANT</b>				
NOTE: This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her relationship to the student.				
I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the course of education or training shown above.				
I AGREE to notify the Department of Veterans Affairs immediately of any changes in this course of education, transfer to another school, discontinuance of school attendance or marriage prior to completion of the course. I understand that any benefits allowed by reason of this request will be discontinued upon the occurrence of any of these conditions, or by the death of the student.				
15A. SIGNATURE	15B. DAYTIME PHONE NO. (Include Area Code) (254) 555-1111	15C. EVENING PHONE NO. (Include Area Code) (254) 555-0000	16. RELATIONSHIP TO STUDENT Father	17. DATE 05/10/2007
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.				

**Part II: Student's income and net worth.** *(This section should only be completed when the veteran is in receipt of pension and/or death pension).*

Line 12: Enter income from the previous year, if applicable. Do not include any VA benefits. If no income has been earned, enter zero.

Line 13: Enter the amounts, if applicable. If not, enter zero on each line

Line 14: Enter any remarks, if necessary. Remember to reference the line number.

**Part III: Certification**

Line 15a: Signature of veteran/ or student, if student is claiming in his/her own right

Line 15b: Enter daytime telephone number

Line 15c: Enter evening telephone number

Line 16: Enter relationship to student

Line 17: Date signed

**PART II - STUDENT'S INCOME AND NET WORTH** (See instructions on reverse for when required)

12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits)			13. VALUE OF ESTATE	
A. SOURCE	B. RECEIVED (REPORT FOR YEAR IN WHICH SCHOOL TERM BEGINS-SEE ITEM 9 ABOVE)	C. EXPECTED (Report for year following that shown in Column B)		
			A. SAVINGS (Including cash)	\$ 0.00
			B. SECURITIES, BONDS, ETC.	0.00
EARNINGS FROM ALL EMPLOYMENT	0.00	0.00	C. REAL ESTATE (Not your home)	0.00
ANNUAL SOCIAL SECURITY	0.00	0.00	D. ALL OTHER ASSETS	0.00
OTHER ANNUITIES	0.00	0.00	E. TOTAL OF ABOVE	\$ 0.00
ALL OTHER INCOME (Interest, dividends, etc.)	0.00	0	F. LESS DEBTS	- 0.00
			G. NET WORTH (Line E Minus F)	\$ 0.00

14. REMARKS

**PART III - CERTIFICATION AND AGREEMENT TO BE SIGNED BY CLAIMANT**

NOTE: This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her relationship to the student.

I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the course of education or training shown above.

I AGREE to notify the Department of Veterans Affairs immediately of any changes in this course of education, transfer to another school, discontinuance of school attendance or marriage prior to completion of the course. I understand that any benefits allowed by reason of this request will be discontinued upon the occurrence of any of these conditions, or by the death of the student.

15A. SIGNATURE	15B. DAYTIME PHONE NO. (Include Area Code)	15C. EVENING PHONE NO. (Include Area Code)	16. RELATIONSHIP TO STUDENT	17. DATE
	(254) 555-1111	(254) 555-0000	Father	05/10/2007

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



**VA FORM 21-674**  
School Attendance Report  
(Unscheduled Termination or Change)

**Purpose:** If the veteran/claimant dependent student discontinues the approved classes or marries prior to the completion of enrolled courses, this form must be submitted to notify the Department of Veterans Affairs (DVA) of the change in status.

**VA 21-674b**  
*School Attendance Report*

**Part I: Notice of Termination of School**

Line 1a: Enter date school was terminated

Line 1b: Check appropriate box

Line 2a: Enter the beginning date of the next regular term following the discontinued term

Line 2b: Enter the official ending date of the current term

Line 3: Check appropriate box

**Part II: Notice that student has married**

Line 4a: Date of marriage

Line 4b: Married name, if female

Line 4c: Address of student

Line 5: Enter any remarks

Line 6: Enter name of school

Line 7: Date signed

Line 8: Signature of claimant





**VA FORM 21-674b**  
School Attendance Report

**Purpose:** Complete this form to ensure veteran/claimant who are in receipt of compensation/pension for dependent children to verify school attendance. This ensures continued benefits or serves to inform the Department of Veterans Affairs (DVA) the benefit needs to be terminated, as the dependent is no longer attending school.

**VA 21-674b**  
*School Attendance Report*

- Line 1: Enter veteran's file number
- Line 2: Enter the VA office where form is to be returned
- Line 3: Enter name of veteran
- Line 4a: Enter name of student
- Line 4b: Enter social security number of student

**Part I: Verification of School Attendance**

- Line 5: Enter official beginning of date of regular term
- Line 6a: Check applicable box
- Line 6b: Enter date student started course of training
- Line 7: Signature of claimant
- Line 8: Relationship to student
- Line 9: Date signed
- Line 10a: Enter daytime telephone number
- Line 10b: Enter evening telephone number

**Part II: Verification of Termination of School Attendance**  
(to be completed by school)

- Line 11a: Enter date school attendance was terminated
- Line 11b: Check applicable box
- Line 12a: Enter the next regular beginning date after student discontinued school
- Line 12b: Enter official ending date
- Line 13: Enter reason for discontinuing school
- Line 14: Enter any remarks
- Line 15: Enter name of school
- Line 16: Signature of school official
- Line 17: Date signed



Department of Veterans Affairs

**SCHOOL ATTENDANCE REPORT**

1. VA FILE NUMBER

C/CSS -

**Privacy Act Notice:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to determine entitlement to benefits for a veteran's child who is between age 18 and 23 and attending school (38 U.S.C. 104(a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMB/INVA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMB/INVA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2. VA OFFICE TO WHICH THIS FORM SHOULD BE RETURNED

Waco-RO  
One Veterans Plaza  
701 Clay Ave  
Waco, TX 76799

3. FIRST, MIDDLE, LAST NAME OF VETERAN

Joseph A. Serviceman

4A. FIRST, MIDDLE, LAST NAME OF STUDENT

Stephen J. Serviceman

4B. SOCIAL SECURITY NUMBER OF STUDENT

000-22-2222

INSTRUCTIONS: Complete either Part I or Part II, and return the completed form to the VA office shown in Item 2.

**PART I - VERIFICATION OF SCHOOL ATTENDANCE**

*(To Be Completed By Claimant)*

Benefits have been awarded because the student named in Item 4 expects to start a course of training. Complete Part I, and return this form to the VA office shown in Item 2 within 30 days after the date the student begins the course. If the form is not returned, benefits paid based on school attendance will be discontinued.

NOTE: The form will be signed by the student only if he or she has reached the age of majority and is receiving benefits in his or her own right. The age of majority is determined by State law; it is age 18 in most States. Otherwise, the parent, guardian, or custodian will sign and also enter his or her relationship to the student in Item 8.

5. OFFICIAL BEGINNING DATE OF REGULAR TERM OF COURSE (Month, day, year)

08/22/2006

6A. DID STUDENT START THE COURSE OF TRAINING?

YES (If "Yes," complete Item 6B)

NO (If "No," enter reason in Item 14)

6B. DATE STUDENT STARTED COURSE OF TRAINING (Month, day, year)

08/22/2006

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

7. SIGNATURE

8. RELATIONSHIP TO STUDENT

Father

9. DATE

05/10/2007

10A. DAYTIME TELEPHONE NUMBER (Including Area Code)

(254) 555-1111

10B. EVENING TELEPHONE NUMBER (Including Area Code)

(254) 555-2222

**PART II - VERIFICATION OF TERMINATION OF SCHOOL ATTENDANCE**

*(To Be Completed By School)*

Information has been received that the student named in Item 4 discontinued his or her course of training at your school. Please complete Items 11 through 17 and return this form to the VA office shown in Item 2.

11A. DATE SCHOOL ATTENDANCE TERMINATED (Month, day, year)

06/01/2007

11B. IS THIS THE OFFICIAL ENDING DATE OF REGULAR TERM FOR SUCH COURSE?

YES (If "Yes," complete Item 12A)

NO (If "No," complete Item 12B)

12A. BEGINNING DATE OF THE NEXT REGULAR TERM FOLLOWING THE DATE STUDENT DISCONTINUED SCHOOL (Month, day, year)

08/22/2007

12B. OFFICIAL ENDING DATE OF REGULAR TERM (Month, day, year)

13. REASON FOR TERMINATION OF ATTENDANCE

End of School Year

14. REMARKS

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

15. NAME OF SCHOOL

Lincoln High School

16. SIGNATURE AND TITLE OF SCHOOL OFFICIAL

17. DATE

05/10/2007

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statements or evidence of a material fact, knowing it to be false.



## **VA FORM 20-572**

### Request for Change of Address/Cancellation of Direct Deposit

**Purpose:** The purpose of this form is to advise the VA of the veteran's change of address, and/or to stop his/he direct deposit; in which case the compensation/pension check will go direct to the address of record.

**VA FORM 20-572**

*Request for Change of Address/Cancellation of Direct Deposit*

Line 1: Check the appropriate box

Line 2: Check the appropriate box

Line 3: Enter VA file number

Line 4: Enter the veteran's social security number

Line 5: Enter payee number

- ❖ 00-Veteran
- ❖ 10-Spouse
- ❖ 11-First Child
- ❖ 12-Second Child
- ❖ 13-Third Child
- ❖ 14-Fourth Child
- ❖ 15-Fifth Child
- ❖ 16-Sixth Child

Line 6: Check the appropriate box

Line 7: If the veteran/payee is receiving insurance payments enter number; if not, leave blank

Line 8: Check the appropriate box

Line 9: Enter name on check

Line 10: Name of veteran

Line 11: Enter the new address

Line 12: Check the box if the veteran/payee wants to cancel his/her direct deposit and have the checks go to the address listed

Line 13: Signature of the veteran/payee

Line 14: Date signed





## **VA FORM 21-651**

Election of Compensation in Lieu of Retired Pay or Waiver of  
Retired Pay to Secure Compensation from Department of  
Veterans Affairs

**Purpose:** This form is used when retired military members elect to waive portions or all of their retired pay in order to receive VA compensation.

**VA FORM 21-651**

**Election of Compensation in Lieu of Retired Pay or Waiver of  
Retired Pay to Secure Compensation from Department of  
Veterans Affairs**

Line 1: Address of the VA Regional Office where claims file is located

Line 2: Name of veteran

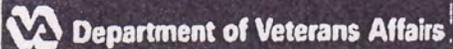
Line 3: Enter VA file number

Line 4: Service number, if applicable

Line 5: Enter veteran's social security number

Line 6: Veteran's signature

Line 7: Date signed



**ELECTION OF COMPENSATION IN LIEU OF RETIRED PAY OR WAIVER OF RETIRED PAY  
TO SECURE COMPENSATION FROM DEPARTMENT OF VETERANS AFFAIRS  
(38 U.S.C. 5304(a)-5305)**

**SECTION I - To Be Completed by VA.**

1. ADDRESS OF VA OFFICE

Department Of Veterans Affairs  
One Veterans Plaza  
701 Clay Ave  
Waco TX 76799

2. NAME OF VETERAN

Joseph A. Serviceman

3. VA FILE NUMBER

10-002 090

4. SERVICE NUMBER

333991

5. SOCIAL SECURITY NUMBER

000 11 0000

**SECTION II - To Be Completed by Veteran.**

INSTRUCTIONS: Please sign and date this form and return to the VA office shown in Item 1. If you have any questions about completing this form, call VA toll-free at 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833).

