

IMPORTANT CHANGES TO FILING AN NOD AND FORM 9

I. LATEST VA INSTRUCTIONS ON FILING CLAIMS AND ALL DOCUMENTS RELATING TO A CLAIM

from https://iris.custhelp.com/app/answers/detail/a_id/3045

When submitting claims:

U.S. Department of Veterans Affairs
Claims Intake Center
PO Box 5235
Newnan, GA 30271-0020

When submitting evidence or anything other than a claim, including change of address:

U.S. Department of Veterans Affairs
Evidence Intake Center
PO Box 4444
Newnan, GA 30271

II. PERTINENT REGULATIONS

§ 20.201 Rule 201. Notice of Disagreement. [Effective until Mar. 24, 2015.]

A written communication from a claimant or his or her representative expressing dissatisfaction or disagreement with an adjudicative determination by the agency of original jurisdiction and a desire to contest the result will constitute a Notice of Disagreement. While special wording is not required, the Notice of Disagreement must be in terms which can be reasonably construed as disagreement with that determination and a desire for appellate review. If the agency of original jurisdiction gave notice that adjudicative determinations were made on several issues at the same time, the specific determinations with which the claimant disagrees must be identified. For example, if service connection was denied for two disabilities and the claimant wishes to appeal the denial of service connection with respect to only one of the disabilities, the Notice of Disagreement must make that clear.

§ 20.201 Rule 201. Notice of Disagreement. [Effective Mar. 24, 2015.]

[PUBLISHER'S NOTE: This section was revised at 79 FR 57660, 57698, Sept. 25, 2014, effective Mar. 24, 2015. For the convenience of the user, the section has been set out twice. The version effective Mar. 24, 2015, immediately follows this note. For the version effective until Mar. 24, 2015, see the version preceding this section, also numbered § 20.201.]

(a) Cases in which a form is provided by the agency of original jurisdiction for the purpose of

initiating an appeal.

(1) Format. For every case in which the agency of original jurisdiction (AOJ) provides, in connection with its decision, a form for the purpose of initiating an appeal, a Notice of Disagreement consists of a completed and timely submitted copy of that form. VA will not accept as a notice of disagreement an expression of dissatisfaction or disagreement with an adjudicative determination by the agency of original jurisdiction and a desire to contest the result that is submitted in any other format, including on a different VA form.

(2) Provision of form to the claimant. If a claimant has established an online benefits account with VA, or has designated an email address for the purpose of receiving communications from VA, VA may provide an appeal form pursuant to paragraph (a)(1) of this section electronically, whether by email, hyperlink, or other direction to the appropriate form within the claimant's online benefits account. VA may also provide a form pursuant to paragraph (a)(1) of this section in paper format.

(3) Presumption form was provided. This paragraph (a) applies if there is any indication whatsoever in the claimant's file or electronic account that a form was sent pursuant to paragraph (a)(1) of this section.

(4) Specificity required by form. If the agency of original jurisdiction gave notice that adjudicative determinations were made on several issues at the same time, the specific determinations with which the claimant disagrees must be identified to the extent a form provided pursuant to paragraph (a)(1) of this section so requires. If the claimant wishes to appeal all of the issues decided by the agency of original jurisdiction, the form must clearly indicate that intent. Issues not identified on the form will not be considered appealed.

(5) Alternate form or other communication. The filing of an alternate form or other communication will not extend, toll, or otherwise delay the time limit for filing a Notice of Disagreement, as provided in § 20.302(a). In particular, returning the incorrect VA form, including a form designed to appeal a different benefit does not extend, toll, or otherwise delay the time limit for filing the correct form.

(b) Cases in which no form is provided by the agency of original jurisdiction for purpose of initiating an appeal. A written communication from a claimant or his or her representative expressing dissatisfaction or disagreement with an adjudicative determination by the agency of original jurisdiction and a desire to contest the result will constitute a Notice of Disagreement relating to a claim for benefits in any case in which the agency of original jurisdiction does not provide a form identified as being for the purpose of initiating an appeal. The Notice of Disagreement must be in terms which can be reasonably construed as disagreement with that determination and a desire for appellate review. If the agency of original jurisdiction gave notice that adjudicative determinations were made on several issues at the same time, the specific determinations with which the claimant disagrees must be identified.

(c) Simultaneously contested claims. The provisions of paragraph (b) of this section shall apply to appeals in simultaneously contested claims under §§ 20.500 and 20.501, regardless of whether a standardized form was provided with the decision of the agency of original jurisdiction.

§ 20.202 Rule 202. Substantive Appeal.

A Substantive Appeal consists of a properly completed VA Form 9, "Appeal to Board of Veterans' Appeals," or correspondence containing the necessary information. If the Statement of the Case and any prior Supplemental Statements of the Case addressed several issues, the Substantive Appeal must either indicate that the appeal is being perfected as to all of those issues or must specifically identify the issues appealed. The Substantive Appeal should set out specific arguments relating to errors of fact or law made by the agency of original jurisdiction in reaching the determination, or determinations, being appealed. To the extent feasible, the argument should be related to specific items in the Statement of the Case and any prior Supplemental Statements of the Case. The Board will construe such arguments in a liberal manner for purposes of determining whether they raise issues on appeal, but the Board may dismiss any appeal which fails to allege specific error of fact or law in the determination, or determinations, being appealed. The Board will not presume that an appellant agrees with any statement of fact contained in a Statement of the Case or a Supplemental Statement of the Case which is not specifically contested. Proper completion and filing of a Substantive Appeal are the last actions the appellant needs to take to perfect an appeal.

§ 20.300 Rule 300. Place of filing Notice of Disagreement and Substantive Appeal.

The Notice of Disagreement and Substantive Appeal must be filed with the Department of Veterans Affairs office from which the claimant received notice of the determination being appealed unless notice has been received that the applicable Department of Veterans Affairs records have been transferred to another Department of Veterans Affairs office. In that case, the Notice of Disagreement or Substantive Appeal must be filed with the Department of Veterans Affairs office which has assumed jurisdiction over the applicable records.



INFORMATION AND INSTRUCTIONS FOR COMPLETING NOTICE OF DISAGREEMENT (NOD)

IMPORTANT: PLEASE READ THE INFORMATION BELOW CAREFULLY TO HELP YOU COMPLETE THIS FORM QUICKLY AND ACCURATELY. SOME PARTS OF THE FORM ALSO CONTAIN NOTES OR SPECIFIC INSTRUCTIONS FOR COMPLETING THAT PART.

THE USE OF THIS FORM IS NOT MANDATORY. HOWEVER, USING IT WILL HELP REDUCE DELAYS IN PROCESSING YOUR NOD. THIS FORM HAS SEVERAL KEY COMPONENTS, WHICH WHEN FILLED OUT COMPLETELY AND ACCURATELY, WILL DECREASE THE AMOUNT OF TIME IT TAKES TO PROCESS YOUR NOD.

FREQUENTLY ASKED QUESTIONS

For what do I use this standard NOD?

Use this form to indicate to your Regional Office (RO) that you disagree with a decision you received regarding your claim for disability compensation. Examples of these decisions may include entitlement to service connection, percentage of evaluation assigned, and effective date among other things.

Should I fill out this form?

Only fill out this form if you disagree with a decision issued by your RO. This includes an initial decision, a decision for an increased rating, or any other decision you disagree with.

Where can I get help?

You can ask the Department of Veterans Affairs (VA) to help you fill out the form by contacting us. Before you contact us, please make sure you gather the necessary information and materials, and complete as much of the form as you can.

What should I do when I have finished my NOD?

You should provide your signature in the block provided at the bottom of the second page. Be sure to sign every form you fill out before you send it to us. If you don't sign the form, VA will return it for you to sign, and it will take longer to process.

Attach any materials that support and explain your NOD.

