

Beneficiary Travel Waiver of Deductibles Worksheet

Complete this worksheet to apply for a waiver of Beneficiary Travel deductibles. Unless you are in receipt of VA Pension, Aid and Attendance or Housebound Benefits, provide your projected gross household income and allowable deductible expenses for the current calendar year. The calculator will apply the appropriate threshold to determine your eligibility for waiver. Waivers from the deductible are valid until the end of the current calendar year, or until a change in financial status, whichever comes first.

1. Date of Application for Waiver _____ Example: February 8, 2010 or 02/8/2010

2. Veteran's Name

Last First MI

3. Veteran's SSN _____

4. In receipt of VA Pension, VA Pension + Aid and Attendance (A&A) or VA Pension + Housebound Benefits (HB). If Yes, Stop here. Veteran is automatically eligible.

5. Service Connected rating by the VA? A. Veteran rated by VA to be 30%-100% service-connected.
 B. Veteran rated by VA to be less than 30% service-connected.
 C. Veteran is not rated by VA to be service-connected.

6. Clinically determined by VA to be catastrophically disabled or meet medical A&A or HB criteria? A. Determined by VA to be catastrophically disabled or meet A&A.
 B. Determined by VA to meet Housebound. (Applicable if Question 5 is C)
 C. Neither A or B.

7. Number of Dependents? _____

	Veteran	Spouse	Dependents	Total
8. Projected 2010 Gross Household Income				
Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unearned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Income from Farm, Ranch, Property or Business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Projected 2010 Deductible Expenses				
Medical Expenses	<input type="text"/>			<input type="text"/>
Funeral and Burial Expenses	<input type="text"/>			<input type="text"/>
Veteran's Educational Expenses	<input type="text"/>			<input type="text"/>
Total Allowable Deductible Expenses	<input type="text"/>			<input type="text"/>
NET INCOME	<input type="text"/>			<input type="text"/>
10. Applicable Threshold(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>PENSION</small>	<small>CATASTROPHIC or MEDICAL A&A</small>	<small>HOUSEBOUND</small>	<small>MEANS TEST</small>

I certify that the information I have provided is true to the best of my knowledge.

Veteran's Signature _____ Date _____

Completed By _____ Date _____