I hereby elect to receive compensation from the Department of Veterans Affairs in lieu of the total amount of retired pay, or waive that portion of my retired pay which is equal in amount to the compensation which may be awarded by the Department of Veterans Affairs.

6. SIGNATURE OF VETERAN

7. DATE

02/23/2001

VA FORM 21-651  
MAR 2005

SUPERSEDES VA FORM 21-651, JUL 1995,  
WHICH WILL NOT BE USED.



## **VA FORM 10-8678**

### **Application for Annual Clothing Allowance (under 38 U.S.C. 1162)**

**Purpose:** Veterans who, because of a service connected disability, wear or use a prosthetic or orthopedic appliance (including a wheelchair) which tend to wear out or tear clothing, and veterans who, because of a service-connected skin condition, use a medication that causes irreparable damage to outer garments, are eligible for payment of an annual clothing allowance. To qualify for annual payment eligibility must be established as of August 1 of the year for which payment is claimed.

If a claim has not been submitted for disability compensation a VA Form 21-526 must be completed and submitted to the VA Regional Office.

This form is to be submitted to the nearest VAMC Prosthetic Department for processing.

**SF 180**  
**Request Pertaining to Military Records**

**Section I: Information Needed to Locate Records**

Line 1: Name of veteran/name used in service

Line 2: Enter veteran's social security number

Line 3: Enter date of birth

Line 4: Enter place of birth

Line 5: Enter service and dates

- ❖ Complete lines that applies
- ❖ Enter branch of service
- ❖ Enter date service began
- ❖ Enter date service ended
- ❖ Check applicable box
- ❖ Enter service number, if applicable

Line 6: Check applicable box

Line 7: Check applicable box

**Section II: Information and/or Documentation Requested**

Line 1: Report of separation: Complete when requesting DD 214  
❖ Check applicable box  
❖ Undeleted: A complete copy of the form will be sent to include sensitive information  
❖ Undeleted: Sensitive information pertaining to separation will not be sent

Line 2: Complete if requesting other documents

Line 3: Purpose for requesting the information

**Section III: Return Address and Signature**

Line 1: Check applicable box

Line 2: Print/type name and address where information is to be sent

Line 3: Authorized signature, date of request, and daytime telephone number.  
Enter e-mail address, if applicable

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) Serviceman, Joseph A		2. SOCIAL SECURITY NO. 000-11-0000	3. DATE OF BIRTH 06/13/1938	4. PLACE OF BIRTH Broome, TX		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")	
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
a. ACTIVE SERVICE	USA	10/31/1957	11/15/1967		✗	3489872
b. RESERVE SERVICE						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED \_\_\_\_\_

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) To file for benefits \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

Military service member or veteran identified in Section I, above  
 Next of kin of deceased veteran \_\_\_\_\_ (relation)

Legal guardian (must submit copy of court appointment)  
 Other (specify) \_\_\_\_\_

2. SEND INFORMATION/DOCUMENTS TO:  
 (Please print or type. See item 3 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Joseph A. Serviceman  
 Name  
 2121 Happy Trails Ln  
 Street Apt.  
 Waco TX 76799  
 City State Zip Code

Signature (Please do not print.)  
 \_\_\_\_\_  
 Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Email address \_\_\_\_\_

## Location of Military Records

Various categories of military service are listed. Find the branch of service; review the status of the veteran.

The address code for each category has a number for personnel records or health record.

Below is an address list for each of the categories and codes. These offices are the custodians for the records.

Match the address code to the address list and mail the form to the corresponding office.

Example:

John Serviceman separated from the Army in 1967, he was enlisted, and the address code for him is 14 for personnel and health records.

Locate box 14 from the address list of custodians. His records will be requested from NPRC in St. Louis, Mo.

### LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired on or after 10/1/2002	7	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	15	

#### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-312) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852



## **VA FORM 10-8678**

Application for Annual Clothing Allowance  
(under 38 U.S.C. 1162)

**Purpose:** Veterans, who because of a service connected disability, wear or use a prosthetic or orthopedic appliance (including a wheelchair) which tends to wear out or tear clothing; and veterans, who because of a service connected skin condition use a medication that causes irreparable damage to outer garments, are eligible for payment of an annual clothing allowance. To qualify for annual payment, eligibility must be established as of August 1 of the year for which payment is claimed.

If a claim has not been submitted for disability compensation, a VA Form 526 must be completed and submitted to the VA Regional Office.

This form is to be submitted to the nearest VAMC Prosthetics Department for processing.

**VA FORM 10-8678**  
Application for Annual Clothing Allowance  
(under 38 U.S.C. 1162)

- Line 1: Enter veteran's name
- Line 2: Enter veteran's VA claim number
- Line 3: Enter veteran's social security number
- Line 4: Enter the veteran's current address (check box if it is a new address)
- Line 5: Enter the veteran's disability that requires an appliance or medication
- Line 6: Enter the type of appliance or medication used
- Line 7: Enter the name of the medical facility, which issued the appliance or medication
- Line 8: Enter the month and year when the appliance or medication was issued
- Line 9: Check applicable box. If yes, enter the name of the service organization
- Line 10a: Signature of veteran
- Line 10b: Date signed



**APPLICATION FOR ANNUAL CLOTHING ALLOWANCE (Under 38 U.S.C. 1162)**

**PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION:** No benefits may be granted unless this form is completed fully as required by law (38 C.F.R. 3.810). Responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 24VA19“Patient Medical Record - VA”, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies. This information is required to obtain or retain benefits. VA may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-877-222-8387 for mailing information on where to send your comments.

**IMPORTANT: Please read the instructions below carefully, before completing the form.**  
**If you have a VA Claim number and a SSN number, please provide both below.**

1. FIRST NAME, MIDDLE NAME, LAST NAME OF VETERAN Jane A. Serviceman		2. VA CLAIM/FILE NUMBER 11-00-000	3. SOCIAL SECURITY NUMBER 123-45-6789
4. ADDRESS OF VETERAN (No. and street or rural route, city or P.O., State and Zip Code). (If new address check box) <input type="checkbox"/> 1515 Happy Trails Lane Texas City, TX 72221		5. DISABILITY REQUIRING USE OF APPLIANCE OR MEDICATION. Chondromalacia of both knees with instability	
6. TYPE OF APPLIANCE OR NAME OF MEDICATION (Artificial leg, metal brace, wheelchair, etc.) Metal knee braces		7. NAME AND LOCATION OF VA MEDICAL CENTER OR OTHER INSTITUTION WHICH ISSUED APPLIANCE OR MEDICATION Big Spring VAMC	
8. MONTH AND YEAR YOU WERE ISSUED APPLIANCE OR MEDICATION December 2007		9. DO YOU HAVE A POWER OF ATTORNEY? (if "Yes", please identify name and/or Organization) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Texas Veterans Commission	

**CERTIFICATION:** I hereby apply for annual clothing allowance under 38 U.S.C. 1162. I certify that I wear or use a prosthetic or orthopedic appliance, described above, because of my service-connected disability or that I use a medication for my service-connected skin condition that causes irreparable damage by my outer clothing.

10A. SIGNATURE OF VETERAN	10B. DATE
---------------------------	-----------

**PENALTY -** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

**SHADED FOR VA USE ONLY**

11. CHECK OFF BOXES: <input type="checkbox"/> STATIC <input type="checkbox"/> NON-STATIC <input type="checkbox"/> NOT ENTITLED	12. EXAMINATION/EVALUATION DATE (If applicable)
13A. PROCESSED BY:	13B. DATE
14A. AUTHORIZED/APPROVED BY:	14B. DATE



## VA FORM 40-1330

### Application for Standard Government Headstone or Marker

**Purpose:** Any deceased veteran discharged under conditions other than dishonorable may be eligible for a headstone or marker. A copy of the deceased veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing military service must be attached. **Do not send original documents;** they will not be returned.

**Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.**

Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reservists Retirement Eligibility Benefits Letter must accompany the application. Reservists called to active duty and National Guard members who are Federalized and who serve for the period called are eligible.

Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

#### HEADSTONE OR MARKER

**For deaths occurring on/or after September 11, 2001:** A Headstone or Marker will be furnished upon application for the grave of any eligible deceased veteran. Will be provided regardless of whether or not the grave is already marked with a privately purchased headstone or marker. Applicant may be anyone having knowledge of the deceased.

**For deaths occurring before September 11, 2001:** A Headstone or Marker will be furnished upon application for the **UNMARKED GRAVE** of any eligible deceased veteran. The individual must certify the grave is unmarked and a Government headstone or marker is preferred to a privately purchased headstone or marker.

**A grave is considered marked if a monument displays the decedent's name and date of birth and/or death, even though the veteran's military data is not shown.**

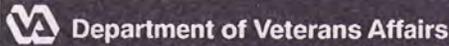
**MEMORIAL HEADSTONE OR MARKER** – Furnished upon application **for installation in a cemetery only** to commemorate any eligible veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered; may not be used as a memento. Check box 28 and explain in block 27

Applicant may be anyone having knowledge of the deceased.