Mail or take your NOD to the RO that issued the decision or notification that you disagree with, which is the Agency of Original Jurisdiction (AOJ.)

Do I need to keep a copy of this NOD form?

It is important that you keep a copy of all completed forms and materials you give to VA.

SPECIFIC INSTRUCTIONS FOR THE NOD

Part I - Personal Information

Please provide all personal contact information.

SPECIFIC INSTRUCTIONS FOR THE NOD (Continued)

Part II - Telephone Contact

Why is VA asking to contact me by telephone?

The purpose of the optional telephone contact is to help process your NOD quicker. If you indicate you wish to be contacted by telephone, VA may make up to two attempts to call you at the telephone number provided during the time slot you select. It is important to make sure you select a time period you will be available to speak with a Regional Office Representative by telephone.

Part III - Specific Issues of Disagreement

What date do I enter in the Notification/Decision Letter Date?

You should enter the date stamped on the notification or decision letter you received that you disagree with in Item 14. Please do not enter today's date in this field. If you need help identifying the date of the notification or decision you disagree with, contact us.

How do I complete this section?

The purpose of this section is for you to individually identify each area of disagreement that you have with our decision notification letter. Please list **only** the issues or disabilities for which you disagree.

In the Specific Issue of Disagreement column in Item 15, please individually identify in separate boxes each of the issues you disagree with. For example, left knee condition, hearing loss, etc.

In the "Area of Disagreement" column, Item 15B, please check the area for which you disagree. For example, if you disagree with the effective date that VA assigned for a particular benefit, check the "Effective Date of Award" option. If VA granted a benefit, but you disagree with the evaluation that we assigned, check the "Evaluation of Disability" option. If you were claiming service connection for an injury or disability that you believe to be the result of your military service, and VA denied that claim, please check the "Service Connection" option. If you are disagreeing with our decision for reasons other than listed in the "Area of Disagreement" column, please check "Other" and specify your reason.

If you disagree with a disability evaluation that we have assigned and believe that the evidence justifies a specific evaluation, please list the percentage that you believe the evidence to warrant in the "Percentage of Evaluation Sought If Known" column, Item 15C, within Part III of the form. To assist, please refer to our decision notification letter where we indicate what the evidence must show for the evaluation we assigned as well as the next higher evaluation.

There is extra space provided for you to explain why you feel we incorrectly decided your claim, and to list any disagreements not covered by the form. Please utilize this space to briefly and clearly explain why you disagree with our decision.

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, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment 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. 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 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 entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

NOTICE OF DISAGREEMENT

A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE AGENCY OF ORIGINAL JURISDICTION. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)

TO FILE A VALID NOD, THERE IS A TIME LIMIT OF ONE YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.

**(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)**

PART I - PERSONAL INFORMATION

1A. VETERAN'S FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME
2. VA FILE NUMBER C/CSS -		3. VETERAN'S SOCIAL SECURITY NUMBER

CLAIMANT'S PERSONAL INFORMATION

4A. CLAIMANT'S FIRST NAME	4B. MIDDLE NAME	4C. LAST NAME
5. STREET ADDRESS	6. APT. NO.	7. CITY
	8. STATE	9. ZIP CODE
10. DAYTIME TELEPHONE NUMBER	11. EVENING TELEPHONE NUMBER	12. EMAIL ADDRESS

PART II - TELEPHONE CONTACT

13. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR EMAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?

YES NO *(If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)*

8:00 a.m. - 10:00 a.m. 10:00 a.m. - 12:30 p.m. 12:30 p.m. - 2:00 p.m. 2:00 p.m. - 4:30 p.m.

Phone number I can be reached at the above checked time: _____

PART III - SPECIFIC ISSUES OF DISAGREEMENT

14. NOTIFICATION/DECISION LETTER DATE

15. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought <i>(If known)</i>
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	

PART III - SPECIFIC ISSUES OF DISAGREEMENT (Continued)

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	

16A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE EXPLAIN WHY YOU FEEL WE INCORRECTLY DECIDED YOUR CLAIM, AND LIST ANY DISAGREEMENT(S) NOT COVERED ABOVE:

16B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?

YES NO (If so, how many?)

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

17A. SIGNATURE

17B. DATE SIGNED

PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.

**NOTICE TO VETERAN/SERVICE MEMBER
OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR VETERANS DISABILITY
COMPENSATION AND RELATED COMPENSATION BENEFITS**

(This notice is applicable to claims for: Disability Service Connection • Secondary Service Connection • Increased Disability Compensation • Temporary Total Disability Rating • Individual Unemployability • Compensation under 38 U.S.C. 1151 • Special Monthly Compensation • Specially Adapted Housing/Special Home Adaptation • Automobile Allowance/Adaptive Equipment • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for veterans disability compensation and related compensation benefits. This notice informs you of the evidence necessary to substantiate your claim. After you submit your claim, you *will not* receive an initial letter regarding your claim. You *do not* need to resubmit another application.

Want your claim processed faster? The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed and there is no risk to participate! To participate in the FDC Program, if you are making a claim for veterans disability compensation or related compensation benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21-527EZ, *Application for Pension*. If you are making a claim for survivor benefits, use VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*.
VA forms are available at www.va.gov/vaforms.

FDC Criteria (Claim(s) for Veterans Disability Compensation and Related Compensation Benefits)	
1.	Submit your claim on a <u>signed and completed</u> VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i> (Attached).
2.	Submit simultaneously with your claim: <ul style="list-style-type: none"> • All, if any, relevant, private medical treatment records; AND • An identification of any relevant treatment records available at a Federal facility, such as a VA medical center. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Special Circumstances</p> <p>Under the special circumstances shown below, you must also submit simultaneously with your claim:</p> <ul style="list-style-type: none"> • For National Guard and Reserve members, any and all Service Treatment and Personnel Records in the custody of your Unit(s) • If claiming dependents, a completed VA Form 21-686c, <i>Declaration of Status of Dependents</i>. If claiming a child in school between the ages of 18 and 23, you must also submit a completed VA Form 21-674, <i>Request for Approval of School Attendance</i>. If claiming benefits for a seriously disabled (helpless) child, you must also submit all, relevant, private medical treatment records pertaining to the child's pertinent disabilities • If claiming Post-Traumatic Stress Disorder (PTSD), a completed VA Form 21-0781, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder</i>, or if claiming PTSD based on personal assault, a completed VA Form 21-0781a, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder Secondary to Personal Assault</i> • If claiming Individual Unemployability, a completed VA Form 21-8940, <i>Veteran's Application for Increased Compensation Based on Unemployability</i>, and a completed VA Form 21-4192, <i>Request for Employment Information in Connection with Claim for Disability Benefits</i> • If claiming Specially Adapted Housing or Special Home Adaptation, a completed VA Form 26-4555, <i>Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant</i> • If claiming Auto Allowance, a completed VA Form 21-4502, <i>Application for Automobile or Other Conveyance and Adaptive Equipment</i> • If claiming additional benefits because you or your spouse require Aid and Aid Attendance, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, or if claiming Aid and Attendance based on nursing home attendance, a VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i>. </div>
3.	Report for any VA medical examinations that VA determines are necessary to decide your claim.

The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate!

Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide the VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.

