

Veterans Angels Inc.

"Our tribute to those who have gone before, and our service to those who carry on"

BOARD OF DIRECTORS

Stephen B. Stone, BA
Chairman & CEO
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A Nevada based
501(c)(3)
Tax-Exempt
Public Charity

EIN Number
27-0204290

Veterans Angels, Inc. is a 501 (c) (3) tax-exempt public charity and **our service is provided free of charge.** This life changing information is provided to thousands of families throughout the United States and *we have no funding other than donations.* So all donations are greatly appreciated.

If you feel our service is of value, please consider making a donation by check, or online with a credit card at our website, www.vetangels.org. Thank you!

Our mission is to provide the information to assist you in preparing your claim for the Non-service improved disability pension or the Surviving Spouse Death benefit. These benefits are administered by the Department of Veterans Affairs.

The attached forms need to be completed and submitted with the required supporting documents to the Department of Veterans Affairs. The address and location for your area to mail your claim is included in this packet.

Want your claim processed faster? The forms included in this packet are to help you submit a **Fully Developed Claim (FDC)**. This is the fastest way to get your claim processed and there is no risk to participate! But you must READ THE INSTRUCTIONS and submit your claim in accordance the "FDC Criteria".

The **Fully Developed Claim** means that every piece of information and evidence that the VA needs to make a determination arrives at one time in one packet.

If you submit additional information or evidence after you submit your "fully developed" claim, then the VA will remove your claim from the FDC Program and process it in the Standard Claim process. This can mean a difference of months in processing time. So, let's get it right the first time.

If circumstances prevent you from submitting the claim for several months, an "informal claim" may be submitted. This will establish the "Start Date" for the benefit, which means that any benefit granted will be retroactive to the first of the month following submission to the VA. *You have one year from that date to submit the forms and supporting documents.* The informal claim can be made by calling 1-800-827-1000 or by sending a letter requesting an "informal claim" along with a copy of the Veterans Military separation papers or DD214 to the VA center servicing your area. You must indicate the benefit you are applying for.

Should you have questions before filing, you may contact Veterans Angels, Inc. via email at support@vetangels.org, or you may call toll-free 1-888-319-1117. We will be glad to assist you via phone and email.

It is our honor to assist you and your family.

MAIL ONLY

10170 W.TROPICANA AVE., # 156-440 • LAS VEGAS, NV 89147-8465 • TOLL FREE 888-319-1117 • FAX 702-450-2259
VETANGELS@COX.NET • WWW.VETANGELS.ORG

TIPS FOR STAYING SANE WHILE PREPARING A VA CLAIM!

This is not "brain surgery", but it is tedious! You know how to eat an elephant? One bite at a time!

1. If there are any questions as to the claimant's assets being a factor, please contact us before mailing the claim to the VA. You can email us at www.support@vetangels.org or call our toll-free number, 1-888-319-1117. We will be glad to help you stay sane!

2. When you first print your packet, paper clip all the forms that go together. VA Form numbers are in the bottom left corner. Ex. 21-2680 (2 pages), 21-22a (2 pages), Care Expense Statement (4 pages) etc. You will see there are only 6-7 actual forms for you to complete. One goes to the doctor for completion and one goes to the caregiver or the facility.

3. Gather all required Supporting Documents. This will be the most time consuming normally, but most all the information needed to complete the forms will come from the Supporting Documents.

4. **READ THE INSTRUCTIONS!** Use an address on forms that will insure any letters from the VA will be received and responded to in a timely manner.

5. **Who is the Claimant?** The veteran or the un-remarried surviving spouse is always the claimant. Another person may help with completing the forms but they are not the claimant. Neither is a Power of Attorney (POA). The VA does not accept the signature of a POA. If the Claimant cannot sign their name, they can make an "x" with two witnesses.