## VA FORM 40-1330

### Application for Standard Government Headstone or Marker

- Line 1: Check the applicable box
- Line 2: Enter the deceased veteran's name (this name will be placed on the headstone)
- Line 3: Check the applicable box
- Line 4: Enter veteran's social security number or service number
- Line 5a: Enter the veteran' date of birth
- Line 5b: Enter the veteran's date of death
- Line 6a: Enter the date(s) the veteran entered service
- Line 6b: Enter the date(s) the veteran separated from service
- Line 7: Enter the highest rank held by the veteran (do not enter a pay grade)
- Line 8: Check applicable box
- Line 9: Check applicable box (documentation must be provided)
- Line 10: Signature of veteran
- Line 11: Check the type of headstone or marker requested
- Line 12: Enter the desired emblem or belief (see instruction sheet for list)
- Line 13a: Enter the name and mailing address of the contact person
- Line 13b: Enter the daytime telephone number for contact person
- Line 14: Enter an e-mail address (this is optional)
- Line 15: Enter a fax number (this is optional)
- Line 16: Check the applicable box
- Line 17: Signature of person listed in box 13A
- Line 18: Date signed
- Line 19: Enter the name and address of business or person who will accept prepaid delivery
- Line 20: Enter daytime telephone number of business or person in Line 19
- Line 21: Enter the name and address where the grave is located
- Line 22: Signature of person representing the business that will accept delivery
- Line 23: Date signed



**IMPORTANT:** Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.*

1. TYPE OF REQUEST  
 INITIAL (First time) REQUEST  
 SECOND REQUEST  
 CORRECTED APPLICATION OR REPLACEMENT

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX
John	A	Serviceman	

3. GRAVE IS:  
 CURRENTLY MARKED (with privately purchased marker)  
 NOT MARKED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. (Failure to complete will delay processing.)  
 SSN: 111-11-1111 OR SVC. NO.:

5A. DATE OF BIRTH			5B. DATE OF DEATH			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
12	31	1945	06	10	2005	05	13	1964	05	12	1970

7. HIGHEST RANK ATTAINED (No pay grades) SSgt

8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)

ARMY	NAVY	MARINE CORPS	COAST GUARD	AIR FORCE	ARMY AIR FORCES	MERCHANT MARINE	OTHER (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>						

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER (Specify)
<input type="checkbox"/>							

10. WAR SERVICE (Check applicable box(es))

WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input checked="" type="checkbox"/> V

12. DESIRED EMBLEM OF BELIEF

NONE	EMBLEM NUMBER (Specify)(See reverse side of this form for authorized emblems)
<input type="checkbox"/>	<input checked="" type="checkbox"/> 1

13A. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

John Johnson  
 FM 469  
 Jonestown, TX 77771

13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (888) 555-0000

14. E-MAIL ADDRESS (Optional)  
 jonsoncemetary@state.com

15. FAX NO. (Optional)  
 (888) 555-0010

16. ARE YOU:  
 NEXT OF KIN  VETERANS SERVICE OFFICER  
 FUNERAL DIRECTOR  CEMETERY OFFICIAL  
 OTHER (Specify)

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A

18. DATE (MM/DD/YYYY)  
 03/13/2008

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE

John Johnson  
 FM 469  
 Jonestown, TX 77771

20. DAYTIME PHONE NO. (Include Area Code)  
 (888) 555-0000

21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)  
 Fairhaven Cemetery  
 FM 469  
 Jonestown, TX 77771

**CERTIFICATION:** By signing below I agree to accept prepaid delivery of the headstone or marker.

22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19

23. DATE (MM/DD/YYYY)

**CERTIFICATION:** By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

25. DAYTIME PHONE NO. (Include Area Code)

26. DATE (MM/DD/YYYY)

27. REMARKS (Optional inscription space will vary in size according to the type of marker)

28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.)  
 REMAINS NOT BURIED

STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)

29. ID CODE	30. SECTION	31. GRAVE NO.
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Line 24: Printed name of the cemetery or responsible party

Line 25: Enter the daytime telephone number

Line 26: Enter the date signed

Line 27: Enter any remarks

Line 28: Check the applicable box

Line 29-31: To be completed by the cemetery

CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL	25. DAYTIME PHONE NO. (Include Area Code)	26. DATE (MM/DD/YYYY)
--	---	-----------------------

27. REMARKS (Optional inscription space will vary in size according to the type of marker)	28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.) <input type="checkbox"/> REMAINS NOT BURIED
--	---

STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)

29. ID CODE	30. SECTION	31. GRAVE NO.
-------------	-------------	---------------



## **VA FORM 21-530**

### **Application for Burial Benefits**

**Purpose:** VA burial allowances are partial reimbursements of an eligible veteran's burial and funeral costs. When the cause of death is not service related, the reimbursements are generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance.

To be eligible for a VA burial allowance: the claimant must have paid for a veteran's burial or funeral and have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer; and the veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met: the veteran died because of a service related disability or the veteran was receiving VA pension or compensation at the time of death or the veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay or the veteran died in a VA hospital, in a nursing home under VA contract, or while in an approved state nursing home.

A claimant may receive the following in burial benefits:

*Service Related Death:* VA will pay up to \$2,000 toward burial expenses for death on/or after September 11, 2001. VA will pay up to \$1,500 for death prior to September 10, 2001. If the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

*Non-service Related Death:* VA will pay up to \$300 toward burial and funeral expenses, and a \$300 plot-interment allowance for deaths on/or after December 1, 2001. The plot-interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the veteran was in a VA hospital or under VA contracted nursing home care, some or all of the costs for transporting the deceased's remains may be reimbursed.

**VA FORM 21-530**  
Application for Burial Benefits

- Line 1: Enter the deceased veteran's name
- Line 2: Enter veteran's social security number
- Line 3: Enter veteran's VA file number
- Line 4: Enter the name of the claimant
- Line 5a: Enter a daytime telephone number
- Line 5b: Enter an evening telephone number
- Line 6: Enter the mailing address of the claimant

**Part I Information Regarding Veteran**

- Line 7a: Enter the veteran's date of birth
- Line 7b: Enter the veteran's place of birth
- Line 8a: Enter the veteran's date of death
- Line 8b: Enter the veteran's place of death
- Line 9a: Enter the date(s) the veteran entered service
- Line 9b: Enter the veteran's service number, if applicable
- Line 9c: Enter the date(s) and place the veteran separated from service
- Line 9d: Enter the veteran's grade or rank and branch of service
- Line 10: If the veteran served under a different name, enter it here
- Line 11: Check the applicable box



Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)  
(VA DATE STAMP)

## APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C. Chapter 23)

**IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.**

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN John A. Serviceman		
2. SOCIAL SECURITY NUMBER OF VETERAN 111-11-1111	3. VA FILE NUMBER 00-11-0000	
4. FIRST, MIDDLE, LAST NAME OF CLAIMANT Jane A. Serviceman	5. TELEPHONE NUMBER(S) (Include Area Code)	
	A. DAYTIME (888) 555-3333	B. EVENING (888) 555-2222
6. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code) 1010 Parkview Dr Bangs, TX 77720		

### PART I - INFORMATION REGARDING VETERAN

7A. DATE OF BIRTH 12/31/1945	7B. PLACE OF BIRTH Albany, New York	
8A. DATE OF DEATH 06/10/2005	8B. PLACE OF DEATH Jonestown, Texas	8C. DATE OF BURIAL 06/15/2005

#### SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

9A. ENTERED SERVICE		9B. SERVICE NUMBER	9C. SEPARATED FROM SERVICE		9D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
05/13/1964	Dallas, TX	RA 111101	05/12/1970	Ft. Hood, TX	SSgt US Army

10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME  NA	11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	---

### PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

12. PLACE OF BURIAL OR LOCATION OF CREMAINS  Fairhaven Cemetery	13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Items 15 and 16)	14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Items 15 and 16)
15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE)  <input type="checkbox"/> PAID BY ANOTHER PERSON(S) <input checked="" type="checkbox"/> PAID BY CLAIMANT FOR BURIAL <input type="checkbox"/> DUE FUNERAL DIRECTOR <input type="checkbox"/> NONE <input type="checkbox"/> DUE CEMETERY OWNER		16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT  \$ 10,000.00	18. AMOUNT PAID  \$ 10,000.00	19. WHOSE FUNDS WERE USED?  Claimant
20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 20B and 20C)	20B. AMOUNT OF REIMBURSEMENT  \$	20C. SOURCE OF REIMBURSEMENT
21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 21B and 21C)	21B. AMOUNT  \$	21C. SOURCE(S)
22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Before answering, read and comply with Instruction 8)		

**Part II Claim for Burial Benefits and/or Interment Allowance if Paid by Claimant**

Line 12: Enter the place or location of burial

Line 13: Check the applicable box

Line 14: Check the applicable box

Line 15: Check the applicable box

Line 16: If expenses are unpaid, enter name and address of person who will file claim for expenses

Line 17: Enter total of burial expenses

Line 18: Enter amount paid

Line 19: Enter whose funds were used to pay expenses

Line 20a: Check applicable box

Line 20b: Enter the amount of reimbursement

Line 20c: Enter the source of reimbursement

Line 21a: Check the applicable box

Line 21b: Enter the amount if "yes" is checked in 21a

Line 21c: Enter the source(s) if "yes" is checked in 21a

Lines 22: Check the applicable box

**PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT**

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

12. PLACE OF BURIAL OR LOCATION OF CREMAINS  Fairhaven Cemetery	13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "No," complete Items 15 and 16)</i>	14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "No," complete Items 15 and 16)</i>
15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: <i>(CHECK ONE)</i>  <input type="checkbox"/> PAID BY ANOTHER PERSON(S) <input checked="" type="checkbox"/> PAID BY CLAIMANT FOR BURIAL <input type="checkbox"/> DUE FUNERAL DIRECTOR <input type="checkbox"/> NONE <input type="checkbox"/> DUE CEMETERY OWNER	16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? <i>(Name and Address)</i>	
17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT  \$ 10,000.00	18. AMOUNT PAID  \$ 10,000.00	19. WHOSE FUNDS WERE USED?  Claimant
20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Items 20B and 20C)</i>	20B. AMOUNT OF REIMBURSEMENT  \$	20C. SOURCE OF REIMBURSEMENT
21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Items 21B and 21C)</i>	21B. AMOUNT  \$	21C. SOURCE(S)
22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(Before answering, read and comply with Instruction 8)</i>		

**Part III Claim for Plot Cost Allowance**

(complete only if burial was not in a national cemetery owned by the federal government)

Line 23: Was burial in a stated owned cemetery or part of a national cemetery?

Line 24: Enter the name of the burial location

Line 25a: Enter the cost of burial – plot

Line 25b: Enter the date of purchase

Line 25c: Enter the date of payment

Line 26a: Check the applicable box

Line 26b: Enter the amount paid, if 26a is “yes”

Line 27: Enter the source of funds used if 26a is “yes”

Line 28a: Check the applicable box

Line 28b: Enter the amount of reimbursement if 28a is “yes”

Line 28c: Enter the source of reimbursement if 28a is “yes”

Line 29a: Check the applicable box

Line 29b: Enter the amount if 29a is “yes”

Line 29c: Enter the source if 29a is “yes”

**Part IV Certification and Signature**

Line 30a: Signature of individual who authorized services

Line 30b: Official position of person signing in Line 30a

Line 31: Name and address of business, firm etc.