IMPORTANT: If you are filing your claim prior to or within one year of your separation from the military, please provide a certified copy of your DD Form 214, "Certificate of Release or Discharge from Active Duty" as early as possible following your separation, as this may expedite the completion of your claim.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit your claim in accordance with the "FDC Criteria" (see page 1) 	<p>You must:</p> <ul style="list-style-type: none"> • If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility such as a VA medical center, that you adequately identify and authorize VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records from current or former employers

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence simultaneously with your claim <p>If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program Expedited Process and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

WHERE TO SEND INFORMATION AND EVIDENCE

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at www.va.gov/directory.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See the evidence table titled...
You have a disability that was caused or aggravated by your service	Disability Service Connection
Your service connected disability caused or aggravated an <u>additional disability</u>	Secondary Service Connection
Your service connected disability has worsened	Increased Disability Compensation
Your service connected disability caused you to be hospitalized or to undergo surgery or other treatment	Temporary Total Disability Rating
Your service connected disability(ies) prevents you from getting or keeping substantial employment	Individual Unemployability
You have a disability caused or aggravated by VA medical treatment, vocational rehabilitation, or compensated work therapy	Compensation Under 38 U.S.C. 1151
Your service connected disability(ies) causes you to be in need of aid and attendance or to be confined to your residence	Special Monthly Compensation

If you are claiming benefits...	See the evidence table titled...
For adapting and/or purchasing a residence	Special Adapted Housing or Special Home Adaptation
For adapting and/or purchasing a vehicle	Auto Allowance
Because your spouse is severely disabled	Special Monthly Compensation
Because your child is severely disabled	Helpless Child

EVIDENCE TABLES

Disability Service Connection
<p>To support a claim for service connection, the evidence must show:</p> <ul style="list-style-type: none"> • You had an injury in service, or a disease that began in or was made permanently worse during service, or there was an event in service that caused an injury or disease; AND • You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND • A relationship exists between your current disability and an injury, disease, symptoms, or event in service. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. However, under certain circumstances, VA may presume that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The cause of a disability is presumed for the following veterans who have certain diseases: <ul style="list-style-type: none"> • Former prisoners of war; • Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service; • Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service; • Veterans who were exposed to certain herbicides, such as by serving in Vietnam; or • Veterans who served in the Southwest Asia theater of operations during the Gulf War. <p>To support a claim for service connection based upon a period of active duty for training, the evidence must show:</p> <ul style="list-style-type: none"> • You were disabled during active duty for training due to disease or injury incurred or aggravated in the line of duty; AND • You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND • There is a relationship between your current disability and the disease or injury incurred or aggravated during active duty for training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. <p>To support a claim for service connection based upon a period of inactive duty training, the evidence must show:</p> <ul style="list-style-type: none"> • You were disabled during inactive duty training due to an injury incurred or aggravated in the line of duty or an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during inactive duty training; AND • You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND • There is a relationship between your current disability and your inactive duty training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

EVIDENCE TABLES (Continued)

Disability Service Connection (Continued)

In order to **reopen a claim previously denied** by VA, we need new and material evidence. New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- To qualify as new, the evidence must currently exist and be submitted to VA for the first time
- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied

Secondary Service Connection

To support a claim for **compensation based upon an additional disability** that was caused or aggravated by a service-connected disability, the evidence must show:

- You currently have a physical or mental disability shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable, in addition to your service-connected disability; **AND**
- Your service-connected disability either caused or aggravated your additional disability. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. However, VA may presume service-connection for cardiovascular disease developing in a claimant with certain service-connected amputation(s) of one or both lower extremities.

Increased Disability Compensation

If VA previously granted service connection for your disability and you are seeking an **increased evaluation** of your service-connected disability, we need medical or lay evidence to show a worsening or increase in severity and the effect that worsening or increase has on your ability to work.

Temporary Total Disability Rating

In order to support a claim for a **temporary total disability rating due to hospitalization**, the evidence must show:

- You were treated for more than 21 days for a service-connected disability at a VA or other approved hospital; **OR**
- You underwent hospital observation at VA expense for a service-connected disability for more than 21 days.

In order to support a claim for a **temporary total disability rating due to surgical or other treatment** performed by a VA or other approved hospital or outpatient facility, the evidence must show:

- The surgery or treatment was for a service-connected disability; **AND**
- The surgery required convalescence of at least one month; **OR**
- The surgery resulted in severe postoperative residuals, such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilizations, house confinement, or the required use of a wheelchair or crutches; **OR**
- One major joint or more was immobilized by a cast without surgery.

Individual Unemployability

In order to support a claim for a **total disability rating based on individual unemployability**, the evidence must show:

- That your service-connected disability or disabilities are sufficient, without regard to other factors, to prevent you from performing the mental and/or physical tasks required to get or keep substantially gainful employment; **AND**
- Generally, you meet certain disability percentage requirements as specified in 38 Code of Federal Regulations 4.16 (i.e. one disability ratable at 60 percent or more, **OR** more than one disability with one disability ratable at 40 percent or more and a combined rating of 70 percent or more).

In order to support a claim for an **extra-schedular evaluation based on exceptional circumstances**, the evidence must show:

- That your service-connected disability or disabilities present such an exceptional or unusual disability picture, due to such factors as marked interference with employment or frequent periods of hospitalization, that application of the regular schedular standards is impractical.

Compensation Under 38 U.S.C. 1151

In order to support a claim for **compensation under 38 U.S.C. 1151**, the evidence must show that, as a result of VA hospitalization, medical or surgical treatment, examination, or training, you have:

- An additional disability or disabilities; **OR**
- An aggravation of an existing injury or disease; **AND**
- The disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment; **OR**
- The direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

EVIDENCE TABLES (Continued)

Special Monthly Compensation

In order to support a claim for **increased benefits based on the need for aid and attendance**, the evidence must show that, due to your service-connected disability or disabilities:

- You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- You are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)).

In order to support a claim for **increased benefits based on an additional disability or being housebound**, the evidence must show:

- You have a single service-connected disability evaluated as 100 percent disabling **AND** an additional service-connected disability, or disabilities, evaluated as 60 percent or more disabling; **OR**
- You have a single service-connected disability evaluated as 100 percent disabling **AND**, due solely to your service-connected disability or disabilities, you are permanently and substantially confined to your immediate premises

In order to support a claim for **increased benefits based on your spouse's need for aid and attendance**, per the provisions of 38 C.F.R. § 3.351(c), the evidence must show:

- Your spouse is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; **OR**
- Your spouse is a patient in a nursing home because of mental or physical incapacity; **OR**
- Your spouse requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her daily environment (See 38 C.F.R. § 3.352(a) for complete explanation)

IMPORTANT: For additional benefits to be payable for a spouse, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

Specially Adapted Housing or Special Home Adaptation

To support your claim for **specially adapted housing (SAH)**, the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a permanent and totally disabling qualifying condition, **OR**
- Service member on active duty who has a permanent and totally disabling qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SAH** the evidence must show:

- Amyotrophic lateral sclerosis (ALS), **OR**
- Loss (amputation) or loss of use of
 - *both* lower extremities, **OR**
 - *one* lower extremity **and** one upper extremity affecting balance **or** propulsion, **OR**
 - *one* lower extremity **plus** residuals of organic disease or injury affecting balance **or** propulsion creating a need for regular, constant use of a wheelchair, braces, crutches **or** canes as a normal mode of getting around (although getting around by other methods may be occasionally possible); **OR**
- Loss or loss of use of *both* upper extremities precluding use of the arms at or above the elbow; **OR**
- Blindness in *both* eyes, with light perception only **and** the loss or loss of use of one lower extremity; **OR**
- A severe burn injury, meaning full thickness or subdermal burns that have resulted in contractures with limitation of motion of
 - *two or more* extremities; **OR**
 - *at least one* extremity **and** the trunk.

To support your claim for **SAH** the evidence may alternatively show you are a:

- Veteran who served and became permanently disabled from a qualifying condition on or after September 11, 2001, **OR**
- Service member on active duty who was permanently disabled in the line of duty from a qualifying condition on or after the same date.

To support that you have a **qualifying condition under the alternative service criteria** the evidence must show:

- Loss (amputation) or loss of use of
 - *one or more* lower extremities, severely affecting the functions of balance or propulsion and creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may be occasionally possible).

