



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.

<p>SECTION I Tell us about your disability</p>	<p>In the table below, tell us more about your disability or disabilities. Be sure to:</p> <ul style="list-style-type: none"> ● List all disabilities you believe are related to military service. ● List all the treatments you received for your disabilities, including <ul style="list-style-type: none"> ● 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.
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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?
	____/____/____ <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>	<i>from</i> <i>to</i> ____/____/____ ____/____/____ <i>mo day yr</i> <i>mo day yr</i>		
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	____/____/____ <i>mo day yr</i>	<i>from</i> <i>to</i> ____/____/____ ____/____/____ <i>mo day yr</i> <i>mo day yr</i>		
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	____/____/____ <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>	<i>from</i> <i>to</i> ____/____/____ ____/____/____ <i>mo day yr</i> <i>mo day yr</i>		

SECTION II Tell us if any of the disabilities you listed on Page 1 were because of exposures	5a. Were you exposed to Agent Orange or other herbicides? Yes No <i>(If "Yes," answer Items 5b and 5c also)</i>	5b. What is your disability?	5c. In what country were you exposed?	
	6a. Were you exposed to asbestos? Yes No <i>(If "Yes," answer Item 6b and 6c also)</i>	6b. What is your disability?		
		6c. When and how were you exposed?		
	7a. Were you exposed to mustard gas? Yes No <i>(If "Yes," answer Item 7b and 7c also)</i>	7b. What is your disability?		
		7c. When and how were you exposed?		
	8a. Were you exposed to ionizing radiation? Yes No <i>(If "Yes," answer Items 8b, 8c, and 8d also)</i>	8b. What is your disability?	8c. When was your last exposure? _____ <i>mo day yr</i>	
	8d. How were you exposed to radiation?	Atmospheric testing Nagasaki/Hiroshima Other, describe _____		
9a. Were you exposed to an environmental hazard in the Gulf War? Yes No <i>(If "Yes," answer Items 9b and 9c also)</i>	9b. What is your disability?	9c. What was the hazard?		
10a. Did you have a separation or retirement physical examination? Yes No <i>(If "Yes," answer Items 10b and 10c also)</i>	10b. When was the exam? _____ <i>mo day yr</i>	10c. Where did the exam occur?		

SECTION III Tell us how your disabilities listed on Page 1 are related to your military service	11. Explanation
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Your Name	Your Social Security Number
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