Line 32a: Signature of person authorizing services

Line 32b: Printed or typed name of person authorizing services

Line 33: Address of person

Line 34: Date of signature

Line 35: Relationship to veteran

If signature if made by “X” mark

Line 36a: Signature of witness

Line 36b: Address of witness

Line 37a: Signature of witness

Line 37b: Address of witness

**PART III - CLAIM FOR PLOT COST ALLOWANCE**

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?  No		24. PLACE OF BURIAL OR LOCATION OF CREMAINS  Fairhaven Cemetery	
25A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche)  \$ 475.00		25B. DATE OF PURCHASE  06/12/2005	25C. DATE OF PAYMENT  06/12/2005
26A. HAVE BILLS BEEN PAID IN FULL?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 26B and 27)		26B. AMOUNT PAID  \$ 475.00	27. WHOSE FUNDS WERE USED?  Claimant
28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 28B and 28C)		28B. AMOUNT OF REIMBURSEMENT  \$	28C. SOURCE OF REIMBURSEMENT
29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 29B and 29C)		29B. AMOUNT  \$	29C. SOURCE

**PART IV - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

30A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 36A thru 37B) (If signing for firm, corporation, or State agency, complete Items 30B thru 31)	30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY
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31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm or other unpaid creditor, Items 32A thru 35 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 36A thru 37B)	32B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)  Jane A. Serviceman
---	--

33. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

34. DATE 03/13/2008	35. RELATIONSHIP TO VETERAN Spouse
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**WITNESS TO SIGNATURE IF MADE BY "X" MARK**

NOTE - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

36A. SIGNATURE OF WITNESS	36B. ADDRESS OF WITNESS
37A. SIGNATURE OF WITNESS	37B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

**DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS**

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information and an application, contact the nearest VA office.



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**Part III**  
**Veterans Service Center**  
**Financial and Medical Forms**



## **VA FORM 21-8416**

### **Medical Expense Report**

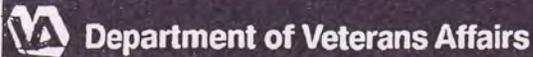
**Purpose:** This form is used to report all family unreimbursed medical expenses. The actual expenses should be reported. Do not report expenses that will be reimbursed. If unsure about an expense, provide all information and allow the VA to make the determination. The veteran may be asked to verify medical expenses that appear to be excessive. Ensure the year that you are reporting is entered.

When a claim is initially denied because a veteran/claimant's income exceeds the income limit (maximum pension rate), and the claimant later submits new evidence to establish entitlement from the same annualized year, complete appropriate Eligibility Verification Report (EVR) and VA form 21-8416, Medical Expense Report, as benefits may be awarded effective the beginning of that annualized year, if evidence is received within the same or next calendar year.

The EVR and VA Form 21-8416 should report income/unreimbursed medical expenses from the initial date of claim (date received in the VA) to the end of the twelfth month. As an example, for a claim received in the VA on March 14, 2006, report income and unreimbursed expenses from March 14, 2006 through March 31, 2007.

**VA FORM 21-8416**  
Medical Expense Report

- Line 1: Enter veteran's name
- Line 2: Enter veteran's VA claim number
- Line 3: Enter the claimant's address
- Line 3b: Check the box if it is a change of address
- Line 4: Enter the veteran's social security number
- Line 5: Itemization of Medical Expenses
  - A. State the purpose of the Expense
  - B. Enter the amount that was paid
  - C. Enter the date paid
  - D. Enter the name of the provider who supplied the services
  - E. Enter for whom the services were paid



**MEDICAL EXPENSE REPORT**

1. NAME OF VETERAN (First, middle, last) Joseph A. Serviceman		2. VA FILE NUMBER 00-22-001
3A. NAME AND ADDRESS OF CLAIMANT 14000 Clay Ave Waco TX 76799	3B. CHANGE OF ADDRESS (Check box if address in Item 3A is different from last address furnished to VA) <input type="checkbox"/>	4. VETERAN'S SOCIAL SECURITY NO. 123-45-6789

NOTE: Family medical expenses actually paid by you may be deductible from your income. Report the actual amount of unreimbursed medical expenses you paid for yourself or relatives who are members of your household. Do not report any expenses you did not pay or expenses for which you were or will be reimbursed. Any expenses reasonably related to medical or dental care may be allowed as medical expenses. Examples of allowable medical expenses include the following: hospital expenses, office visits, drugs and medicines, eyeglasses, dental fees, medical insurance premiums (including the Medicare deduction), hearing aids, nursing home fees, home health services, and transportation for medical purposes (20 cents per mile plus parking and tolls or fares for taxis, buses, etc.). If you are not sure whether a particular expense can be allowed, furnish a complete description of the purpose of the payment. We will let you know if an expense cannot be allowed. If more space is needed, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

You may be asked to verify the amounts you actually paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of the claimed medical expenses when asked to do so by VA, your benefits will be retroactively reduced or terminated.

Report medical expenses for the period 01/01/2006 thru 12/31/2006. If no dates appear on this line, refer to the accompanying letter or Eligibility Verification Report for the dates your medical expense report should cover.

**5. ITEMIZATION OF MEDICAL EXPENSES**

A. PURPOSE (Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)	B. AMOUNT PAID BY YOU	C. DATE PAID (Mo/Day/Yr)	D. NAME OF PROVIDER (Name of Doctor, Dentist, Hospital, Lab, etc.)	E. FOR WHOM PAID (Self, spouse, child)
MEDICARE (PART B)	1,050.00	12/31/2006	SOCIAL SECURITY	Self
PRIVATE MEDICAL INSURANCE	1,800.00	12/31/2006	AARP Health Care	Self/Spouse
Jones Family Medical	240.00	12/31/2006	James N. Jones, MD	Self
Marsh and Associates	500.00	12/31/2006	Edna Marsh, MD	Spouse
Emergency Room Charge	2,000.00	08/15/2006	St. Ann's Hospital	Self
Eye Examine	50.00	04/11/2006	Samuel Williams	Self
Eye Glasses	250.00	04/11/2006	EyeMasters	Self
Eye Examine	50.00	04/11/2006	Samuel Williams	Spouse
Eye Glasses	210.00	04/11/2006	EyeMasters	Spouse
Prescriptions	2,000.00	12/31/2006	CVS Pharmacy	Self/Spouse
Mileage: 200 x .20	40.00	12/31/2006		Self/Spouse

**IMPORTANT:** Be sure to sign this form in Item 7A on the reverse side. Unsigned reports will be returned.

Line 5: Itemization of Medical Expenses

A. State the purpose of the Expense

B. Enter the amount that was paid

C. Enter the date paid

D. Enter the name of the provider who supplied the services

E. Enter for whom the services were paid

Line 6a: Enter daytime telephone number

Line 6b: Enter evening telephone number

Line 7a: Signature of claimant

Line 7b: Date signed





## **VA FORM 5655**

### Financial Status Report

**Purpose:** When a veteran has incurred a debt with the VA, and requests a waiver of this debt, use this form to assist the claimant to accurately advise the VA of his/her expenses. This will give the VA the information they need in determining whether to waive or reduce the debt or accept a compromised repayment offer to the veteran/claimant. While the information requested is voluntary, failure to disclose the information will affect the eligibility of waiver for the veteran/claimant.

Note: Quite often claimants understate their monthly expenses, so be sure to thoroughly explain the benefit of providing accurate information.

**VA FORM 5655**  
Financial Status Report

- Line 1: Enter veteran's social security number
- Line 2: Enter veteran's VA claim number
- Line 3: Enter veteran's loan number, if seeking waiver on housing loan
- Line 4: Enter the claimant's name
- Line 5: Enter the claimant's address
- Line 6: Enter the claimant's telephone number
- Line 7: Enter the claimant's date of birth
- Line 8: Check the applicable box

**Complete record of employment for yourself and spouse during the past 2 years.**

- Line 11: Enter the employment experience for veteran
  - Enter the kind of job
  - Enter the dates of employment
  - Enter the name and address of employer (present and past)
- Line 12: Enter the employment experience for spouse
  - Enter the kind of job
  - Enter the dates of employment
  - Enter the name and address of employer (present and past)



# FINANCIAL STATUS REPORT

1. SOCIAL SECURITY NO.  
123-66-6666

2. FILE NO.  
00-13-0000

(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)

3. LOAN NO.

**PRIVACY ACT INFORMATION:** The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the Federal Register. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.

## SECTION I - PERSONAL DATA

4. FIRST-MIDDLE-LAST NAME OF PERSON Serviceman, Joseph		5. ADDRESS (Number and street or rural route, City or P.O. Box, State, and ZIP Code) 14000 W Clay Ave Waco TX 76799	
6. TELEPHONE NO. (Include Area Code) (254) 555-1111	7. DATE OF BIRTH (MM-DD-YYYY) 06/26/1956	8. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED	
9. NAME OF SPOUSE Janice Serviceman		10. AGE(S) OF OTHER DEPENDENTS 0	

## COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS

KIND OF JOB	DATES (MM-YYYY)		NAME AND ADDRESS OF EMPLOYER
	FROM	TO	
11. YOUR EMPLOYMENT EXPERIENCE			
Auto Mechanic	05/1989	PRESENT TIME	Jones Car Repair Service

## 12. YOUR SPOUSE'S EMPLOYMENT

Customer Service	08/1993	PRESENT TIME	Read Alot Books Store

## SECTION II - INCOME

## SECTION III - EXPENSES

AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT
13. MONTHLY GROSS SALARY (Before payroll deductions)	\$ 1,504.00	\$ 1,024.00	18. RENT OR MORTGAGE PAYMENT	\$ 680.00
14. PAYROLL DEDUCTIONS			19. FOOD	250.00
A. FEDERAL, STATE AND LOCAL INCOME TAXES	125.00	60.00	20. UTILITIES AND HEAT	250.00
B. RETIREMENT	100.00	50.00	21. OTHER LIVING EXPENSES	150.00
C. SOCIAL SECURITY	50.00	25.00		
D. OTHER (Specify) medical/dental	80.00	0.00		
E. TOTAL DEDUCTIONS (Items 14A through 14D)	355.00	135.00	22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Note: Any amount entered in Item 22 should have corresponding entries in Section VI, on the second page of this form.)	180.00
15. NET TAKE HOME PAY (Subtract Item 14E from Item 13)	1,149.00	889.00	23. TOTAL MONTHLY EXPENSES	
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME (Specify) VA Comp	625.00			
17. TOTAL MONTHLY NET INCOME (Item 15 plus Item 16)	\$ 1,774.00	\$ 889.00		\$ 1,510.00

## SECTION IV - DISCRETIONARY INCOME

24A. NET MONTHLY INCOME LESS EXPENSES (Item 17 less Item 23) \$ 1,153.00	24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT \$ 50.00
---	---

## **Section II: Income**

Line 13: Enter monthly gross salary (before deductions)

Line 14a-d: Enter the amount of deductions from the monthly salary

Line 14e: Enter the total amount of deductions by adding Lines 14a-14d

Line 15: Enter the amount of take-home pay by subtracting Line 14e from Line 13

Line 16: Enter any benefits received such as social security, VA benefits, etc.