EVIDENCE TABLES (Continued)

Specialty Adapted Housing or Special Home Adaptation (Continued)

To support your claim for a **special home adaptation (SHA) grant** the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a qualifying condition, **OR**
- Service member on active duty who has a qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SHA** the evidence must show:

- Blindness with central visual acuity of 20/200 or worse in each eye using a standard correcting lens, **OR**
- Blindness such that the visual field in each eye subtends an angle no greater than 20 degrees, **OR**
- Permanent and total disability from loss, or loss of use, of *both* hands, **OR**
- Permanent and total disability from a severe burn injury meaning
 - deep partial thickness burns that have resulted in contractures with limitation of motion of *two or more* extremities or of *at least one* extremity and the trunk, **OR**
 - full thickness or subdermal burns that have resulted in contracture(s) with limitation of motion of *one or more* extremities or the trunk, **OR**
 - residuals of inhalation injury (including, but not limited to, pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease).

Auto Allowance

To support a claim for **automobile allowance or adaptive equipment**, the evidence must show that you have a service-connected disability resulting in:

- (1) the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- (2) permanent impairment of vision of both eyes, resulting in:
 - (a) vision of 20/200 or less in the better eye with corrective glasses, **OR**
 - (b) vision of 20/200 or better, if there is a severe defect in your peripheral vision; **OR**
- (3) deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities of the trunk and preclude effective operation of an automobile.

NOTE - You may be entitled to **only** adaptive equipment if you have ankylosis ("freezing") of at least one knee or one hip due to service-connected disability. Medical evidence, including a VA examination, will show these things. VA will provide an examination if it determines that one is necessary.

Helpless Child

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

IMPORTANT: For additional benefits to be payable for a child, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

HOW VA DETERMINES THE EFFECTIVE DATE

If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:

- When we received your claim, **OR**
- When the evidence shows a level of disability that supports a certain rating under the rating schedule

If VA received your claim prior to or within one year of your separation from the military, entitlement will be from the day following the date of your separation.

HOW VA DETERMINES THE DISABILITY RATING

When we find disabilities to be service-connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; **AND**
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work; **OR**
- Statements discussing your disability symptoms from people who have witnessed how the symptoms affect you

For more information on the FDC Program, visit our web site at <http://benefits.va.gov/transformation/fastclaims/>.

For more information on VA benefits, visit our web site at www.va.gov, contact us at <http://iris.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. VA forms are available at www.va.gov/vaforms.

IMPORTANT

If you wish to make a claim for **veterans non service-connected pension benefits** because you have little or no income, use VA Form 21-527EZ, *Application for Pension*. VA forms are available at www.va.gov/vaforms. If you cannot access this form, write the word "pension" under Item 9 or at the top of the attached application and VA will send you the form.

Department of Veterans Affairs <h2 style="text-align: center; margin: 0;">APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS</h2>	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 8 before completing the form.	

SECTION I: IDENTIFICATION AND CLAIM INFORMATION

1. VETERAN/SERVICE MEMBER NAME (Last, first, middle)	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (MM,DD,YYYY)
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide your file number in Item 6)	6. VA FILE NUMBER
7A. CURRENT MAILING ADDRESS Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country	7B. FORWARDING ADDRESS Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country	7C. TELEPHONE NUMBERS (Include Area Code) DAYTIME () EVENING () CELL PHONE ()
8A. PREFERRED E-MAIL ADDRESS (If applicable)	8B. ALTERNATE E-MAIL ADDRESS (If applicable)	

9. LIST THE DISABILITY(IES) YOU ARE CLAIMING (If applicable, identify whether a disability is due to a service-connected disability, is due to confinement as a Prisoner of War, is due to exposure to Agent Orange, Asbestos, Mustard Gas, Ionizing Radiation, or Gulf War Environmental Hazards, or is related to benefits under 38 U.S.C. 1151).
Please list your contentions below. See the following examples, for more information:

- Example 1: Hearing loss
- Example 2: Diabetes-Agent Orange (exposed 12/72, Da Nang)
- Example 3: Left knee - secondary to right knee

DISABILITIES		
1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.

10. LIST VA MEDICAL CENTER(S) WHERE YOU RECEIVED TREATMENT FOR YOUR CLAIMED DISABILITY(IES) AND PROVIDE TREATMENT DATES:	
A. NAME AND LOCATION OF VA MEDICAL CENTER	B. DATE(S) OF TREATMENT

NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLOWING DISABILITY COMPENSATION RELATED BENEFITS, COMPLETE AND ATTACH TO THIS FORM THE REQUIRED BENEFIT FORM(S) AS STATED (VA forms are available at www.va.gov/vaforms).

Benefits for:	Required Form(s):
Dependents	VA Form 21-686c and, if claiming a child aged 18-23 years and in school, VA Form 21-674
Individual Unemployability	VA Form 21-8940 and 21-4192
Specially Adapted Housing or Special Home Adaptation	VA Form 26-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

SECTION II: SERVICE INFORMATION

11A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 11B) <input type="checkbox"/> NO (If "No," skip to Item 12A)	11B. PLEASE LIST THE OTHER NAME(S) YOU SERVED UNDER	
12A. I ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)	12B. BRANCH OF SERVICE	12C. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE SERVICE
12D. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO	12E. PLACE OF LAST OR ANTICIPATED SEPARATION	
13A. ARE YOU CURRENTLY ACTIVATED TO FEDERAL ACTIVE DUTY UNDER THE AUTHORITY OF TITLE 10, U.S.C. (National Guard)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide date of activation in Item 13B)	13B. DATE OF ACTIVATION (MM,DD,YYYY)	

14A. WHAT IS THE NAME AND ADDRESS OF YOUR RESERVE/NATIONAL GUARD UNIT?	14B. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? (Include Area Code) ()
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15A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES (If "Yes," complete Item 15B) <input type="checkbox"/> NO (If "No," skip to Item 16A)	15B. DATES OF CONFINEMENT From: To:
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SECTION III: SERVICE PAY

16A. DID/DO YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE/RETIRED PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 16B and 16C)	16B. LIST AMOUNT (If known) \$	16C. LIST TYPE (If known)
--	-----------------------------------	---------------------------

IMPORTANT: Submission of this application constitutes an election of VA compensation in lieu of military retired pay if it is determined you are entitled to both benefits. If you are entitled to receive military retired pay, your retired pay may be reduced by the amount of any VA compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. Receipt of military retired pay or Voluntary Separation Incentive (VSI) and VA compensation at the same time may result in an overpayment, which may be subject to collection. However, if you do not want to receive VA compensation in lieu of military retired pay, you should check the box in Item 17. Please note that if you check the box in Item 17, you **will not** receive VA compensation, if granted.

17. **I want military retired pay instead of VA compensation.**

SECTION IV: DIRECT DEPOSIT INFORMATION

The Department of Treasury requires all Federal benefit payments 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 18, 19 and 20 to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

18. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA)		
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT
Account No.: _____ Account No.: _____		

19. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)	20. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)
--	---

SECTION V: CLAIM CERTIFICATION AND 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, and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled, *Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits.*

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 21, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

21. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will automatically consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan on submitting further evidence in support of your claim.

I DO NOT want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim.

22A. VETERAN/SERVICE MEMBER SIGNATURE (REQUIRED)	22B. DATE SIGNED
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SECTION VI: WITNESSES TO SIGNATURE

23A. SIGNATURE OF WITNESS (If veteran signed above using an "X")	23B. PRINTED NAME AND ADDRESS OF WITNESS
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24A. SIGNATURE OF WITNESS (If veteran signed above using an "X")	24B. PRINTED NAME AND ADDRESS OF WITNESS
--	--

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your obligation to respond is required in order to obtain or retain benefits. 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. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**NOTICE TO VETERAN OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR
VETERANS NON SERVICE-CONNECTED PENSION BENEFITS**

(This notice is applicable to veterans claims for: Non Service-Connected Pension • Non Service-Connected Pension with Aid and Attendance or Housebound Benefits • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for veterans non service-connected pension benefits.
This notice informs you of the evidence necessary to substantiate your claim.