6. There is no VA file number until the VA receives the claim and assigns a VA file number.

7. Immediately order a Certified Copy of the Military Separation Papers or DD214. You can do this online at www.archives.gov/veterans/military-service-records/ OR use the Form 180 in the packet and mail to the National Personnel Records Center in St. Louis (address in packet). They will send two Certified Copies, one you will send to the VA and keep one in your file. OR, if you have the Original and wish to send it, you may do so. The VA does return the Original but it may take awhile.

8. When listing Unreimbursed Medical Expenses (UME), list the monthly COST of CARE and other UME BOTH in the application (21-527EZ or the 21-534EZ) and the Medical Expense Report (21P-8416). The VA does not count any expenses prior to the date the claim is received by the VA. Initially, they are looking for recurring, predictable, unreimbursed medical expenses, i.e. Medicare Part B premiums, supplemental health insurance premiums, prescription drug premiums (not co-pays), Dental insurance premiums, Long term care premiums, Cost of care paid to an Assisted Living, Group home, Adult Day Care, In Home Care Agency, OR a family member if serving as a caregiver AND being paid for Caregiver Services. Final Burial Expenses for the Veteran can also be listed on the claim with a copy of an invoice. This will help qualify the surviving spouse during the first year.

9. Remember, to determine the amount of benefit, the VA looks at the Gross Family Income MINUS the UME. To receive the maximum benefit, the Gross Family Income has to be offset to zero with UME. Example: Gross income is \$2000/mo. *MINUS* \$2,000 in UME is ZERO income for VA purposes.

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I _____, on _____, (date), state

that I have requested information and assistance from Veterans Angels, Inc., regarding the non-service connected pension benefit("the benefit") or the death benefit currently available for Veterans and their widows(ers) from the Department of Veterans Affairs.

By signing below, I indicate that I wish to proceed with the application process.

I also indicate that the individual assisting me in applying for "the benefit" is not an employee of the Department of Veterans Affairs.

I also affirm that I have not paid the person for this service.

I give permission to the staff associated with Linda Stone, accredited claims agent with the Department of Veterans Affairs to assist in the preparation of my application.

I further acknowledge that I am aware that this process may have an impact on any future application for benefits from Medicaid.

I further acknowledge that neither the individual assisting me nor any affiliations of that individual can guarantee the "the benefit" will be received.

I realize that there are income and asset qualifications, and that there may be tax consequences. I understand that I may consult with my own attorney, accountant, or other professionals in regard to the application.

By signing below, I hereby agree to hold harmless and release from all liability the individual assisting me as well as any of their affiliations.

I agree to notify Veterans Angels, Inc. of any correspondence, phone calls, or requests for additional information from the Department of Veterans Affairs.

Applicant or Contact person

Date

Individual assisting (Counselor)

Date

MAIL ONLY

FINAL CHECKLIST FOR SUBMISSION FOR SURVIVING SPOUSE

PLEASE USE THIS CHECKLIST TO VERIFY ALL FORMS AND DOCUMENTS ARE INCLUDED.

21-534EZ - Application for Death Pension-Surviving Spouse must sign.

POA signature is not accepted by DVA. An "x" with witness is acceptable.

21-0845- Authorization to Disclose Personal Information to a Third Party-

Surviving spouse must sign. This will allow a family member or authorized person to obtain status information directly from the DVA.

21-22a-Appointment of Individual as Claimant's Representative-Surviving spouse must sign. This appoints Linda R. Stone as an authorized claims agent regarding the claim.

21-4138-Statement in Support of Claim-Surviving spouse must sign. This is where the claimant can state the reasons Aid and Attendance are needed.