Line 17: Enter the total monthly income received

## **Section III: Expenses**

*Enter the average monthly expenses for the veteran and spouse*

Line 18: Enter the monthly rent or mortgage payment

Line 19: Enter the average monthly amount spent on food

Line 20: Enter the average monthly amount spent on utilities

Line 21: Enter the average monthly amount spent on other living expenses

Line 22: Enter the amount of monthly payments or installment contracts/debts  
(this should be the amount listed in Section VI on back)

Line 23: Enter the amount of monthly expenses

## **Section IV: Discretionary Income**

Line 24a: Enter the amount of monthly income less expenses  
(by subtracting Line 17 from Line 23)

Line 24b: Enter the amount that can be paid monthly toward the debt

SECTION II - INCOME			SECTION III - EXPENSES	
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT
13. MONTHLY GROSS SALARY <i>(Before payroll deductions)</i>	\$ 1,504.00	\$ 1,024.00	18. RENT OR MORTGAGE PAYMENT	\$ 680.00
14. PAYROLL DEDUCTIONS			19. FOOD	250.00
A. FEDERAL, STATE AND LOCAL INCOME TAXES	125.00	60.00	20. UTILITIES AND HEAT	250.00
B. RETIREMENT	100.00	50.00	21. OTHER LIVING EXPENSES	150.00
C. SOCIAL SECURITY	50.00	25.00		
D. OTHER <i>(Specify)</i> medical/dental	80.00	0.00		
E. TOTAL DEDUCTIONS <i>(Items 14A through 14D)</i>	355.00	135.00	22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS <i>(Note: Any amount entered in Item 22 should have corresponding entries in Section VI, on the second page of this form.)</i>	180.00
15. NET TAKE HOME PAY <i>(Subtract Item 14E from Item 13)</i>	1,149.00	889.00	23. TOTAL MONTHLY EXPENSES	
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME <i>(Specify)</i> VA Comp	625.00			
F. TOTAL MONTHLY NET INCOME <i>(Item 15 plus Item 16)</i>	\$ 1,774.00	\$ 889.00		\$ 1,510.00
SECTION IV - DISCRETIONARY INCOME				
24A. NET MONTHLY INCOME LESS EXPENSES <i>(Item 17 less Item 23)</i>			24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT	
\$ 1,153.00			\$ 50.00	

## **Section V: Assets**

- Line 25: Enter the current amount of funds in checking and savings accounts etc
- Line 26: Enter the amount of cash on hand (not in accounts)
- Line 27: Enter the resale value for each automobile belonging to the claimant
- Line 28: Enter the resale value for any boats, trailer and campers belonging to the claimant
- Line 29: Enter the current value of all U.S. Savings Bonds
- Line 30: Enter the current value of all stocks and bonds
- Line 31: Enter the current value of all real estate owned
- Line 32: List and enter the current value of any other assets not listed
- Line 33: Enter the total amount of assets

## **Section VI: Installment contracts and other debts**

*List all debts that the claimant is required to make monthly payments on such as car payments, credit cards, or medical expenses such as doctor or hospital bills*

- Line 34a-34h: List the information for each creditor or debt
- Line 34i: Enter the total for each column
- Line 35a: Check the applicable box. If “yes”, include the necessary paperwork
- Line 35b: Enter the appropriate date
- Line 35c: Enter the location of the court
- Line 35d: Enter the court docket number
- Line 36: Enter any remarks or comments (may use a separate sheet)
- Line 37a: Signature of veteran/claimant
- Line 37b: Date signed
- Line 38a: Signature of spouse (if applicable)
- Line 38b: Date signed

**SECTION V - ASSETS**

25. CASH IN BANK (Checking and savings accounts, building and loan accounts, etc.)			\$ 300.00	29. U.S. SAVINGS BONDS (Current Value)		\$ 0.00
26. CASH ON HAND			25.00	30. STOCKS AND OTHER BONDS (Current Value)		0.00
27. AUTOMOBILES (Resale value)				31. REAL ESTATE OWNED (Resale value)		0.00
MAKE	YEAR	MODEL		32. OTHER ASSETS (Specify below)		
Hyundai	2000	Elantra	850.00			
Ford	1998	F150	600.00			
28. TRAILERS, BOATS, CAMPERS (Resale value)			\$ 0.00	33. TOTAL ASSETS ▶		\$ 1,775.00

**SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS**

**NOTE:** Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

	NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE (If any) (F)
34A.	Lacks Furniture Store	06/2006 Bedroom Furn	\$ 1,799.00	\$ 1,500.00	\$ 45.00	\$
34B.	Compass Bank MasterCard	05/2005 various	2,000.00	1,100.00	60.00	
34C.	Braatons Appliances	02/2007 washer/dryer	1,200.00	1,100.00	75.00	
4D.						
34E.						
34F.						
34G.						
34H.						
34I. TOTAL ▶			\$ 4,999.00	\$ 3,700.00	\$ 180.00	\$

**NOTE:** If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

**SECTION VII - ADDITIONAL DATA**

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION

YES  NO (If "Yes," complete Items 35B through 35D)

35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)

35C. LOCATION OF COURT

35D. DOCKET NO. (If known)

36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY

**SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED**

37A. YOUR SIGNATURE (Required)

37B. DATE SIGNED

38A. SIGNATURE OF SPOUSE (Required)

38B. DATE SIGNED

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



## **VA FORM 21-2680**

### **Examination for Housebound Status or Permanent Need for Regular Aid and Attendance**

**Purpose:** The veteran/claimant's VA physician completes this form if the veteran/claimant is housebound or is in need of the constant aid and attendance of another individual. This report should contain as much information as possible about the veteran/claimant's medical condition to assist the VA in making a correct rating decision.

**Note:** This form can only be completed by a VA physician.

## **VA FORM 21-2680**

### **Examination for Housebound Status or Permanent Need for Regular Aid and Attendance**

Line 1: Enter the name of the veteran/claimant

Line 2: Enter veteran's VA claim number

Line 3: Enter claimant's address

Line 4: Enter the place where examination is taking place

Line 5: Enter the date of examination

Line 6: Check the applicable box

Line 7: If claimant was accompanied by attendant, enter name of attendant

Line 8: Enter the mode of travel in which the claimant arrived

Line 9: Check applicable box.

Line 10: Enter the date if claimant was hospitalized

Line 11: Enter name and address of hospital

Line 12-24: Is to be completed by the examiner

**EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT  
NEED FOR REGULAR AID AND ATTENDANCE**
*(For VA Use Only)*

1. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT John A. Serviceman		2. VA FILE NUMBER 11 22 333	
3. HOME ADDRESS Shady O'Pines Living 1616 Oak Trail Broome TX 71110		4. PLACE OF EXAMINATION Big Spring VAMC	5. DATE OF EXAMINATION 09/03/2006
6. WAS CLAIMANT ACCOMPANIED TO PLACE OF EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 7 and 8)</i>	7. NAME OF NURSE OR ATTENDANT		8. MODE OF TRAVEL
9. IS CLAIMANT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 10 and 11)</i>	10. DATE ADMITTED	11. NAME AND ADDRESS OF HOSPITAL	

**NOTE: VA MEDICAL EXAMINER PLEASE READ CAREFULLY**

The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound or in need of the regular aid and attendance of another person.

Findings should be recorded to show whether the claimant is blind or bedridden.

The report should be in sufficient detail for the regional office rating board to determine whether there is disease or injury producing physical or mental impairment, loss of coordination or enfeeblement affecting ability to dress and undress, for self feeding, to attend to the wants of nature and keep him/herself ordinarily clean and presentable.

In addition, it is necessary to state findings indicating whether the claimant is "housebound", that is whether he/she is confined to the home or immediate premises.

In either instance, whether the claimant is claiming housebound or aid and attendance benefits, the report should reflect how well the individual ambulates, where the individual goes, and what he/she is able to do during a typical day.

**12. INDIVIDUAL'S COMPLAINT**

Severe lumbosacral strain causing weakness and deconditioning requiring 24 hour care.

13A. AGE 87	13B. SEX M	14. WEIGHT ACTUAL: _____ LBS. ESTIMATED: 195 LBS.		15. HEIGHT FT. 5 INCHES 11	
16. NUTRITION Good				17. GAIT	
18. BLOOD PRESSURE 190/80	19. PULSE RATE 80	20. RESPIRATORY RATE 68	21. NUMBER OF HOURS IN BED FROM 9 PM TO 9 AM: 10 FROM 9 AM TO 9 PM: 8		

**22. POSTURE AND GENERAL APPEARANCE**

Wheelchair bound, not ambulatory, must be wheeled under assistance of another.

**23. DESCRIBE RESTRICTIONS OF EACH UPPER EXTREMITY WITH PARTICULAR REFERENCE TO GRIP, FINE MOVEMENTS, AND ABILITY FOR SELF FEEDING, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE NEEDS OF NATURE.**

Patient is able to feed himself and assist with clothing himself.

**24. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH PARTICULAR REFERENCE TO EXTENT OF LIMITATION OF MOTION, ATROPHY, CONTRACTURES OR OTHER INTERFERENCE. IF INDICATED, COMMENT SPECIFICALLY ON WEIGHT BEARING, BALANCE AND PROPULSION OF EACH LOWER EXTREMITY.**

Patient has radiculopathy in each lower extremity and is unable to stand unassisted.  
Patient is only able to stand and bear weight with the assistance of another person.

Line 25-31: To be completed by the claimant's physician

Line 32: Attending physician checks the applicable box

Line 33: Signature of examiner

Line 34: Enter the name of the medical facility

25. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK

Patient has severe lumbosacral strain which limits his mobility.

26. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY, POOR BALANCE WHICH AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME OR IF HOSPITALIZED BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.

Patient has loss of control of bladder functions due to his condition, unable to stand without assistance and should not be left alone as he is unable to care for himself.

27. IS THE CLAIMANT ABLE TO WALK WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES  NO (If "YES," give distance)  1 BLOCK  5 OR 6 BLOCKS  1 MILE  OTHER (Specify distance)

DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE INDIVIDUAL IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES

For medical appointments only.

29. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES OR WALKERS REQUIRED FOR LOCOMOTION? (If so, specify and describe effectiveness in terms of distance that can be traveled as in Item 27 above)

Wheelchair or electric mobility

30. ADDITIONAL REMARKS

Veteran is currently residing in an assisted living facility.

31. DIAGNOSIS

Severe lumbosacral strain with radiculopathy

32. CERTIFICATION OF NEED FOR HIGHER LEVEL AID AND ATTENDANCE (38 U.S.C. 314 (r)(2))  
(To be completed only when determination is requested by Adjudication)

I HEREBY CERTIFY THAT

- VETERAN REQUIRES THE DAILY PERSONAL HEALTH CARE SERVICES OF A SKILLED PROVIDER WITHOUT WHICH THE VETERAN WOULD REQUIRE HOSPITAL, NURSING HOME OR OTHER INSTITUTIONAL CARE
- DAILY SKILLED SERVICES NOT INDICATED

33. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN

34. VA HOSPITAL OR OTHER MEDICAL FACILITY

Big Spring VAMC



## **VA FORM 10-583**

### **Claim for Payment of Cost of Unauthorized Medical Services**

**Purpose:** To obtain reimbursement or payment of medical services (including outpatient treatment and necessary travel expenses) obtained prior authorization from VA without prior authorization from the VA.