Want your claim processed faster? The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed and there is no risk to participate! To participate in the FDC Program, if you are making a claim for veterans non service-connected pension benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans disability compensation or related compensation benefits, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. If you are making a claim for survivor benefits, use VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*.
VA forms are available at www.va.gov/vaforms

FDC Criteria (Claim(s) for Veterans Non Service-Connected Pension Benefits)	
1.	Submit your claim on a <u>signed and completed</u> VA Form 21-527EZ, <i>Application for Pension</i> (attached).
2.	Submit simultaneously with your claim: <ul style="list-style-type: none"> • All necessary income and net-worth information; AND • All, if any, relevant, private medical treatment records and an identification of any relevant treatment records available at a Federal facility, such as a VA medical center <div style="border: 1px solid black; padding: 5px;"> <p>Special Circumstances</p> <p>Under the special circumstances shown below, you must also submit simultaneously with your claim:</p> <ul style="list-style-type: none"> • If claiming non service-connected pension with aid and attendance or housebound benefits, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i>; • If claiming a child in school between the ages of 18 and 23, a completed VA Form 21-674, <i>Request for Approval of School Attendance</i>; • If claiming benefits for a seriously disabled (helpless) child, all, if any, relevant, private medical treatment records for the child's pertinent disabilities. </div>
3.	Report for any VA medical examinations VA determines are necessary to decide your claim.

The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate!

Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession..

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit your claim in accordance with the "FDC Criteria" (see page 1) 	<p>You must:</p> <ul style="list-style-type: none"> • If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility such as a VA medical center, that you adequately identify and authorize VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current or former employers

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence simultaneously with your claim <p>If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program Expedited Process and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

WHERE TO SEND INFORMATION AND EVIDENCE

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at www.va.gov/directory.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See the evidence table titled...
Non Service-connected needs-based benefits (pension)	Non Service-Connected Pension
Increased pension benefits because your disabilities cause you to be in need of aid and attendance or to be confined to your residence	Non Service-Connected Pension with Aid and Attendance or Housebound Benefits
Benefits because your child is severely disabled	Helpless Child

EVIDENCE TABLES

Non Service-Connected Pension
<p>To support a claim for non service-connected pension, the evidence must show:</p> <ol style="list-style-type: none"> 1. You met certain minimum requirements regarding active service during a period of war. Generally, those requirements involve: <ul style="list-style-type: none"> • 90 days of consecutive service at least one day of which was during a period of war; OR • 90 days of combined service during at least one period of war: <p><i>(Note: If your service began after September 7, 1980, additional length of service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligation)</i></p> <ul style="list-style-type: none"> • OR, any length of active service during a period of war with a discharge due to a service-connected disability 2. You are age 65 or older <i>or</i> are permanently and totally disabled. You are considered permanently and totally disabled if medical evidence shows you are: <ul style="list-style-type: none"> • A patient in a nursing home for long-term care; OR • Receiving Social Security disability benefits; OR • Unemployable due to a disability reasonably certain to continue throughout your lifetime; OR • Suffering from a disability that is reasonably certain to continue throughout your lifetime that would make it impossible for an average person to follow a substantially gainful occupation; OR • Suffering from a disease or disorder that VA determines causes persons who have that disease or disorder to be permanently and totally disabled 3. Your net worth and income do not exceed certain requirements.

Non Service-Connected Pension with Aid and Attendance or Housebound Benefits
<p>To support a claim for non increased disability pension benefits based on the need for aid and attendance, the evidence must show:</p> <ul style="list-style-type: none"> • You have corrected vision of 5/200 or less in both eyes; OR • You have contraction of the concentric visual field to 5 degrees or less; OR • You are a patient in a nursing home due to mental or physical incapacity; OR • You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment; OR • You are bedridden, in that your disability requires that you remain in bed apart from any prescribed course of convalescence or treatment <p>To support your claim for increased disability pension benefits based on being housebound, the evidence must show:</p> <ul style="list-style-type: none"> • You have a single permanent disability evaluated as 100 percent disabling; AND due to such disability, you are permanently and substantially confined to your immediate premises; OR • You have significant additional disability (rated 60% or higher) in addition to any disability necessary to establish pension eligibility

EVIDENCE TABLES (Continued)

Helpless Child

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

IMPORTANT

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognized marriages is available at <http://www.va.gov/opa/marriage/>.

How VA Determines the Effective Date

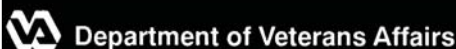
If we grant your claim, the beginning date of your entitlement will generally be based on when we received your claim.

Higher levels of non service-connected pension may be assigned for disabilities that affect your ability to perform certain activities of daily living or the ability to leave your home. Higher levels of pension may be effective from the date the medical evidence first shows entitlement.

For more information on the FDC Program, visit our web site at <http://benefits.va.gov/transformation/fastclaims/>.
For more information on VA benefits, visit our web site at www.va.gov, contact us at <http://iris.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
VA forms are available at www.va.gov/vaforms.

IMPORTANT

If you wish to make a claim for veterans **disability compensation and/or related compensation benefits**, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. VA forms are available at www.va.gov/vaforms. If you cannot access this form, write the words "Will claim compensation - send VA Form 21-526EZ" under Item 9 or at the top of the attached application and VA will send you the form.



**VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)**

APPLICATION FOR PENSION

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 8 before completing the form.

SECTION I: VETERAN'S PERSONAL INFORMATION (MUST COMPLETE)

1. VETERAN'S NAME (Last, first, middle)		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH (MM,DD,YYYY)	
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide your file number in Item 6)		6. VA FILE NUMBER	
7A. MAILING ADDRESS Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country				7B. TELEPHONE NUMBERS (Include Area Code) DAYTIME () EVENING () CELL PHONE ()	
8A. PREFERRED E-MAIL ADDRESS (If applicable)			8B. ALTERNATE E-MAIL ADDRESS (If applicable)		
9. WHAT DISABILITY(IES) PREVENTS YOU FROM WORKING?					
A. DISABILITY(IES)			B. DATE DISABILITY(IES) BEGAN		
10. LIST ANY VA MEDICAL CENTERS WHERE YOU RECEIVED TREATMENT FOR YOUR CLAIMED DISABILITY(IES) AND PROVIDE TREATMENT DATES					
A. NAME AND LOCATION OF VA MEDICAL CENTER			B. DATE(S) OF TREATMENT		

SECTION II: VETERAN'S SERVICE INFORMATION (MUST COMPLETE)

11A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 11B) <input type="checkbox"/> NO (If "No," skip to Item 12A)		11B. PLEASE LIST THE OTHER NAME(S) YOU SERVED UNDER			
12A. I ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)		12B. BRANCH OF SERVICE		12C. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE SERVICE	
12D. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO			12E. PLACE OF LAST OR ANTICIPATED SEPARATION		
13A. ARE YOU CURRENTLY ACTIVATED TO FEDERAL ACTIVE DUTY UNDER THE AUTHORITY OF TITLE 10, U.S.C. (National Guard)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide date of activation in Item 13B)				13B. DATE OF ACTIVATION (MM,DD,YYYY)	
14A. WHAT IS THE NAME AND ADDRESS OF YOUR RESERVE/NATIONAL GUARD UNIT?				14B. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? (Include Area Code) ()	
15A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 15B) (If "No," skip to Item 16A)			15B. DATES OF CONFINEMENT ON (MM,DD,YYYY) From: To:		
16A. DID YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE RETIRED PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 16B and 16C)		16B. LIST AMOUNT (if known) \$		16C. LIST TYPE (if known)	

SECTION III: VETERAN'S WORK HISTORY (MUST COMPLETE)

NOTE: In the table below, tell us about all of your employment, including self-employment, for one year before you became disabled to the present.

