

Application for CHAMPVA Benefits

VA Health Administration Center CHAMPVA Eligibility PO Box 469028 Denver, CO 80246-9028 1.800.733.8387 FAX 303.331.7809

Attention: After reviewing Page 2, complete form in its entirety (print or typewritten only) and return with a copy of the sponsor's DD214 (Report of Separation from Active Duty) along with other required documentation. Limit entries to one character per block and do NOT exceed the designated space (i.e., do NOT extend Last Name into First Name area).

Section I - Sponsor Information

Veteran's Last Name		First Name		MI	Social Security Number		VA File Number (Claim Number)		
Street Address					City		State	Zip Code	
Telephone Number (include area code)		Date of Birth (mm/dd/yyyy)		Is veteran military retired? <input type="checkbox"/> yes <input type="checkbox"/> no		Is veteran deceased? <input type="checkbox"/> yes <input type="checkbox"/> no (If no, go to Section II)		Date of Death (mm/dd/yyyy)	
								Did veteran die while on active military service? <input type="checkbox"/> yes <input type="checkbox"/> no	

Section II - Applicant Information (if necessary, continue on additional 10-10d and complete in its entirety)

Last Name		First Name		MI	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address					City		State	Zip Code	
Telephone Number (include area code)		Date of Birth		Children age 18 to 23 must provide certification of school enrollment (see Page 2).		Eligible for Medicare? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, attach copy of Medicare card.		Relationship to Veteran (i.e., spouse, child, stepchild)	

Last Name		First Name		MI	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address					City		State	Zip Code	
Telephone Number (include area code)		Date of Birth		Children age 18 to 23 must provide certification of school enrollment (see Page 2).		Eligible for Medicare? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, attach copy of Medicare card.		Relationship to Veteran (i.e., spouse, child, stepchild)	

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Section III - Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious, or fraudulent statements or claims.

I certify that the above information is correct and true to the best of my knowledge and belief. (Sign and date on right.) If certification is signed by a person other than an applicant, complete the following.

							Signature X		Date	
Last Name		First Name		MI	Telephone Number (include area code)		Relationship to Applicant(s)			
Street Address					City		State	Zip Code		

Application for CHAMPVA Benefits - Important Notes and Definitions

CHAMPVA Eligibility Criteria

The following persons are eligible for CHAMPVA benefits, providing they are **NOT** eligible for DoD's TRICARE benefits (formerly known as CHAMPUS) or Medicare Part A as a result of reaching age 65:

- the spouse or child of a veteran who has been rated by a VA regional office as having a permanent and total service-connected
- the surviving spouse or child of a veteran who died as a result of a VA-rated service-connected condition; or who, at the time of death, was rated permanently and totally disabled from a service-connected
- the surviving spouse or child of a person who died in the line of duty and not due to misconduct.

Medicare Impact. Individuals under the age of 65 who are otherwise eligible for CHAMPVA benefits and who are *also* eligible for Medicare benefits, must be enrolled in both Medicare Parts A *and* B to qualify for CHAMPVA. To establish CHAMPVA eligibility, Social Security Administration (SSA) documentation of enrollment in *both* Parts A & B is required. At age 65, all beneficiaries lose CHAMPVA eligibility by becoming eligible for Medicare Part A. Beneficiaries may, however, re-establish CHAMPVA eligibility by submitting SSA documentation certifying their non-entitlement to, or exhaustion of, Part A

Eligibility Definitions

Service-connected condition/disability- refers to a VA determination that a veteran's illness or injury was incurred or aggravated while on active duty in military service and resulted in some degree of disability.

Sponsor - refers to the veteran upon whom CHAMPVA eligibility for the applicant is based.

Spouse - refers to a wife/husband or widow(er) of an eligible CHAMPVA sponsor. In some instances, may include a remarried surviving spouse whose remarriage is either terminated by annulment or legally determined void when supported by a copy of the appropriate documentation (divorce decree/annulment certification).

Child - includes legitimate, adopted, illegitimate, and stepchildren. To be eligible, the child must be unmarried and: 1) under the age of 18; or 2) who, before reaching age 18, became permanently incapable of self-support as rated by a VA regional office; or 3) who, after reaching age 18 and continuing up to age 23, is enrolled in a full-time course of instruction at an approved educational institution---school certification required (see below).

NOTE: Except for stepchildren, the eligibility of children is not affected by divorce or remarriage of the spouse or surviving spouse.

School Certification

In order to extend CHAMPVA benefits to students age 18 to 23, school certification of full-time enrollment must be submitted by the college, vocational or high school, etc. Student status for CHAMPVA eligibility purposes is established based on school terms for up to one year. For high schools, this period is the normal beginning and ending school year. For colleges and vocational schools full-time enrollment requires a minimum of 12 credit hours per semester or equivalent number of credit hours on any academic calendar year.

School certifications must be on school letterhead and include the following.

- student's name
- student's Social Security Number
- beginning and ending dates of each semester or enrollment term
- number of semester hours or equivalent (high schools excluded)
- certification of full-time status

School generated forms are acceptable as long as they provide the above information. While certifications submitted in a foreign language are acceptable, additional time will be required for translation. Certifications may be submitted by mail to the address on front or by FAX at 1.303.331.7809.

NOTE: It is important to notify the Health Administration Center of any change in student status such as withdrawal or change from full-time to part-time status. School vacation periods, holidays, and summer breaks* are not considered an interruption in full-time attendance and will not create a break in CHAMPVA eligibility.

*providing the student attends school on a full-time basis both *before* and *after* the summer break

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Appendix

Privacy Act: All information collected is subject to the provisions of the Privacy Act under 5 USC 522a. **Authority:** This information is solicited under 38 USC 501 and 1713. **Disclosure:** Disclosure is voluntary, but failure to provide the information may result in delay or denial of CHAMPVA eligibility. Failure to furnish this information will have no adverse impact on any other VA benefits to which the patient may be entitled.

Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. 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. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for CHAMPVA benefits.