**Emergency:** A situation when in sound medical judgment, delay in immediate treatment would have been hazardous to the claimant's health or life.

**VA facility not feasibly available:** Means that an attempt to use VA or other Federal facilities beforehand would not have been reasonable, sound, wise or practical, or that treatment had been or would have been denied. If available evidence indicates that the person for whom a claim is made had elected to procure medical services from private sources in preference to available VA facilities, then it cannot be deemed to have been unavailable.

## VA FORM 10-583

### Claim for Payment of Cost of Unauthorized Medical Expenses

Line 1a: Enter veteran's name

Line 1b: Enter veteran's VA claim number

Line 1c: Enter veteran's social security number

Line 1d: Enter the veteran's address

Line 2a: Enter the name and address of person or firm making claim

Line 2b: Enter the social security number or employee identification number of person in Line 2a

Line 3: State the circumstances in which service was needed

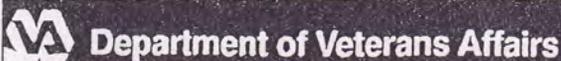
Line 4: Enter amount claimed (attach all receipts for services rendered)

Line 5: Complete the appropriate box (A or B), sign and date

**Part II: The Veterans Affairs Office will complete this section**

NOTE: Instructions are written for a multi-part form. Print additional copies as necessary.

OMB No: 2900-0080  
 Estimated Burden: 15 min.  
 Expiration Date: 11/30/2007



## CLAIM FOR PAYMENT OF COST OF UNAUTHORIZED MEDICAL SERVICES

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under authority of Title 38, United States Code, "Veterans Benefits," and will be used to assist us in determining your entitlement to reimbursement for services rendered. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will result in our inability to process your claim. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled.

### PART I

1A. VETERAN'S NAME (Last, first, middle initial) (This is a mandatory field.) Serviceman, Joseph A.	1B. CLAIM NUMBER C- 00-11-007	1C. SOCIAL SECURITY NUMBER 000-33-1111 (Mandatory field.)
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1D. VETERAN'S ADDRESS (Include complete ZIP Code)  
 14000 W. Clay Ave Waco TX 76799

2A. NAME AND ADDRESS OF PERSON, FIRM OR INSTITUTION MAKING CLAIM (Leave blank if same as above) Mercy Medical Center	2B. SOCIAL SECURITY NO. OR EMPLOYEE IDENTIFICATION NO.
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3. STATEMENT OF CIRCUMSTANCES UNDER WHICH THE SERVICES WERE RENDERED (Include diagnosis, symptoms, whether emergency existed, and reason VA facilities were not used)

On March 21, 2006 I began to experience shortness of breath and chest pains. The pain became so intense that my wife call 911.

After the EMT arrived it was determined that I was experiencing a heart attack and I was transported to Mercy Medical Center the closest hospital. I remained at from Mercy from March 21-24 2006 at which time I was stable enough to be transported to the Temple VAMC.

4. AMOUNT CLAIMED \$ 15,000.00	Attach bills or receipts showing services furnished, dates and charges
-----------------------------------	--

### 5. COMPLETE A OR B AS APPROPRIATE

A. Amount charged does not exceed that charged the general public for similar services. Payment has not been received.  _____ SIGNATURE AND TITLE OF PROVIDER OF SERVICE AND DATE (mm/dd/yyyy)	B. I certify that the amount claimed has been paid and reimbursement has not been received.  _____ SIGNATURE OF VETERAN OR REPRESENTATIVE AND DATE (mm/dd/yyyy)
---	--

### PART II - FOR VETERANS AFFAIRS USE ONLY

6. ACTION <input type="checkbox"/> APPROVED \$ _____ <input type="checkbox"/> DISAPPROVED	CLAIM MEETS THE REQUIREMENTS OF VA REGULATION <input type="checkbox"/> 6080 <input type="checkbox"/> 6081	
7. SIGNATURE OF CHIEF, MEDICAL ADMINISTRATION SERVICE	8. DATE	9. ADMINISTRATIVE VOUCHER NUMBER



## **VA FORM 21-4502**

### **Application for Automobile or Other Conveyance and Adaptive Equipment (Under U.S.C. 3901-3904)**

**Purpose:** To provide financial assistance to veterans with certain disabilities that resulted from an injury or disease incurred or aggravated during military service in purchasing a new or used automobile (or other conveyance).

Veterans must complete and submit Section I of the application to the VA; the VA will complete Section II and return the original to the veteran. The veteran is responsible for obtaining the invoice from the seller, updating Section II, and submitting the form back to the VA for payment.

**VA FORM 21-4502**  
**APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE**  
**EQUIPMENT (UNDER 38 U.S.C. 3901-3904)**

Line 1a: Enter veteran's file number

Line 1b: Enter veteran's social security number

Line 2: Enter veteran's name

Line 3: Enter veteran's address

Line 4: Check applicable box

Line 5: Check applicable box

Line 6a: Enter place where veteran entered on active duty

Line 6b: Enter the date active duty began

Line 6c: Enter place released from active duty

Line 6d: Enter the date of release from active duty

Line 7a: Check applicable box. If yes enter place

Line 7b: Enter date if applicable

Line 8: Enter location of VA if applied for service related disability

Line 9: Check applicable box

Line 10: Check applicable box. If yes enter date and place of previous application

Line 11: Signature of veteran

Line 12: Date signed

Line 13: Enter daytime and evening telephone number

**Section II: Certificate of Eligibility will be completed by a VA representative**



Department of Veterans Affairs

1A. VA FILE NUMBER

01 223 546

**APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)**

1B. VETERAN'S SOCIAL SECURITY NUMBER

000 11 2222

NOTE: Please read the "Information and Instructions" on the reverse before you fill out this form.

**SECTION I - APPLICATION (To be completed by veteran or serviceperson)**

NOTE: A serviceperson planning early release should give both present military address and planned address following release from active duty, in Item 3.

2. FIRST NAME - MIDDLE NAME - LAST NAME  John A. Serviceman		3. ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code)  2100 Cattle Drive Trail Broome, TX 71110	
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4. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify)			5. ARE YOU ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	--

6A. PLACE OF ENTRY INTO ACTIVE DUTY San Antonio, TX	6B. DATE 06/21/98	6C. PLACE OF RELEASE FROM ACTIVE DUTY (If applicable) San Diego, CA	6D. DATE 03/31/04
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7A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? (If "Yes," give place) <input type="checkbox"/> YES <input type="checkbox"/> NO	7B. DATE	8. LOCATION OF VA OFFICE WHICH NOW HAS YOUR FILE (If known) Waco, TX
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9. TYPE OF CONVEYANCE APPLIED FOR (Check one)  
 AUTOMOBILE  STATION WAGON  VAN  TRUCK  OTHER (Specify)

10. HAVE YOU PREVIOUSLY APPLIED FOR AN AUTOMOBILE OR OTHER CONVEYANCE?  
 YES  NO (If "Yes," give date and place)

I hereby apply for the conveyance checked in Item 9 above and the equipment required because of my disability. I agree that before operating the vehicle I shall hereafter apply to the proper authority for the necessary license to operate it. If I am unable to qualify for a license, I certify that a person licensed to operate a similar vehicle in the state of my residence will operate the vehicle for me. I further certify that VA has not previously paid an automobile grant on my behalf.

11. SIGNATURE OF VETERAN OR SERVICEPERSON	12. DATE SIGNED  05/28/07	13. TELEPHONE NUMBERS (Include Area Code)	
		A. DAYTIME 254 555 2121	B. EVENING

**SECTION II - CERTIFICATE OF ELIGIBILITY (To be completed by VA)**

**QUALIFYING DISABILITIES (Check appropriate box(es))**

14A. LOSS OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	14B. LOSS OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	14C. PERMANENT LOSS OF USE OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	14D. PERMANENT LOSS OF USE OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH
15. PERMANENT IMPAIRMENT OF VISION <input type="checkbox"/> CENTRAL VISUAL ACUITY 20/200 OR LESS IN THE BETTER EYE WITH CORRECTIVE GLASSES		<input type="checkbox"/> CONTRACTION OF THE PERIPHERAL FIELD OF VISION TO 20 DEGREES OR LESS IN THE BETTER EYE	

**Authorization for Allowance for Automobile or Other Conveyance:** The above-named applicant is eligible under 38 U.S.C. 3901-3904 to purchase the automobile or conveyance shown in Item 9, subject to certain payment limitations. VA cannot pay more than the rate in effect when VA receives the claim for payment from the seller. The allowance includes applicable taxes when included in the purchase price. The allowance does not include payment for any adaptive equipment specified for the qualifying disabilities.

**Adaptive Equipment:** The cost of adaptive equipment and its installation may be reimbursed. Adaptive equipment is not provided if the claimant is blind, requires a driver, or doesn't have a valid State driver's license or learner's permit. See the attached list for the adaptive equipment that is authorized for the qualifying disabilities shown above. All additional add-on equipment must be approved by VA.

16. NAME AND LOCATION OF VA OFFICE  Waco Regional Office Waco, TX 76799	17. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL  John Hill Veterans Service Representative	18. DATE SIGNED
--	--	-----------------

**SECTION III - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (To be completed by veteran or serviceperson)**

19. MAKE AND MODEL Nissan/Quest	20. YEAR 2007	21. MOTOR OR ENGINE NO. 5551213	22. TOTAL PURCHASE PRICE \$ \$34,875.00	23. DATE OF SALE 05/28/07
24A. I WILL OPERATE THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		24B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO		
25. NAME OF SELLER Nissan Motors		26. ADDRESS OF SELLER 200 Pkwy Dallas, TX 77771		

I hereby acknowledge receipt of the automobile or other conveyance with the adaptive equipment specified on attached invoice.

27A. SIGNATURE OF VETERAN OR SERVICEPERSON	27B. DATE OF RECEIPT
--	----------------------

PENALTY: The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

**Section III: RECEIPT FOR AUTOMOBILE AND OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT**

Line 19: Enter make and model of vehicle

Line 20: Enter year of vehicle

Line 21: Enter total purchase price of vehicle

Line 23: Enter date of sale

Line 24a: Check applicable box

Line 24b: Check applicable box

Line 25: Enter name of seller

Line 26: Enter address of seller

Line 27a: Signature of veteran

Line 27b: Date signed

SECTION III - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT <i>(To be completed by veteran or serviceperson)</i>				
19. MAKE AND MODEL Nissan/Quest	20. YEAR 2007	21. MOTOR OR ENGINE NO. 5551213	22. TOTAL PURCHASE PRICE \$ 34,875.00	23. DATE OF SALE 05/28/07
24A. I WILL OPERATE THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		24B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO		
25. NAME OF SELLER Nissan Motors		26. ADDRESS OF SELLER 200 Pkwy Dallas, TX 77771		
I hereby acknowledge receipt of the automobile or other conveyance with the adaptive equipment specified on attached invoice.				
27A. SIGNATURE OF VETERAN OR SERVICEPERSON				27B. DATE OF RECEIPT

PENALTY: The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.