17A. WHAT WAS THE NAME AND ADDRESS OF YOUR EMPLOYER?	17B. WHAT WAS YOUR JOB TITLE?	17C. WHEN DID YOUR JOB BEGIN?	17D. WHEN DID YOUR JOB END?	17E. HOW MANY DAYS WERE LOST DUE TO DISABILITY?	17F. WHAT WERE YOUR TOTAL ANNUAL EARNINGS?
					\$
					\$

SECTION IV: MARITAL STATUS (MUST COMPLETE)

18A. WHAT IS YOUR MARITAL STATUS? (Check one)

MARRIED DIVORCED WIDOWED NEVER MARRIED (Skip to Section VI if never married)

TELL US ABOUT YOUR MARRIAGE/PREVIOUS MARRIAGES

18B. HOW MANY TIMES HAVE YOU BEEN MARRIED (including current marriage)?

19A. DATE (month, day, year) AND PLACE OF MARRIAGE (city/state or country)	19B. TO WHOM MARRIED (first, middle, last name)	19C. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	19D. HOW MARRIAGE TERMINATED (death, divorce, marriage has not been terminated)	19E. DATE (month, day, year) AND PLACE MARRIAGE TERMINATED (city/state or country)

19F. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 19C, PLEASE EXPLAIN:

SECTION V: CURRENT MARITAL INFORMATION (COMPLETE ONLY IF YOU ARE CURRENTLY MARRIED)

Note - Skip to Section VI if not currently married.

TELL US ABOUT YOUR SPOUSE'S MARRIAGE/PREVIOUS MARRIAGES

20. HOW MANY TIMES HAS YOUR SPOUSE BEEN MARRIED (including current marriage)?

21A. DATE (month, day, year) AND PLACE OF MARRIAGE (city/state or country)	21B. TO WHOM MARRIED (first, middle, last name)	21C. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	21D. HOW MARRIAGE TERMINATED (death, divorce, marriage has not been terminated)	21E. DATE (month, day, year) AND PLACE MARRIAGE TERMINATED (city/state or country)

21F. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21C, PLEASE EXPLAIN:

22A. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (month, day, year)	22B. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?	22C. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	22D. WHAT IS YOUR SPOUSE'S VA FILE NUMBER (if any)?
22E. DO YOU LIVE WITH YOUR SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," skip to Section VI) (If "No," complete Items 22F - 22H)		22F. WHAT IS YOUR SPOUSE'S ADDRESS? (Number and street or rural route, city or P.O., State, ZIP Code and country)	
22G. TELL US THE REASON WHY YOU ARE NOT LIVING WITH YOUR SPOUSE (i.e.; illness, work, etc.)		22H. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT? \$	

SECTION VI: DEPENDENT CHILDREN (COMPLETE IF YOU HAVE DEPENDENT CHILDREN)

Note - Skip to Section VII if you have no dependent children.

23A. NAME OF DEPENDENT CHILD (First, middle initial, last)	23B. DATE AND PLACE OF BIRTH (city, state or country)	23C. SOCIAL SECURITY NUMBER	(Check all that apply)						
			23D. BIOLOGICAL	23E. ADOPTED	23F. STEPCHILD	23G. 18-23 YEARS OLD (in school)	23H. SERIOUSLY DISABLED	23I. CHILD MARRIED	23J. CHILD PREVIOUSLY MARRIED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note - In Items 24A through 24D, tell us about the children listed in Item 23A who **do not** live with you.

24A. NAME OF DEPENDENT CHILD (First, middle initial, last)	24B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country)	24C. NAME OF PERSON THE CHILD LIVES WITH (If applicable)	24D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			\$
			\$
			\$

SECTION VII: INCOME VERIFICATION - NET WORTH (MUST COMPLETE)

25. **NET WORTH** (DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "none")

Report total net worth for your household. You must report your net worth and the net worth of your dependents (spouse, child, etc.), if any. Identify the **specific** owner for each net worth source, yourself or another person in your household, as applicable.

SOURCE	AMOUNT	OWNER	SOURCE	AMOUNT	OWNER
CASH/NON-INTEREST BEARING BANK ACCOUNTS	\$		REAL PROPERTY <i>(Not your home, vehicle, furniture, or clothing)</i>	\$	
INTEREST-BEARING BANK ACCOUNTS	\$		ALL OTHER PROPERTY <i>(Please write source)</i>	\$	
IRA'S, KEOGH PLANS, ETC.	\$		ALL OTHER PROPERTY <i>(Please write source)</i>	\$	
STOCKS, BONDS, MUTUAL FUNDS, ETC.	\$		OTHER <i>(Provide source)</i>	\$	

SECTION VIII: INCOME VERIFICATION - MONTHLY INCOME (MUST COMPLETE)

26. **GROSS MONTHLY INCOME** (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report total monthly income for your household. You must report your income and the income of your dependents (spouse, child, etc.), if any. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
SOCIAL SECURITY	\$		SERVICE RETIREMENT	\$	
SOCIAL SECURITY	\$		SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE	\$	
U.S. CIVIL SERVICE	\$		OTHER <i>(Provide source)</i>	\$	
U.S. RAILROAD RETIREMENT	\$		OTHER <i>(Provide source)</i>	\$	
BLACK LUNG BENEFITS	\$		OTHER <i>(Provide source)</i>	\$	

SECTION IX: EXPECTED INCOME (MUST COMPLETE)

27. **EXPECTED INCOME - NEXT 12 MONTHS** (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report expected total household income for the next 12 months. You must report your expected income and the expected income of your dependents (spouse, child, etc.), if any. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
GROSS WAGES AND SALARY	\$		OTHER INCOME EXPECTED <i>(Provide source)</i>	\$	
GROSS WAGES AND SALARY	\$		OTHER INCOME EXPECTED <i>(Provide source)</i>	\$	
TOTAL DIVIDENDS AND INTEREST	\$		OTHER INCOME EXPECTED <i>(Provide source)</i>	\$	

SECTION X: MEDICAL, LEGAL, OR OTHER UNREIMBURSED EXPENSES (MUST COMPLETE)

28. **MEDICAL, LEGAL, OR OTHER UNREIMBURSED EXPENSES** (IF NONE WRITE "0" OR "NONE")

Report your family medical expenses and certain other expenses actually paid by you that 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.**

AMOUNT PAID BY YOU	DATE PAID (mm/dd/yy)	PURPOSE (Doctor's fees, hospital charges, attorney fees, tuition, education materials, etc.)	PAID TO (Name of doctor, hospital, pharmacy, etc.)	RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID (Spouse, child, etc.)
\$				
\$				
\$				
\$				

SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)

The Department of Treasury requires all Federal benefit payments 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 29, 30, and 31 to enroll in direct deposit. If you **do not** have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

29. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

CHECKING

SAVINGS

I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: _____ Account No.: _____

30. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

31. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)

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 and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled *Notice to Veteran of Evidence Necessary to Substantiate a Claim for Veterans Non-Service Connected Pension Benefits*.

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 32, indicating that I **do not** want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

32. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the below box **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

I **DO NOT** want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim.

33A. VETERAN'S SIGNATURE (REQUIRED)

33B. DATE SIGNED

SECTION XIII: WITNESSES TO SIGNATURE (MUST COMPLETE ONLY IF VETERAN SIGNED ITEM 33A WITH AN "X")

34A. SIGNATURE OF WITNESS (If veteran signed above using an "X")

34B. PRINTED NAME AND ADDRESS OF WITNESS

35A. SIGNATURE OF WITNESS (If veteran signed above using an "X")

35B. PRINTED NAME AND ADDRESS OF WITNESS

PRIVACY ACT NOTICE: The form will be used to determine allowance to pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your obligation to respond is required in order to obtain or retain benefits. 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. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR
DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION, AND/OR
ACCRUED BENEFITS**

(This notice is applicable to survivors claims for: Death Pension • Dependency Indemnity Compensation (DIC) • DIC under 38 U.S.C. 1151 • Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound • Accrued Benefits • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for DIC, Death Pension, and/or Accrued Benefits.
This notice informs you of the evidence necessary to substantiate your claim.