21P-8416-Medical Expense Report-Surviving spouse must sign. Medical expenses are to be reported for "one month". **Also list expenses on Form 21-534EZ. The VA will only count medical expenses from the date the claim is received.** Health and medical expenses should be recurring, predictable, and unreimbursed. **Example:** Medicare Part B, D, supplemental health, dental, or drug premiums (not co-pays), costs for care (assisted living, group home, home care agencies, Adult Day Care, or family members that are being paid as caregivers), incontinence supplies, oxygen, insulin, equipment rental, etc. **Unreimbursed expenses paid by spouse for the veteran's last illness and burial may be listed on the Medical Expense Report. Include invoice or statements showing payment.**

21-4142-Authorization to Release Information-Surviving spouse must sign. Use one form for each physician submitting a 21-2680. **Medical records must be included!!!**

21-2680-Examination for Housebound Status or Permanent Need for Regular Aid and Attendance-Must be completed and signed by a Physician, not a PA or RN.

21-0779-Request for Nursing Home Information-Use only if facility is providing skilled or intermediate nursing services. Nursing Home official must sign.

Care Expense Statement-Surviving spouse must sign and also Official from Care Facility or Care provider (assisted living, group home, Home care agency, or family member if serving as a caregiver AND being paid for Caregiver services). Family members providing care do not have to be licensed. They do have to be paid for the DVA to count the expense as a deduction against income.

SUPPORTING DOCUMENTS CHECKLIST

Original or Certified Copy of Military Separation Papers (DD214). DVA will return originals. You can obtain a Certified Copy online at: www.archives.gov/veterans/military-service-records or by mailing the form included with this packet titled "Request Pertaining to Military Records" to the National Personnel Records Center address.

Copy of Veterans Death Certificate

Copy of Marriage Certificate to Veteran

Copy of previous marriage(s) death certificate or divorce decree You must furnish at least the month and year of marriage and death or divorce and places.

Medical Records- These are mandatory! Copy of most recent medical record from physician most familiar with claimant's medical history. You don't need to send a book but enough to substantiate the need for help from another person.

Copy of Legal Guardianship papers (if applicable)

Voided Check - on account where the benefit should be deposited.

Copy of sources of income for your household as reported on 21-534EZ, Page 10, Section IX

Copy of Bank Statement(s) (most recent)

Copy of Statement for assets reported on 21-534EZ, Page 10, Section VII

DO NOT SEND PACKET UNLESS COMPLETE WITH SUPPORTING DOCUMENTS

MAKE COPIES OF ALL FORMS & SUPPORTING DOCUMENTS

BEFORE MAILING "CERTIFIED"

To

The VA Pension Management Center servicing your area.

PENSION MANAGEMENT CENTERS

Philadelphia VA Regional Office
P.O. Box 8079
Philadelphia, PA 19101

Philadelphia Service Area: Connecticut
Delaware, Florida, Georgia, Maine,
Maryland, Massachusetts,
New Hampshire, New Jersey, New York,
North Carolina, Pennsylvania, Puerto Rico,
Rhode Island, South Carolina,
Vermont, Virginia, West Virginia

Milwaukee VA Pension Center
Box 342000
Milwaukee, WI 53234-9907

Milwaukee Service Area: Alabama, P.O.
Missouri, Arkansas, Illinois, Iowa, Indiana,
Kentucky, Louisiana, Michigan, Mississippi,
Ohio, Tennessee, Wisconsin

St. Paul Pension Management Center (335/21P)
P.O. Box 11000
St. Paul, MN 55111-0000

St. Paul Service Area: Alaska, Arizona, California, Colorado, Hawaii, Idaho,
Kansas, Minnesota, Montana, Nebraska, North Dakota, New Mexico, Nevada,
Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming

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Your generous, tax-deductible donations enable us to continue our mission of helping thousands of senior Veterans and their families.
We do not charge fees for our services and receive NO Government funding.

Our average donation is \$100.

Recurring donations of any amount are greatly appreciated.

You may send a check or credit card information to:

**Veterans Angels, Inc.
10170 W. Tropicana Ave. # 156-440
Las Vegas, NV 89147-8465**

OR

Make a donation online at www.vetangels.org

Please select the level of donation you wish to make and Thank You!

- US \$50.00**
- US \$100.00**
- US \$150.00**
- US \$250.00**
- _____ **Other Contribution Amount**

- US \$21.00 I wish to make this amount a monthly recurring donation.**

Please complete, if paying by credit card.