**VA FORM 10-1394 (R)**  
**APPLICATION FOR ADAPTIVE EQUIPMENT – MOTOR VEHICLE**

**Purpose:** A formal claim on a VA *Form 10-1394, Application for Adaptive Equipment – Motor Vehicle* is required if the veteran is entitled to adaptive equipment only. Typically the VA Medical Centers Prosthetics department on the veteran's behalf submits this form so contact with this department should be made prior to purchasing or entering in to any agreement to purchase equipment.

**VA FORM 10-1394 (R)**  
**APPLICATION FOR ADAPTIVE EQUIPMENT – MOTOR VEHICLE**

Line1: Enter name of veteran

Line2: Enter veteran's file number

Line3: Enter veteran's social security number

Line4: Check the applicable box

Line5: Enter year the VA granted for a vehicle

Line6: Enter the date of the VA eligibility certificates

Line7: Check the applicable box on the disability

- A. AE above elbow
- B. BE below elbow
- C. AK above knee
- D. BK below knee

Line8: Description of vehicle

- A. Date of purchase
- B. Year of vehicle
- C. Make of vehicle
- D. Model of vehicle
- E. Vehicle identification number

Line9: Enter information on last vehicle for which adaptive equipment was provided if applicable

- A. Year of vehicle
- B. Make of vehicle
- C. Model of vehicle
- D. Vehicle identification number
- E. Date adaptive equipment was provided

Line10: Check applicable boxes for all requested equipment

(must have prior approval for van modifications)

Enter the estimated cost for each adaptive equipment request

Line U: Enter full description and estimated cost of equipment requested but not listed

Line11: Check applicable box and enter the amount to be paid (attach a certified invoice)

Line11d: Enter name and address of where payment is to be made

Line11e: Enter name and address of where payment is to be made (if more than one)

Line12: Check applicable box

Line13: Signature of claimant:

Line14: Date signed

Part II- Eligibility to be completed by VA



## APPLICATION FOR ADAPTIVE EQUIPMENT MOTOR VEHICLE

Public reporting burden for this collection of information is estimated to average 15 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, Project Officer (2900-0188), Office of Management and Budget, Washington DC 20503. DO NOT send applications to this address.

**PART I - (To be completed by applicant-If more space is needed, attach a separate sheet and identify by item number.)**

1. VETERAN'S NAME AND ADDRESS John A. Serviceman 201 W 23rd St Jones TX 71110				2. CLAIM NUMBER C- 21 345 212		3. SOCIAL SECURITY NUMBER 000 11 3333				
4. DRIVER'S LICENSE VERIFICATION (Check applicable block)				5. YEAR YOU RECEIVED GRANT FOR VEHICLE (If prior to January 11, 1971)		6. DATE OF VA CERTIFICATE OF ELIGIBILITY (If January 11, 1971 or after)				
<input type="checkbox"/> VALID LICENSE OR PERMIT IN POSSESSION <input type="checkbox"/> NOT LICENSED						02/15/2007				
7. DISABILITIES - Check applicable box(es)				8. DESCRIPTION OF VEHICLE FOR WHICH ADAPTIVE EQUIPMENT IS REQUIRED						
EXTREMITY AND LEVEL	AMPUTATION		ANKYLOSIS		LOSS OF USE		8A. DATE PURCHASED 04/10/2007	8B. YEAR 2007	8C. MAKE Toyota	8D. MODEL Avalon
	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT				
A. ARM AE							8E. VEHICLE IDENTIFICATION NUMBER ZGBY777001B678G			
B. ARM BE							9. LAST VEHICLE FOR WHICH ADAPTIVE EQUIPMENT WAS PROVIDED NA			
C. LEG AK (hip)							9A. YEAR NA		9B. MAKE	
D. LEG BK (knee)							9C. MODEL		9D. VEHICLE IDENTIFICATION NUMBER	
E. OTHER DISABILITIES AFFECTING DRIVING				9E. DATE ADAPTIVE EQUIPMENT PROVIDED						

10. LIST OF ADAPTIVE EQUIPMENT REQUESTED (Check items required)

\*NOTE: ALL VAN MODIFICATIONS REQUIRE PRIOR AUTHORIZATION BEFORE PURCHASE

X	DESCRIPTION	ESTIMATED COST	X	DESCRIPTION	ESTIMATED COST
	A. AUTOMATIC TRANSMISSION	\$		K. TRANSFER OF CONTROLS	\$
	B. POWER BRAKES			L. HAND CONTROLS--ACCELERATOR & BRAKE	2000.00
	C. POWER STEERING			M. *SENSITIZED/LOW EFFORT BRAKE	
	D. POWER SEAT (6 way/2 way)	695.00		N. *SENSITIZED/LOW EFFORT STEERING	
	E. POWER WINDOWS			O. *DROP FLOOR	
	F. TILT STEERING WHEEL			P. *RAISED ROOF	
	G. CRUISE CONTROL			Q. *POWER DOOR OPENERS	
	H. REAR WINDOW DEFROSTER			R. *VAN LIFT	
	I. FOOT/HAND OPERATED PARKING BRAKE			S. *POWER TRANSFER SEAT	
	J. AIR CONDITIONER	2000.00		T. OTHER (Describe)	

U. JUSTIFICATION (Include full description and estimated cost of item T, if applicable)

Due to the loss of use of lower extremities it is necessary to require hand controls for operating the vehicle which will cost \$2000.00 which includes installation.

11. MAKE PAYMENT TO THE FOLLOWING (Check appropriate box(es) and attach a certified invoice):		AMOUNT TO BE PAID
<input type="checkbox"/> A. AUTOMOTIVE DEALER		\$4695.00
<input type="checkbox"/> B. ADAPTIVE EQUIPMENT SUPPLIER		
<input type="checkbox"/> C. PERSONAL REIMBURSEMENT		

D. FULL NAME AND ADDRESS WHERE PAYMENT SHOULD BE MADE Hughes Toyota 2100 Loop 306 Jones TX 71110		E. FULL NAME AND ADDRESS WHERE PAYMENT SHOULD BE MADE	
--	--	---	--

12. STATUS OF APPLICANT (Check one)		13. SIGNATURE OF APPLICANT	14. DATE
<input type="checkbox"/> VETERAN <input type="checkbox"/> MEMBER OF ARMED FORCES			

**PART II - ELIGIBILITY (To be completed by Eligibility Clerk or Designee)**

15. APPLICANT IS ELIGIBLE UNDER (Check one)		16. SIGNATURE AND TITLE OF ELIGIBILITY CLERK OR DESIGNEE	17. DATE
<input type="checkbox"/> INELIGIBLE <input type="checkbox"/> Pub. L. 97-66 <input type="checkbox"/> Pub. L. 91-666 (VAF 4-4502) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Pub. L. 96-466			



**VA FORM 26-4555**  
**VETERANS APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR**  
**SPECIAL HOME ADAPTATION GRANT**

**Purpose:** Veterans or service members who have specific service-connected disabilities may be entitled to a grant from the Department of Veterans Affairs (VA) for the purpose of constructing an adapted home or modifying an existing home to meet their adaptive needs. The goal of the Specially Adapted Housing (SAH) Grant Program is to provide a barrier-free living environment that affords the veterans or service members a level of independent living he or she may not normally enjoy.

**VA FORM 26-4555**  
**VETERANS APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR**  
**SPECIAL HOME ADAPTATION GRANT**

Line1: Enter name of veteran

Line2: Enter veteran's social security number

Line3: Enter veteran's file number

Line4: Enter veteran's date of birth

Line5: Enter email address if applicable

Line6: Enter veteran's address

Line7: Enter veteran's daytime, evening and cell telephone numbers

Line8: Check applicable box

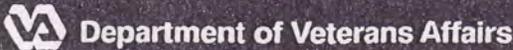
Line9: Check applicable box

Line10: Check applicable box

Line11: Enter any remarks that the veteran may have

Line12a: Signature of veteran

Line12b: Date signed



**VETERAN'S APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR  
SPECIAL HOME ADAPTATION GRANT  
(Title 38 U.S.C. Section 2101(a) or 2101(b))**

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, CFR 1.576 for routine uses (for example: Authorizing release of information to Congress when requested for statistical purposes) identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, CFR 3.809. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to determine or verify your eligibility for a specially adapted housing or special home adaptation grant. Title 38, U.S.C. 2101(a) or 2101(b) allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**INSTRUCTIONS:** This application should be submitted to the VA regional office where your claim file is located, Attention: Loan Guaranty Division (26).

1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN John A. Serviceman	2. VETERAN'S SOCIAL SECURITY NO. 000-11-3333	3. VA FILE /CLAIM NUMBER 00 111 222
4. DATE OF BIRTH 12/31/1956	5. E-MAIL ADDRESS serviceguy@hotmail.com	
6. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) 2100 Cattle Drive Trail Broome TX 71110		

7. TELEPHONE NUMBERS OF VETERAN (Include Area Code)

A. DAYTIME	B. EVENING	C. CELL
(254) 555-1111	(254) 555-1110	(254) 555-1112

8. HAVE YOU MADE PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING?

YES  NO (If "Yes," give date and place)

9. HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT?

YES  NO (If "Yes," give date and place)

10. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY?

YES  NO (If "Yes," give name and address of facility)

11. REMARKS

Please review rating decision dated December 15, 2004 .

**CERTIFICATION**

I am applying for assistance in acquiring specially adapted housing or special home adaptation grant because of the nature of my service-connected disability. I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application as soon as possible. I also understand that each is a one time benefit and certify that I have not received either benefit, unless otherwise indicated above.

I understand that this benefit can only be used within the United States, its territories and possessions, including the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands.

12A. SIGNATURE OF VETERAN (Sign full name) 	12B. DATE SIGNED 01/16/2008
--	--------------------------------

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing to be false.



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**Part IV**  
**Texas Veterans Commission Forms**



**TVC 15a**  
**TEXAS VETERANS COMMISSION**  
**NURSING HOME STATEMENT**

**Purpose:** This form may be used for the submission of a claim for Special Monthly Pension (A&A) based on being a patient in a nursing home.