Want your claim processed faster? The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate! To participate in the FDC Program if you are making a claim for DIC, Death Pension, and/or Accrued Benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans disability compensation or related compensation benefits, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21-527EZ, *Application for Pension*. VA forms are available at www.va.gov/vaforms.

FDC Criteria (Claim(s) for DIC, Death Pension, and/or Accrued Benefits)	
1.	Submit your claim on a <u>signed and completed</u> VA Form 21-534EZ, <i>Application for DIC, Death Pension, and/or Accrued Benefits</i> (Attached).
2.	<p>Submit simultaneously with your claim:</p> <p>A copy of the veteran's Death Certificate (unless he or she died on active duty); AND</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>If claiming death pension:</p> <ul style="list-style-type: none"> ● All necessary income and net-worth information ● If claiming death pension with increased survivor benefits, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>If claiming DIC:</p> <ul style="list-style-type: none"> ● All, if any, relevant, private medical treatment records and an identification of any relevant treatment records available at a Federal facility, such as a VA medical center, that support your claim ● Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s) ● If claiming DIC as the parent of the veteran, all necessary income and net-worth information and, if claiming benefits as the foster parent of the veteran, a completed VA Form 21-524, <i>Statement of Person Claiming to Have Stood in Relation of Parent</i> ● If claiming DIC with increased survivor benefits, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Requirements for Certain Claimants:</p> <p>Under the circumstances shown below, you must also submit simultaneously with your claim:</p> <ul style="list-style-type: none"> ● If claiming benefits as the surviving spouse of the veteran, a copy of your marriage certificate showing your marriage to the veteran, or if claiming benefits for a child or biological/adoptive parent of the veteran, a copy of the birth certificate or court record of adoption showing relation to the veteran ● If claiming benefits for a child of the veteran between the ages of 18 and 23, a completed VA Form 21-674, <i>Request for Approval of School Attendance</i> ● If claiming benefits for a seriously disabled (helpless) child of the veteran, all, if any, relevant, private medical treatment records for the child's pertinent disabilities </div>
3.	Report for any VA medical examinations VA determines are necessary to decide your claim.

The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate! Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit your claim in accordance with the "FDC Criteria" (see page 1) 	<p>You must:</p> <ul style="list-style-type: none"> • If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from state or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current or former employers

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence simultaneously with your claim <p>If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>We strongly encourage you to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

WHERE TO SEND INFORMATION AND EVIDENCE

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at www.va.gov/directory.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See the evidence table titled...
Needs-based benefits based on the veterans wartime service.	Death Pension
<ul style="list-style-type: none"> The veteran's death was related to his or her service (DIC), OR DIC benefits because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling. 	Dependency and Indemnity Compensation (DIC)
The veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy.	DIC under 38 U.S.C. 1151
DIC and it was previously denied by VA.	Reopened DIC
Increased death pension or DIC benefits because your disabilities cause you to be in need of aid and attendance or to be confined to your residence.	Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound
You are eligible to the benefits that were due to the veteran at the time of the veteran's death.	Accrued Benefits
You are eligible to the benefits because a child of the veteran is severely disabled.	Helpless Child

EVIDENCE TABLES

Death Pension
<p>To support your claim for death pension benefits, the evidence must show:</p> <ol style="list-style-type: none"> The veteran met certain minimum requirements regarding active service during a period of war. Generally, those requirements involve: <ul style="list-style-type: none"> 90 days of consecutive service, at least one day of which was during a period of war; OR 90 days of combined service during at least one period of war; <p><i>(Note : If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.)</i></p> <p>OR any length of active service during a period of war when:</p> <ul style="list-style-type: none"> At the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; OR The veteran was discharged from active service due to a service-connected disability. Your net worth and income do not exceed certain requirements.

Dependency and Indemnity Compensation (DIC)
<p>To support a claim for Dependency and Indemnity Compensation (DIC) benefits based on a service-connected disability established during the veteran's lifetime, the evidence must show:</p> <ul style="list-style-type: none"> The veteran died while on active service; OR The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; OR The veteran died from non service-connected injury or disease AND was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling: <ul style="list-style-type: none"> For at least 10 years immediately before death; OR For at least 5 years after the veteran's release from active duty preceding death; OR For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999 <p>To support a claim for DIC benefits based on a disability that was not service-connected or for which the veteran did not file a claim during his or her lifetime, the evidence must show:</p> <ul style="list-style-type: none"> An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; AND A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; AND A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence

EVIDENCE TABLES (Continued)

Dependency and Indemnity Compensation (DIC) (Continued)

To support your claim for **DIC benefits based upon the service person's active duty for training**, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty, and the disease or injury caused or contributed to the service person's death.

If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support your claim for **DIC benefits based upon the service person's inactive duty training**, the evidence must show:

- The service person died during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

DIC under 38 U.S.C. 1151:

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
 - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
 - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
 - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program

Reopened DIC:

In order to reopen a claim previously denied by VA, we need new and material evidence. New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- To qualify as new, the evidence must currently exist and be submitted to VA for the first time
- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied

EVIDENCE TABLES (Continued)

Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound

In order to support your claim for **increased survivor benefits based on the need for aid and attendance**, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- you are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)); **OR**

In order to support your claim for **increased benefits based on being housebound**, the evidence must show:

- you are substantially confined to your immediate premises because of permanent disability

Accrued Benefits:

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

1. Spouse
2. Children of the veteran (in equal shares)
3. Dependent parents (in equal shares)

Helpless Child:

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

IMPORTANT

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.


HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for death benefits, the beginning date of your entitlement will generally be based on when we received your claim. However, if VA received your claim within one year of the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died.

The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Higher levels of benefits are available for a veteran's surviving spouse and/or parents who are unable to perform certain activities of daily living or leave their home. Higher levels of benefits may be effective from the date medical evidence first establishes entitlement.

For more information on the FDC Program, visit our web site at <http://benefits.va.gov/transformation/fastclaims/>. For more information on VA benefits, visit our web site at www.va.gov, contact us at <http://iris.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. VA forms are available at www.va.gov/vaforms.

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
APPLICATION FOR DIC, DEATH PENSION, AND/OR ACCRUED BENEFITS		
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.		
SECTION I: PERSONAL INFORMATION (MUST COMPLETE)		
1. VETERAN'S NAME (Last, first, middle)	2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
4. VETERAN'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide the file number in Item 6)	6. VA FILE NUMBER
7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)
9. WHAT IS YOUR NAME? (First, middle, last name)	10. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one) <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> CUSTODIAN FILING FOR CHILD	
11. WHAT IS YOUR SOCIAL SECURITY NUMBER?	12. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY)	13. ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
14A. WHAT IS YOUR ADDRESS? Street address, rural route, or P.O. Box City State ZIP Code Country		14B. YOUR TELEPHONE NUMBER(S) (include Area Code) DAYTIME () EVENING () CELL PHONE ()
15A. YOUR PREFERRED E-MAIL ADDRESS (If applicable)	15B. YOUR ALTERNATE E-MAIL ADDRESS (If applicable)	
16. WHAT ARE YOU CLAIMING? (Check all that apply) <input type="checkbox"/> DEPENDENCY AND INDEMNITY COMPENSATION (DIC) <input type="checkbox"/> DEATH PENSION <input type="checkbox"/> ACCRUED BENEFITS		
SECTION II: VETERAN'S SERVICE INFORMATION (COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH) <i>(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)</i>		
17A. DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 17B) (If "No," skip to Item 18A)	17B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:	
18A. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)	18B. BRANCH OF SERVICE	18C. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)
18D. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO		18E. PLACE OF LAST SEPARATION
19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. (National Guard)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," answer Items 19B, 19C and 19D)		19B. DATE OF ACTIVATION (MM,DD,YYYY)
19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?		19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code) ()
20A. WAS THE VETERAN EVER A PRISONER OF WAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 20B) (If "No," skip to Section III)		20B. DATES OF CONFINEMENT FROM: TO:

SECTION III- MARITAL INFORMATION (COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)

(Skip to Section IV if you are NOT claiming benefits as the surviving spouse of the veteran)

TELL US ABOUT THE VETERAN'S MARRIAGES

21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)?