Cardholder's Name _____
Card Number _____
Card Type _____ Expiration Date _____
Billing address: _____
City _____ State _____ ZIP Code _____
Email Address _____ Phone # _____

Donor Information (if different from Credit Card Information)

First Name _____ Last Name _____
Address _____
City _____ State _____
Company (optional) _____

To Honor the following: Honoree's Name: _____

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First, from all of us at Veterans Angels, Inc., we would like to thank you for your continued monetary support.

In appreciation for your support, we are offering a special gift to honor your veteran or loved one.

We will send a personalized, beautifully engraved 4" x 8" Donor Brick with a felt backing and stand. *This is a lasting tribute that is sure to be treasured and passed on to future generations.*

You can support our mission by making:

- **A donation of \$252.00. (The equivalent of \$21 x 12 months) Please complete the "Brick" info form.**
- **OR**
- **To make a pledge or donation, please complete the enclosed Donation page.**
- **Our average donation is \$100.00.**

Your donations will allow us to continue providing this much needed information and assistance to Veterans and their families. **All our services are provided free of charge!** Donations cover the cost of postage, printing, telephones, website, public seminars and staffing support throughout the application process and beyond.

Thousands, from all over the United States, depend upon Veterans Angels, Inc. to answer questions and provide assistance in obtaining the non-service connected pension benefit.

We hope you will accept our gift of a personalized tribute for a tax deductible donation of \$252.00 or use the Donation page for whatever donation your heart deems is appropriate.

Respectfully,
Stephen B. Stone
President & CEO

Linda R. Stone
Accredited Claims Agent

MAIL ONLY



CREATE A LASTING TRIBUTE TO YOUR LOVED ONE

Honor your Veteran with a lasting tribute for their service to their country. **A tax deductible gift of \$252.00** will provide a personalized, beautifully engraved, 4 X 8 Donor Brick with a felt backing and stand. This lasting tribute is sure to be treasured and passed on to future generations.

Your tax deductible donation will assist Veterans Angels, Inc., a 501 (c)(3) public charity, to continue our mission of informing and assisting Veterans and their families to obtain little known benefits to help with the cost of long term care.

Veterans Angels, Inc. provides all services *free of charge* to Veterans and their families. Our only funding comes from patriots like you.



Yes, we'd like to create a lasting tribute. Please engrave our brick as follows:
 (We recommend engraving with all capital letters. Please print carefully.)

**ANY SYMBOL IS CONSIDERED ONE SPACE (PERIOD, COMMA, DASH)
 ALL TEXT IS CENTERED UNLESS OTHERWISE NOTED
 Maximum number of characters per line, including periods or commas is 21**

4 x 8 Brick

EXAMPLE

S	T	E	P	H	E	N		B	.		S	T	O	N	E		U	S	M	C
1	s	t		M	A	R	I	N	E		D	I	V	I	S	I	O	N		
1	9	6	1	-	1	9	6	5												

**PLEASE RETURN FORMS AND YOUR DONATION PAYABLE TO:
 ORDER SHEET ON BACK.**

Veterans Angels, Inc.
 10170 W. Tropicana Ave., # 156-440
 Las Vegas, NV 89147

EIN # 27-0204290

Date Order Received: _____ Date Shipped: _____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Donation amount: \$252.00

Or enter your Credit Card Payment Information: for Visa - MasterCard - American Express - Discover

Card Number: _____ *(enter number without spaces or dashes)

Expiration Date: _____ *(mmyy)

Billing Information: First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____

Email: _____

Phone: _____ Fax: _____

Shipping Information: Check box to ship to the Billing Information Address

Alternate Shipping Address:

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Please allow 4-6 weeks for delivery

If you have any questions, please call Linda Stone at (888) 319-1117.

YOU CAN ALSO ORDER ON OUR WEBSITE: www.vetangels.org