**TVC 15a**  
**TEXAS VETERANS COMMISSION**  
**NURSING HOME STATEMENT**

Line 1a: Enter name of nursing home

Line 1b: Enter address of nursing home

Line 1c: Enter telephone number of nursing home

Line 1d: Enter the license number of the facility

Line 2a: Enter the name of the veteran

Line 2b: Enter the veteran's social security number or VA claim number

Line 2c: Enter the name of claimant

Line 2d: Enter date claimant was admitted into home

Line 2e: Enter the claimants mailing address

Line 2f: Enter the city, state and zip code

**Section II: Statement of charges**

Line 3: Enter the amount of daily charges

Line 4: Enter the actual daily rate paid

Line 5: Enter two-witness signatures if necessary

Line 6: Enter claimant signature

**Section III: Status of Claimant**

Line 7: Answer both questions

Line 8: Enter the disabilities that require the veteran to obtain skilled care

**Section IV: Additional remarks**

Line 8: Answer each question

Line 9: Enter date signed

Line 10: Must be signed by the home administrator or agent



Rev. 8/2000

# TEXAS VETERANS COMMISSION

## NURSING HOME STATEMENT

Name of veteran must be provided whether statement is completed for veteran or for widow.

RE: John A. Serviceman  
Name of Veteran  
00 001 000 / 001 11 2222  
Claim # or SSN

William R. Courtney State Home

John A Serviceman

Name of Nursing Home

Name of Claimant

1424 MLK Lane

06/27/2006

Address

Date of Admission

254-778-1964

1424 MLK LANE

Telephone Number

Claimant's Mailing Address

050746

Temple TX 76504

License Number

City State Zip

### STATEMENT OF CHARGES

Amount of Recurring Gross Daily Charges for Nursing Care \$ 133.00

Amount paid and not reimbursed \*\$ 69.60

### CLAIMANT CERTIFICATION

\*I certify the amount as identified above is being paid from personal funds. These expenses are paid out of my pocket without reimbursement from any source. I request this amount be used as a continuing deduction from my countable income.

Signature of Witness\*\*

Signature of Claimant

Signature of Witness\*\*

\*\*NOTE: If claimant signs with his/her mark, the mark must be witnessed by two witnesses.

### STATUS OF CLAIMANT:

Is claimant a patient (needs nursing care)? yes or a Resident (needs dwelling)? no

Disabilities Requiring Nursing Home Care: COPD, CAD, HTN

Level of Care Skilled

### ADDITIONAL REMARKS: (Please provide explanation if care is other than Skilled or Intermediate)

Is Claimant eligible for Medicare? No or Medicaid Benefits? No If Medicaid, effective date \_\_\_\_\_

06/27/2006

Date Signed

Signature of Nursing Home Administrator or Agent



**TVC 15b**  
**TEXAS VETERANS COMMISSION**  
**ASSISTED LIVING STATEMENT**

Line 1a: Enter name of assisted living facility

Line 1b: Enter address of assisted living facility

Line 1c: Enter telephone number of assisted living facility

Line 1d: Enter the license number of the facility

Line 2a: Enter the name of the veteran

Line 2b: Enter the veteran's social security number or VA claim number

Line 2c: Enter the name of claimant

Line 2d: Enter date claimant was admitted into home

Line 2e: Enter the claimants mailing address

Line 2f: Enter the city, state and zip code

**Section II: Statement of charges**

Line 3: Enter the amount of daily charges

Line 4: Enter the actual daily rate paid

Line 5: Enter two-witness signatures if necessary

Line 6: Enter claimant signature

**Section III: Status of Claimant**

Line 7: Answer both questions

Line 8: Enter the disabilities that require the veteran to obtain skilled care

**Section IV: Additional remarks**

Line 8: Answer each question

Line 9: Enter date signed

Line 10: Must be signed by the home administrator or agent

**TVC 15b**  
**TEXAS VETERANS COMMISSION**  
**ASSISTED LIVING STATEMENT**

Line 1a: Enter name of assisted living facility

Line 1b: Enter address of assisted living facility

Line 1c: Enter telephone number of assisted living facility

Line 1d: Enter the license number of the facility

Line 2a: Enter the name of the veteran

Line 2b: Enter the veteran's social security number or VA claim number

Line 2c: Enter the name of claimant

Line 2d: Enter date claimant was admitted into home

Line 2e: Enter the claimants mailing address

Line 2f: Enter the city, state and zip code

**Section II: Statement of charges**

Line 3: Enter the amount of daily charges

Line 4: Enter the actual daily rate paid

Line 5: Enter two-witness signatures if necessary

Line 6: Enter claimant signature

**Section III: Status of Claimant**

Line 7: Answer both questions

Line 8: Enter the disabilities that require the veteran to obtain skilled care

**Section IV: Additional remarks**

Line 8: Answer each question

Line 9: Enter date signed

Line 10: Must be signed by the home administrator or agent



# TEXAS VETERANS COMMISSION

## ASSISTED LIVING STATEMENT

Eff. 8/2000

Name of veteran must be provided whether statement is completed for veteran or for widow.

RE: John A. Serviceman  
Name of Veteran  
01 222 666 /001 00 0000  
Claim # or SSN

Shady Pines Living

John A. Serviceman

Name of Assisted Living Facility

Name of Claimant

1616 Oak Trails Broome TX 71110

June 1, 2006

Address

Date of Admission

222-555-4121

1616 Oak Trails

Telephone Number

Claimant's Mailing Address

TX444999

Broome TX 71110

License Number

City State Zip

### STATEMENT OF CHARGES

Amount of Recurring Gross Daily Charges for Assisted Living Care \$ 135.00

Amount paid and not reimbursed \*\$ 135.00

### CLAIMANT CERTIFICATION

\*I certify the amount as identified above is being paid from personal funds. These expenses are paid out of my pocket without reimbursement from any source. I request this amount be used as a continuing deduction from my countable income.

\_\_\_\_\_  
Signature of Witness\*\*

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Witness\*\*

\*\*NOTE: If claimant signs with his/her mark, the mark must be witnessed by two witnesses.

### STATUS OF CLAIMANT:

Patient requires assistance? Yes or a residence (needs dwelling)? Yes

Disabilities Requiring assistance: HTN, Diabetes, CAD

Level of Care II

### ADDITIONAL REMARKS:

Is Claimant eligible for Medicare? yes

June 1, 2006  
Date Signed

\_\_\_\_\_  
Signature of Assisted Living Facility Administrator or Agent



**TVC FORM 16  
STATEMENT OF ATTENDING PHYSICIAN**

**Purpose:** This form may be used in lieu of the VA Form 21-2680

**TVC FORM 16**  
**STATEMENT OF ATTENDING PHYSICIAN**

Line 1: Enter the name of the veteran

Line 2: Enter the veterans file number

Line 3: Enter the name of the patient

Line 4: Enter the address of the patient

Line 5: Enter the treatment dates

The rest of the form is to be completed by the attending physician



## STATEMENT OF ATTENDING PHYSICIAN

Rev. 6/2004

RE: John A. Serviceman  
Name of Veteran  
01 00 001 /000 11 2222  
VA Claim Number or Social Security Number

John A Serviceman  
Name of Patient

Treatment Dates: 05/25/1999 to 06/06/2006

*Name of veteran must be given, whether statement is completed for veteran, widow, child or parent.*

Shady Pines Living  
1616 Oak Trails Broome TX 71110  
Address

### HISTORY OF ILLNESS:

87 year old male admitted to facility unable to provide ADL's for self due to lumbosacral strain causing generalized weakness and deconditioning requiring 24 hour assistance as provided by licensed attendants.

### SYMPTOMS, COMPLAINTS & FUNCTIONAL IMPAIRMENTS:

Generalized weakness and deconditioning from lumbosacral strain requiring assistance of another person to provide ADL's. Impaired mobility requiring assistance of another person for all transfer due to severe lumbosacral strain and back pain, also has potential for falls when transferring without assistance. At risk for skin breakdown due to impaired mobility from lumbosacral strain thus requiring assistance with bed mobility.

### CLINICAL, LABORATORY, AND/OR X-RAY FINDINGS:

*(or attach copies of clinical reports)*

05/28/2006  
Date of Exam

*Please give results of any other examination, such as BMR, EKG, etc.*

Pulse: 58 Blood Pressure: S 110 D 62

Height: 68" Weight: 192 Gait: not ambulatory due to spinal strain

DIAGNOSIS: *(In arthritic cases, please indicate joints involved)*

Major Diagnosis: lumbosacral strain Severity: severe

#2 Diagnosis: \_\_\_\_\_ Severity: \_\_\_\_\_

#3 Diagnosis: \_\_\_\_\_ Severity: \_\_\_\_\_

Is the patient in need of the Aid or Attendance of someone else in ordinary activities of daily living? Yes  No

Is the patient Housebound, i.e., confined to his or her house or immediate premises? Yes  No

*If either answer is yes, complete the reverse side.*

Date Signed: 06/20/2006 Physician's Address: 711 W Bay Area Blvd # 500 Webster TX 71121

Physician's Name: Alexis Jones MD  
Signature of Physician

*THIS WILL CERTIFY THAT I AM A DULY LICENSED PRACTICING PHYSICIAN.*



*(To be completed if patient is housebound in need of aid and attendance)*

DESCRIBE HOW OFTEN PER DAY OR WEEK, AND UNDER WHAT CIRCUMSTANCES, THE PATIENT IS ABLE TO LEAVE HIS HOME OR IMMEDIATE PREMISES:

Can only leave premises under the assistance of at least one person, is able to leave for medical appointments.

ARE AIDS, SUCH AS A CANE, BRACES, CRUTCHES OR WALKER, REQUIRED FOR LOCOMOTION?

Wheelchair, not ambulatory, must be wheeled under assistance of another person or electric mobility, requires assistance for bed mobility and transfers.

DESCRIBE RESTRICTIONS OF SPINE, TRUNK AND NECK, AND ANY RESTRICTION OF UPPER OR LOWER EXTREMITIES WITH REGARD TO LIMITATION OR MOTION, GRIP, FINE MOVEMENTS, ATROPHY, AND PROPULSION:

Able to stand and bear weight with assistance of another person. Limited bed mobility requiring assistance.

	YES	NO
1. Is patient bedridden?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is patient blind?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is there complete loss of anal sphincter control?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is there complete loss of bladder sphincter control?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Can patient walk and get around unassisted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Can patient undress and dress himself/herself unassisted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Can patient attend to the needs of nature unassisted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Can patient wash and keep himself/herself ordinarily clean and presentable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is patient physically able to protect himself/herself from the everyday hazards of life?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Is patient mentally able to protect himself/herself from everyday hazards of life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is patient confined to a nursing home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If confined to nursing home or hospital, date of confinement: 07/06/2006

If not currently confined, dates of last confinement:

Name and address of nursing home or hospital: Shady Pines Living Broome TX 71110

ADDITIONAL REMARKS:

Due to complications from lumbosacral strain, daily living now requires 24 hour skilled nursing care



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