21B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)	21C. TO WHOM MARRIED (first, middle, last name)	21D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	21E. HOW MARRIAGE TERMINATED (death, divorce)	21F. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)

21G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN:

TELL US ABOUT YOUR MARRIAGES

22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		22B. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran)		
22C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)	22D. TO WHOM MARRIED (first, middle, last name)	22E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	22F. HOW MARRIAGE TERMINATED (death, divorce, marriage has not been terminated)	22G. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)

22H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN:

23. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO
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25. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 26)</i>	26. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION <i>(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)</i>
--	---

27. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID?
 YES NO *(If "Yes," provide explanation):*

SECTION IV: DEPENDENT CHILDREN (COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)
(Skip to Section V if you are NOT claiming benefits for a child(ren) of the veteran)

28A. NAME OF CHILD (First, middle initial, last name)	28B. DATE (month, day, year) and PLACE OF BIRTH (city/state or country)	28C. SOCIAL SECURITY NUMBER	<i>(Check all that apply)</i>						
			28D. BIOLOGICAL	28E. ADOPTED	28F. STEPCHILD	28G. 18-23 YEARS OLD (in school)	28H. SERIOUSLY DISABLED	28I. CHILD MARRIED	28J. CHILD PREVIOUSLY MARRIED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If claiming benefits as the surviving spouse or custodian filing for a child, in items 29A through 29D tell us about the children listed in Item 28A who **do not** live with you.

29A. NAME OF CHILD (First, middle initial, last name)	29B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country)	29C. NAME OF PERSON THE CHILD LIVES WITH (If applicable)	29D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			\$
			\$
			\$

SECTION V: VETERAN'S PARENT (COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)
(Skip to Section VI if you are NOT claiming benefits as the parent of a veteran)

30A. WHAT IS YOUR MARITAL STATUS? (Check one)
 MARRIED AND LIVE WITH OTHER PARENT OF VETERAN
 MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN
 SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE
 DIVORCED
 WIDOWED
 NEVER MARRIED

30B. IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (month, day, year) AND HOW MARRIAGE ENDED (death, divorce)

30C. IF YOU ARE SEPARATED, 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)*

31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name) <i>(Skip to Item 32A if never married or no longer married)</i>	31B. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)	31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?
--	--	--

31D. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 31E)</i>	31E. WHAT IS YOUR SPOUSE'S VA FILE NUMBER? (If applicable)
--	--

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY (AGE 18 IN MOST STATES)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," skip to Item 34)</i>	32B. DATE(S) OF PARENTAL CONTROL (If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control) (MM DD YYYY) to (MM DD YYYY) (MM DD YYYY) to (MM DD YYYY)
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32C. WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY? (Explain fully)

33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B	
A. NAME (FIRST, MIDDLE, LAST)	B. ADDRESS
	Street address, rural route, or P.O. Box Apt. number
	City State ZIP Code Country
	Street address, rural route, or P.O. Box Apt. number
	City State ZIP Code Country

34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE OF DEATH.	
A. NAME (FIRST, MIDDLE, LAST)	B. DATE OF DEATH (MM,DD,YYYY)

SECTION VI: DIC (COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC))
(Skip to Section VII if you are NOT claiming DIC)

35. WHAT BENEFIT ARE YOU CLAIMING?
 DIC DIC under 38 U.S.C. 1151 (RARE)

36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:	
A. NAME AND LOCATION OF VA MEDICAL CENTER	B. DATE(S) OF TREATMENT

SECTION VII: NET WORTH (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)
 (Skip to Section XI if you are **NOT** claiming death pension benefits or parents DIC)

37. NET WORTH (DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "none")

Report total net worth for your household. Identify the **specific** owner for each net worth source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your net worth and the child's net worth, if any.

SOURCE	AMOUNT	OWNER	SOURCE	AMOUNT	OWNER
CASH/NON-INTEREST BEARING BANK ACCOUNTS	\$		REAL PROPERTY (Not your home, vehicle, furniture, or clothing)	\$	
INTEREST-BEARING BANK ACCOUNTS	\$		ALL OTHER PROPERTY (Please write source)	\$	
IRA'S, KEOGH PLANS, ETC.	\$		ALL OTHER PROPERTY (Please write source)	\$	
STOCKS, BONDS, MUTUAL FUNDS, ETC.	\$		OTHER (Provide source)	\$	

SECTION VIII: GROSS MONTHLY INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)
 (Skip to Section XI if you are **NOT** claiming death pension benefits or parents DIC)

38. GROSS MONTHLY INCOME (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report total monthly income for your household. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your income and the child's income, if any.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
SOCIAL SECURITY	\$		SERVICE RETIREMENT/ SURVIVOR BENEFIT PLAN (SBP) ANNUITY	\$	
SOCIAL SECURITY	\$		SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE	\$	
U.S. CIVIL SERVICE	\$		OTHER (Provide source)	\$	
U.S. RAILROAD RETIREMENT	\$		OTHER (Provide source)	\$	
BLACK LUNG BENEFITS	\$		OTHER (Provide source)	\$	

SECTION IX: EXPECTED INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)
 (Skip to Section XI if you are **NOT** claiming death pension benefits or parents DIC)

39. EXPECTED INCOME - NEXT 12 MONTHS (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report expected total household 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 total household income for the 12 month period from the date you sign this application. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report **your expected income** and the **child's expected income**, if any.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
GROSS WAGES AND SALARY	\$		OTHER INCOME EXPECTED (Provide source)	\$	
GROSS WAGES AND SALARY	\$		OTHER INCOME EXPECTED (Provide source)	\$	
TOTAL DIVIDENDS AND INTEREST	\$		OTHER INCOME EXPECTED (Provide source)	\$	

SECTION X: MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES
 (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)
 (Skip to Section XI if you are **NOT** claiming death pension or parents DIC)

40. MEDICAL, LAST ILLNESS, BURIAL, 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 any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. 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 veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. Do not include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim.

AMOUNT PAID BY YOU	DATE PAID (mm/dd/yyyy)	PURPOSE (Medicare deduction, nursing home costs, burial expenses, etc.)	PAID TO (Name of nursing home, hospital, funeral home, etc.)	RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID (Spouse, child, etc.)
\$				
\$				
\$				
\$				
\$				

SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)

The Department of Treasury requires all Federal benefit payments 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 41, 42, and 43 to enroll in direct deposit. If you **do not** have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

41. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

CHECKING

SAVINGS

I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: _____ Account No.: _____

42. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

43. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)

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.

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits*.

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 44, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

44. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

I DO NOT want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim.

45A. CLAIMANT'S SIGNATURE (REQUIRED)

45B. DATE SIGNED

SECTION XIII: WITNESSES TO SIGNATURE (COMPLETE ONLY IF CLAIMANT SIGNED ITEM 45A WITH AN "X")

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

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation and/or pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your obligation to respond is required in order to obtain or retain benefits. 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. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

